

Trust Board Meeting: Wednesday 11 March 2015
TB2015.41

Title	Quality Committee Chairman's Report
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Status	For Information
History	This is a regular report to the Board

Board Lead(s)	Mr Geoffrey Salt, Committee Chairman			
Key purpose	Strategy	Assurance	Policy	Performance

Introduction

The Quality Committee met on 11 February 2015. The main issues which were raised and discussed at the meeting are set out below.

1. Significant issues of interest to the Board

The following issues of interest have been highlighted for the Trust Board:

- The Committee received a patient story which highlighted key issues for organisational learning in relation to:
 - the positive impact which dedicated consultants in a ward could have on patient experience;
 - the importance of staff understanding non-verbal signals from patients, and factoring that into more proactive pain management;
 - the importance of maintaining professional behavioural standards in a clinically pressured environment; and
 - an appreciation of the known frustration for patients and carers caused by delay in discharge, and the dispensing of 'To Take Out' [TTO] medicines.
- The Chief Nurse is undertaking a review, to determine how a 'Patient Story' can best add value to the Board's deliberations, and this will be reported to the next meeting of the Quality Committee, when there will also be a quarterly update on progress in the implementation of actions that have arisen out of previous patient stories.
- The Committee received the Quality Report, providing information on performance against a suite of fifty two quality metrics. Particular points highlighted included:
 - The target of 95% of admitted patients receiving venous thromboembolism [VTE] assessment had been achieved in Quarter 3
 - 7 serious incidents requiring investigation [SIRI] had been declared during January 2015, resulting in a cumulative total of 11 SIRI declared in December 2014 and January 2015
 - There had been one incident (a wrong tooth removal) identified as a Never Event in January 2015 under the NHS SIRI guidance. The Committee noted that this came on top of 3 Never Events in November 2014. Whilst an increased rate of reporting may to some extent be seen as a positive result of a heightened awareness and intolerance of unacceptable practices, it is important that the Trust can demonstrate appropriately responsive mechanisms, to deliver a reduction in the rate of avoidable incidents of patient harm.
- The Committee received the monthly safe staffing report, now included in the Quality Report as part of the regular reporting, showing fill rates for December 2014 of 93.98% for Registered Nurses/Midwives and 93.4% for Care Support Workers (unregistered).

- In reviewing the Quality Report, specific consideration was given to whether there was evidence that operational and financial pressures were having any adverse impact on the quality of care delivered. The Committee discussed whether there was a need to review the key quality metrics, and it was confirmed that a review of processes in relation to planning and performance was being undertaken, aimed at improving analytical capability.
- The Committee considered specific proposals for assessing the potential quality impact of under-achievement of access performance targets in 2014/15 and 2015/16, and supported the methodology and indicators proposed in relation to:
 - Emergency access (4 hour ED target)
 - Access to emergency theatres
 - Delayed Transfer of Care [DTC]
- The Committee received a report on the re-launch of the refreshed Quality Strategy. This had successfully engaged with clinical and non-clinical staff, as well as patient representatives and members of the quality assurance team from the Oxfordshire Clinical Commissioning Group [OCCG], to address the following aims:
 - identifying impediments for delivering patient care;
 - informing the development of a longer term vision, with measurable outcomes, for the quality domains of Patient Safety, Clinical Effectiveness and Outcomes, and Patient Experience; and
 - beginning to identify quality priorities for 2015/16.
- An update was provided on progress in the actions planned to review the policies and practices for escalating issues relating to quality governance.
- Terms of Reference for the Clinical Governance Committee [CGC] were noted to have been revised, to include a lay member on the CGC, clear articulation of all of the reporting sub-committees of the CGC, and specific membership suggestions.
- The regular report was received from the Clinical Governance Committee [CGC], highlighting specific issues discussed which included:
 - A proposal to report multiple patient safety incidents on one Datix report was not endorsed. It was concluded that this would have a detrimental effect on the Trust's ability to maintain an accurate record of the types and numbers of specific incidents into the future.
 - Identification of a problem in the use of the Electronic Patient Record [EPR], in relation to using the "tap and go" method to discharge deceased patients, and the effect this could potentially have on updated data reaching the national spine. Work is in progress to resolve this.

- A standard operating procedure for reporting of x-rays post nasogastric tube insertion for adult patients was endorsed, pending minor corrections and changes.
 - Key discussions of the Clinical Effectiveness Committee regarding Trust-wide documentation audit, and consent audits were reported. Actions are being required locally to provide assurance of robust and consistent practices. The Clinical Effectiveness Committee also reported the requirement to inform the Coroner of all patient deaths where a Deprivation of Liberty Safeguards (DOLS) order was in place.
 - The pending visit of the Health and Safety Executive in early February, related to sharps injuries, was reported to the Divisions, who requested a summary report of open health and safety incidents reported on Datix
 - The EPR risk register was reviewed and noted, specifically highlighting the risks associated with failures of staff to carry out positive patient identification, which were made more visible by electronic prescribing. CGC agreed that an alert would trigger when prescriptions were noted as duplicates.
 - Identification of the detrimental effect that a lack of knowledge or awareness of the ePMA system could have on medication reconciliation and discharge medication prescribing. It was agreed that solutions to this were to be identified and escalated to TME.
- The Committee considered the actions required to ensure compliance with the new Care Quality Commission [CQC] regulation: Duty of Candour. It was noted that there were five Trust policies that would need to be reviewed and amended in response to the regulation, and training implications for staff once this work was completed. There would be practical implications related to the need to design a process to document “candour discussions” and to notify them for assurance purposes. It is planned that the Committee will receive a further report on instances in which the Duty of Candour has been invoked at its next meeting.
 - The aims and objectives of the Care 24/7 Project were reviewed, in the context of national guidance. A follow-up paper is to be submitted for consideration at the next meeting of the Committee, to summarise the actions taken, and changes implemented to date, against the baseline from which the Trust started; to gauge progress made to date, and the distance still to go.
 - The Committee received the regular quarterly report on Workforce and Organisational Development Performance, and reviewed the actions and interventions being taken in response to challenges and issues associated with the recruitment and retention of staff, in the context of national and local factors which were influencing the current situation. Recruitment and retention measures were considered further by the Board in Seminar on 25 February 2015, and continue to be closely monitored.

3 Key Risks Discussed

The following risks were discussed:

- The Committee considered updated extracts of the Corporate Risk Register [CRR] relating to the risks assigned to it, noting in particular that assurance recorded in relation to the risk of failure to deliver the required transformation of services was being reviewed as part of the work underway to review all processes in relation to planning and performance. Initial proposals have since been considered by the Board at its Seminar on 25 February 2015.
- The Committee also considered data reported by the NHS Litigation Authority [NHS LA] on legal claims under the Clinical Negligence Scheme for Trusts [CNST], relating to incidents between 2009 and 2014. The Committee supported the need for further analysis of claims and inquest data, to help identify where efforts should be focused most effectively, to prevent the patient harm that could give grounds to pursuit of a legal claim, and the potential consequent financial liability.
- Risks associated with the challenge of staff recruitment and retention were considered, as the Director of Organisational Development and Workforce presented a summary of actions and interventions being taken within six principal areas of focus. In particular, it was noted that the current overall turnover rate of 13.2% represented a potential risk to the ability to sustain services, as well as having a negative financial impact. A further update on recruitment and retention was provided to the Board at its Seminar on 25 February 2015, and this will continue to be monitored closely.

4 Key decisions taken

The following key decisions were made:

- The Medical Director will consider whether the key clinical quality metrics should be revised, so as better to enable the Committee to discharge its role in reviewing the extent to which operational and financial pressures were having any adverse impact on the quality of care delivered. A discussion document will be prepared for consideration at the next meeting of the Committee
- Perceived blocks or impediments to the Trust delivering quality care, based on the *Vision for Quality*, should be considered in the context of feedback elicited from staff and patients through other channels.
- Under the proposed escalation framework for issues relating to quality performance, the Chief Executive would be responsible for notifying the Trust Chairman where appropriate.

5 Agreed Key Actions

The Committee agreed the following actions:

- It was agreed that outstanding actions from Quality Walk Rounds would be followed up further, and a progress report provided to the next meeting of the Committee, to include reference to the date on which each action had first been raised. Where it was appropriate that actions required the intervention of the Estates Department, its responsiveness would be reviewed.
- Report from the Clinical Governance Committee [CGC] to the Quality Committee should include any points raised by the CGC in its review and consideration of the Quality Report.
- A follow-up paper on the *Care 24/7 Project* will be submitted for consideration by the Committee at its next meeting, to summarise the actions taken, and changes implemented to date, against the baseline from which the Trust started; to gauge progress made to date, and the distance still to go.
- The Director of Organisational Development and Workforce was asked to provide a breakdown of staff turnover, by principal staff group.

6 Future Business

Areas upon which the Committee will be focusing in the next three months will include:

- Response to NHS England Guidance on Care Contact Time;
- Review of Serious Incidents Requiring Investigation [SIRIs];
- Review of key clinical quality metrics;
- Update on actions from Executive Quality Walk Rounds;
- Update on review of the impact of delays on the quality of care;
- Report on progress in *Care 24/7 Project*; and
- End of Life Care.

7 Recommendation

The Trust Board is asked to note the contents of this paper.

Mr Geoffrey Salt
Quality Committee Chairman

March 2015