

Trust Board Meeting in Public: Wednesday 11 November 2015
TB2015.125

Title	Quality Committee Chairman's Report
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Status	For information and discussion
History	The Quality Committee provides a regular report to the Board.

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

1. Introduction

The Quality Committee met on 14 October 2015. The main issues raised and discussed at the meeting are set out below.

2. Significant issues of interest to the Board

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

- a) The Committee heard a patient's story about the care of a female patient, who had been involved in a road traffic collision. The story provided an important opportunity to reflect on:
 - The positive impact on the patient experience when staff behaviour consistently reflects the Trust values;
 - The perception by patients and carers that co-ordinated, compassionate, proactive and family centred care supported the healing process; and
 - The vital source of advice provided by Patient Advice and Liaison Service (PALS), who can facilitate communication between family members and staff. The important role of relatives in supporting the healing process and both the emotional and physical aspects of recovery.
- b) The Committee received the Annual Report on Pressure Ulcer Prevention and Tissue Viability. This provided an overview of the actions undertaken to address the incidence of avoidable hospital acquired pressure ulcers (HAPU), and improve the quality of care in relation to wound management within the Oxford University Hospitals NHS Foundation Trust. The overall aim remains to reduce all avoidable pressure ulcers across the health economy, and improve patient outcomes in relation to wound care. The specialist team has encouraged increased reporting of Category 1 and 2 pressure damage, to reduce the possibility of damage deteriorating further. The Committee suggested that data on the prevalence of Category 2, 3 and 4 Hospital Acquired Pressure Ulcers should be reviewed further.
- c) An update on progress in implementation of the programme to improve the quality of diabetes care was also provided. This reported on the successful recruitment of nursing, podiatry and consultant staff, and on the development of training packages for diabetes management across the organisation. Other development work includes the roll-out of guidelines for the peri-operative management of diabetes, and the establishment of links and software which allow the specialist team to look at every capillary blood glucose or ketone test performed in OUH (500,000 tests per year).
- d) The Committee received the regular report from the Clinical Governance Committee [CGC], noting issues highlighted specifically for the attention of the Quality Committee at CGC's meeting in August, including:
 - Discussion of clinical result endorsement rates, the level of which was reported to be depressed in the Surgery and Oncology Division due to non-recognition of some requesting clinicians;

- Concerns raised by the Children's and Women's Division in relation to staffing levels in the Women's Directorate at the Horton. The risk associated with difficulty in recruitment and retention of middle grade medical staff at the Horton Maternity Unit has since been reviewed by the Trust Management Executive [TME], and measures have been taken to ensure that safety is guaranteed for all users of the service;
 - Progress in the review of all clinical policies was reported to have been slower than hoped, and CGC received a full list showing RAG ratings, with the plan being to prioritise the update of those rated red.
- e) The Committee received the Quality Report, providing information on performance against a suite of fifty-three quality metrics. It was noted that performance had improved in some areas, including:
- The cumulative total of 26 cases of Clostridium Difficile [C. diff] >72 hours was below trajectory, and was currently on track to stay beneath the annual ceiling
 - There had only been 5 cases where the mean length of stay for patients undergoing elective AAA repair had exceeded the target
 - Readmission rate to Neuroscience Intensive Therapy Unit [NITU] within 48 hours of discharge had gone down to 2.08%
- Performance was noted to have deteriorated in other areas, including:
- 93.53% compliance with antimicrobial guidelines
 - 88.67% dementia diagnostic assessment and investigation
 - 93.84% patients seen, assessed and discharged or admitted within 4 hours of arrival at the Emergency Department [ED]
 - 4.12% 7 day admission rate following assessment on (and discharge from) paediatric CDU
- f) The Committee considered whether the deterioration in performance against the 4 hour ED standard was reflected in the thematic analysis of feedback received from patients attending ED. Waiting does appear to be the top issue in negative comments, although "time" and "efficient" also appear among the top words in the positive comments received. The Director of Clinical Services confirmed that the number and acuity of ED attendances had increased, with a rising number of breaches of the 4 hour ED standard being attributable to clinical reasons.
- g) Taking into account the deterioration in performance against the 4 hour ED standard, along with feedback of the difficulties identified during an exercise undertaken in September *Breaking the Cycle: No Delayed Transfers of Care [DTocS]*, the Committee supported efforts being made by the Trust to work with its partners in the local health economy to improve capacity to treat acutely ill patients in ED, and welcomed reports of progress being made to collaborate in the development of system-wide measures to reduce the level of delayed transfers of care.
- h) A report was also presented on the outcomes of the *Perfect Theatre Week*, undertaken from 13-19 July 2015, to review and improve the elective and non-elective surgical pathway for patients admitted to JR and Horton Hospitals. This clearly indicated room for improvement, with one of the most significant findings being the number of late starts of theatre lists, occurring for a number of reasons, across all theatres for both

elective and emergency lists. The full findings have been considered by TME, and a Theatre Improvement Programme Group has been established to oversee the implementation of the recommendations, through a number of clinically led projects.

- i) The regular report on Nursing and Midwifery safe staffing levels reported the summary of the figures submitted to NHS Choices via the Unify platform for August 2015:
- 94.77% for registered nurses/midwives
 - 93.51% for care support workers (unregistered)

This reflected a slight decrease in fill rates, and it was noted that agreed staffing levels were at 69% for August 2015.

- j) The results of the July 2015 acuity audit of patients in relation to the nursing staff skill mix and establishment was considered by the Committee, ahead of submission to the Trust Board, as part of the Quality Report.. Overall, it was noted that most wards have the correct skill mix, although many wards have high vacancy levels. This increases the importance of the monthly monitoring of quality metrics against the levels/mix of nursing staff, and it was suggested that executive quality walk rounds over the next few months might usefully be targeted on those areas. Key areas which will be kept under review include the oncology ward, Sobell House (palliative care) and the Trauma wards at the JR, and an update will be provided in April 2016.
- k) The Committee considered the effect of the recruitment of nurses from the European Union [EU] on skill mix and organisational culture of ward areas. Full assimilation had been prolonged by the period of adaptation and supervision provided to build specific competencies. However, core clinical skills were reported to be very good, and the turnover rate in nurses recruited from the EU was noted to be lower than the average, indicating the value of good induction and on-going support for all new recruits.
- l) The Committee considered the regular report on Serious Incidents Requiring Investigation [SIRI]. This included particulars of two recent Never Events declared by the Trust since the last reporting period, confirming that these had formally been notified to the appropriate regulators. The first related to a swab retained after an orthoplastics procedure at the NOC, and the second to an emergency craniotomy commenced on the unintended side of the patient's head (wrong site surgery) in the West Wing.
- m) Key learning themes identified through root cause analysis [RCA] of SIRI and Never Events included the importance of familiarisation with clinical guidelines and protocols, and ready access to them on the Trust Intranet. The Committee noted that this was echoed in CGC having highlighted the need to prioritise the review of clinical policies.
- n) The Medical Director confirmed that the outcome of Professor Brian Toff's review of Never Event investigations, commissioned by the Trust, was expected to be available in November. This will be reported to the Committee in due course.
- o) The Committee received an update on the outcome of an investigation into concerns raised anonymously in relation to one of the Trust's services. An update has also been

reported to TME, and an action plan is being developed for submission to TME in November, and on-going monitoring thereafter.

- p) The Director of Assurance provided an update on the gathering of evidence and self-assessment, using the software tool of CQC Assure, to provide assurance in relation to the Care Quality Commission [CQC] fundamental standards. A full assessment of assurance as to the level of compliance will be reported to the Committee in February 2016. Building on the better use of data from CQC Assure, it is planned to start a programme of Peer Review early in 2016. The Trust is mindful that re-inspection by the CQC may be anticipated in 2016, and an unannounced inspection could by definition happen at any time, if the CQC considered it justified on the basis of intelligence data and monitoring reports.
- q) The Director of Planning and Information attended to report on progress in the electronic Prescribing and Medicines Administration Project [ePMA]. This commenced in spring 2013, with successful initial implementation of Phase 1 in October 2014, followed by six further inpatient implementations, across all four hospital sites, over six consecutive months. Implementation of ePMA has started in outpatients and will be completed in December 2015. As a result of this success the OUH NHS Trust has achieved the joint highest rating for clinical digital maturity in the UK, and recently received an award for Digital Hospital of the Year.
- r) An update on review of the process of mortality review was presented. This provided assurance that the current mortality results were in line with what would be expected using standardised national indicators, and that few deaths were avoidable as per the PRISM 2 data. The Medical Director and Deputy Medical Director are to give further consideration to the best committee structure within which to discharge the remit for mortality review, taking into account constraints upon the capacity of the Clinical Effectiveness Committee (a sub-committee of the Clinical Governance Committee).
- s) The Committee received the PALS and Complaints Annual Report 2014/15, which will be submitted formally to the Trust Board at its meeting in November 2015.
- t) The Committee also received the Annual Report on Claims and Inquests 2014/15
An initial breakdown of the total value of the potential estimated liability reported on the NHSLA Scorecard of 30 August 2015 shows that key allegations made against the Trust include:
- Delay in performing operation
 - Failure to respond to abnormal fetal heart rate
 - Delay in treatment
 - Delay in diagnosis

The single largest category of allegation made in new claims received during 2014/15 related to unexpected surgical outcome.

3. Key Risks Discussed

- a. The Committee considered the risks associated with lack of capacity to treat acutely ill patients in ED, and the persistently high level of DToCs, and expressed support for the

development of a system-wide initiative to tackle what were recognised to be long-standing issues.

- b. The risks associated with hospital acquired pressure ulcers (HAPU), and with the quality of diabetes care, were considered in the context of updates received.
- c. The Committee considered the risks associated with staffing levels, in the context of Nursing and Midwifery safe staffing levels reported for August, taking into account the acuity of patients in relation to the nursing staff skill mix and establishment
- d. The Committee considered an extract of the assigned risks from the Board Assurance Framework (BAF) and Corporate Risk Register (CRR), and agreed that these should be re-visited in the light of a fuller review to be undertaken by TME.

4. Key Actions Agreed

The Committee agreed actions as follows:

- Following up on the results of the July 2015 acuity audit of patients in relation to the nursing staff skill mix and establishment, key areas will be kept under review including the oncology ward, Sobell House (palliative care) and the Trauma wards at the JR, and an update will be provided in April 2016.
- Activity Graphs illustrating the expansion of diabetes care will be circulated for f to all members of the Committee, for their further information.
- In the selection of future patient stories, and subject to patients being willing to volunteer their stories, effort will be made to reflect patients' experience of the impact of some key operational and performance issues, e.g. delays in transfers or discharge, cancellations, and waiting times in ED.

5. Future Business

Areas upon which the Committee will be focusing at its October meeting will include:

- Consideration of the key findings of Professor Brian Toft's review of Never Event investigations
- Assessment of compliance with CQC fundamental standards
- Further update on Peer Review Programme
- On-going review of the Quality Impact Assessments of Cost Improvement Programme schemes
- Update on implementation of the Quality Strategy

6. Recommendation

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

Mr Geoff Salt
Chairman Quality Committee
November 2015