

Trust Board Meeting in Public: Wednesday 9 September 2015

TB2015.105

Title	Quality Committee Chairman's Report
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Status	For Information
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 12 August 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 received a presentation on the delivery of training related to *Delivering Compassionate Care*. Between May and July 2015, a total of 219 staff attended a one-day development workshop, aimed at providing participants with an understanding of the impact of behaviour and attitudes on the patient, and helping to develop an understanding of effective communication styles with those who are vulnerable.

The Committee supported the Chief Executive's suggestion that a targeted approach should be taken in the further roll-out of this training, to reach those members of staff for whom the training would be most valuable, in areas where it would be of most benefit to patients. As well as providing a learning opportunity for the personal development of staff, it is important to remember that it is a reasonable requirement of all staff that they are committed to delivering compassionate excellence.

- b) The Chief Nurse reported on the approach agreed by the Trust Management Executive [TME] for the selection of patients' stories presented for review by the Trust Board, and the Quality Committee. The approach recognises that the primary purpose of the patient stories is to provide an insight into, and reminder of, the patient's perspective, rather than being regarded as a tool for assurance or as representative of the totality of the "patient experience." This approach will now be pursued for at least twelve months, to allow sufficient time to test its effectiveness.

- c) 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:

- 95.09% compliance with antimicrobial guidelines
- 87.93% of patients accessing specialist stroke environment within four hours of arrival
- The number of unscheduled returns to theatre within 48 hours [NOTSS division -- NOC site] had reduced to 1
- 7-day admission rate following assessment on (and discharge from) paediatric CDU had reduced to 0.79%

Performance was noted to have deteriorated in other areas, including:

- Two cases of MRSA bacteraemia >48 hours
- Only 60% of patients receiving stage 2 medicines reconciliation within 24 hours of admission
- 0.3% mortality following elective abdominal aortic aneurysm [AAA] repair

- d) The Deputy Director of Clinical Services provided a verbal update on the *Perfect Week* in theatres, held from 13th to 19th July 2015. The objective had been to identify any means by which improvements could be made to elective and non-elective patient pathways for theatres. Initial feedback confirmed that the initiative had been welcomed by staff, and there had been some good examples of constructive and effective collaboration to deal with cancellations, and to reduce the number of theatre overruns. Active co-ordination of the emergency theatre list had been observed to result in significant improvements.
- e) The Medical Director highlighted that there has been an increase in the number of Serious Incidents Requiring Investigation [SIRI] reported, following a concerted campaign to raise awareness throughout the Trust of the need to escalate the investigation of incidences where appropriate, supported by the issue of new guidance.
- f) The Committee heard that the programme for Executive Quality Walk Rounds is to be reviewed, to clarify its objectives, including the process by which necessary action should be agreed and monitored. The Trust Chairman, and the Chairman of the Quality Committee, will be participating in that review.
- g) Return rates reported for the Friends and Family Test [FFT] were noted to remain disappointingly low, although the re-introduction of text messaging and interactive voice messaging in the Emergency Department [ED] had led to an increase to 19% overall for the month of June 2015.

Text messaging and survey by telephone call has subsequently been launched in outpatient and day case departments, with effect from 24 August 2015.

- h) The regular report on Nursing and Midwifery safe staffing levels reported the following fill rates for nursing and midwifery staff in June 2015:
- 95.51% for registered nurses/midwives
 - 96.61% for care support workers (unregistered)

This represents an increase in fill rates, and it was noted that agreed staffing levels had risen from 71% in April 2015 to 74% in June 2015. Noting that national reporting requirements for nursing and midwifery safe staffing apply only to inpatient clinical areas, it was suggested that there was a need for the Trust to review safe staffing levels in other areas, and the Committee welcomed confirmation from the Chief Nurse that a safe staffing tool for theatres was being trialled.

- i) The Committee noted that an independent review of *Never Events* reported by the OUH Trust in 2014/15 is now underway, an update on which will be provided to the Trust Board in due course.
- j) The Deputy Medical Director presented an update on proposed quality metrics for monitoring to assess the potential quality impact on individual patients of the underachievement of access performance targets. The methodology will allow an assessment of a number of types of harm in the emergency department, looking at

deaths occurring in patients experiencing delayed transfer of care [DTC] A report on progress will be submitted to the Committee in December 2015.

- k) The Committee warmly supported the Chief Nurse's presentation of the proposed draft OUH Patient and Public Involvement Strategy 2016-19, and it was agreed that the Council of Governors should be given the opportunity to engage constructively in consultation on the Strategy, as should all members of the Trust Board, including all Non-Executive Directors.
- l) The Director of Organisational Development and Workforce presented the Quarter 1 Report on Workforce and Organisational Development Performance, highlighting key work programmes and initiatives covering:
- Recruitment and Retention, including establishment of a Staff Transfer Bureau in May 2015;
 - Staff Engagement;
 - Values into Action;
 - Learning and Development;
 - Staff Health and Wellbeing; and
 - Equality and Diversity.
- m) The Committee received its regular report from the Clinical Governance Committee [CGC], noting issues highlighted for its attention, including:
- Cancer Peer Review had established that all patients in the Trust with Myeloma were discussed at the Myeloma Multidisciplinary Team Meeting [MDT], and it had been agreed that Consultant Haemato-oncologists at Milton Keynes and Great Western Hospitals should be core members of the MDT;
 - The Quality Report received from the Neurosciences, Orthopaedic, Trauma and Specialist Surgery [NOTSS] Division reported that the Neuro Intensive Therapy Unit [ITU] was reviewing its follow-up services, following a number of readmissions. Neuro ITU was noted to have been running at over 100% occupancy and capacity issues had also been seen in the Churchill Intensive Care Unit [CICU]. Plans are being developed to increase capacity in Neuro ITU over the next one to two years, and measures are being taken to improve outreach services in the shorter term, to reduce the number of readmissions;
 - The Clinical Policies Group reported the approval of clinical policies, including those in relation to safe sedation by non-anaesthetists, and the procedure for insertion, use and care of fine bore nasogastric tubes, but it was noted that there remained a backlog of clinical policies due for review;
 - The Missing Patient Risk Assessment Tool had been reviewed and approved, noting that an advice leaflet had been developed, to be followed by full guidance;
 - There were noted to be two serious incidents requiring investigation [SIRI] which related to abdominal aortic aneurysm (AAA) and diabetic eye screening, both of which were national screening programmes. Both SIRI were being investigated in accordance with new guidance issued for the investigation of SIRI relating to national screening programmes. It was reported that, upon initial review by the Executive-led group, it was proposed that the incidents be categorised as having caused no harm

3. Key Risks Discussed

The following risks were discussed:

- a. The Committee considered an extract of the updated Corporate Risk Register [CRR], noting the addition of the following risks:

1.27	Revalidation for Nurses and midwives and failure to comply with NMC Guidance
1.28	Failure to demonstrate compliance to the duty of candour
3.11	Potential risk of failing to respond to the results of diagnostic tests. (OCCG)
3.12	Potential risks to handover of treatment through poor communication of discharge summaries. (OCCG)

- b. In noting the Q1 report on Workforce and Organisational Development, the Committee discussed the persistently high reliance upon bank and agency staff, despite the continued increase in substantive workforce capacity (predominantly within clinical areas), and it was suggested that this was in part accounted for by the lead time to full productivity of nurses recruited from the European Union, and by the rise in agreed nurse and midwifery staffing levels from 71% in April 2015 to 74% in June 2015.

4. Key Actions Agreed

The Committee agreed actions as follows:

- The approach for the selection and review of patient stories is to be pursued for at least twelve months, to allow sufficient time to test its effectiveness;
- The Trust Chairman, and the Chairman of the Quality Committee, will participate in a review of the programme for Executive Quality Walk Rounds, aimed at clarifying its objectives, including the process by which necessary action should be agreed and monitored;
- The incidence of clostridium difficile will be kept under close review, to monitor whether the Trust remained on track to be below the ceiling of 69 cases for the whole of 2015/16;
- The outcome of the independent review of investigations into *Never Events* reported by the Trust in 2014/15 will be reported to the Trust Board;
- The Council of Governors will be given the opportunity to engage constructively in consultation on the draft OUH Patient and Public Involvement Strategy 2016-19, which will also be submitted for consideration by the full Trust Board at its meeting on 9 September 2015.

5. Future Business

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

- Annual Complaints Report and Update on Complaints Policy
- On-going review of the Quality Impact Assessments of Cost Improvement Programme schemes
- Annual Claims Report (deferred from August, pending receipt of scorecards yet to be issued by the NHS Litigation Authority)
- Update on Peer Review Programme

6. Recommendation

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

Mr Geoff Salt
Chairman Quality Committee
September 2015