

Trust Board Meeting in Public: Wednesday 13 January 2016
TB2016.05

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 Geoffrey Salt, Committee Chairman			
Key purpose	Strategy	Assurance	Policy	Performance

Introduction

1. The Quality Committee met on 9 December 2015. The main issues raised and discussed at the meeting are set out below.

Matters considered by the Committee*End of life care*

2. The Committee heard that a very successful symposium had been held on end of life care, and welcomed news that the Sobell House Hospice Charity was to provide funding to support increased provision of specialist palliative care for patients at OUH.
3. The increased provision will enable the specialist palliative care team at Sobell House to provide a service across the Trust's hospitals seven days a week from 8.30am to 6pm with out-of-hours telephone support. The larger palliative care team will also help staff to link with community colleagues enabling swifter discharge for those patients near or at the end of their lives wishing to return home, where that is possible.
4. The additional resource will extend support to OUH staff in caring for patients who are approaching the end of their lives. Central to this initiative will be education and training for staff. It is anticipated that the increase in medical expertise will deliver more care and grow the skills and pool of knowledge in end of life care across Oxfordshire.
5. It was agreed that the Chairman and Chief Executive should write formally to express heartfelt thanks to the Sobell House Hospice Charity for its generosity, which will make such a difference to many patients and their families at what is a crucial time for them.

Patient story

6. The Committee heard about the experience of a female patient who had received a hip operation at the Nuffield Orthopaedic Centre (NOC). The patient described her experience of surgery and pre-operative care as excellent but raised some concerns regarding her post-operative care and discharge.
7. The Committee asked the Executive Team to look at low-cost means of improving patients' experience at night and some aspects of lighting at the NOC.
8. The Committee was advised that a pilot scheme was being undertaken, electronically to measure call bell response times, and its results would be reported once available.
9. The Committee reflected on the issues raised by the patient's story, noting the positive patient experience when staff behaviour consistently reflected the Trust's values, and expressed thanks to all who had contributed to the story.

Rebalancing Health & Social Care in Oxfordshire

10. The Committee received an update on progress made and planned on Rebalancing Health & Social Care in Oxfordshire, the system-wide initiative to treat patients outside hospital when they no longer needed hospital care, thereby reducing Delayed Transfers of Care. It recognised the achievements of this initiative.

Clinical Governance Committee

11. The regular report from the Clinical Governance Committee highlighted that CGC had:
 - 11.1. Looked at serious incidents remaining under investigation and learning points from incidents whose investigation had been completed.
 - 11.2. Received an update from the Chief Clinical Information Officer on the capability of producing alerts for Acute Kidney Injury (AKI).

- 11.3. Received updates from a Consultant Microbiologist and Sepsis Lead on two quality priorities – Sepsis and Care 24/7 – in which working groups were being formed.
- 11.4. Noted staff concerns regarding the length of anaesthetic procedures within head and neck surgery and that the Surgery and Oncology Division was currently undertaking a benchmarking exercise and discussing options.
- 11.5. Discussion took place on improvement in the percentage of patients having their 'To Take Out' medication dispensed within 90 minutes of request; of work on sepsis; on demand for Neuroscience intensive care beds; and on attendance at CGC.

Quality Report

12. The Committee received the Quality Report, noting that:
 - 12.1. There had been no major changes in the key quality metrics.
 - 12.2. Compliance with antibiotic prescribing guidelines was to be followed up.
 - 12.3. The Infection Control Team had been asked to produce dashboards.
 - 12.4. The response rate for the Friends and Family Test had reduced after the suspension of Interactive Voice Messaging, following patient feedback, but there had been only a negligible reduction in the total number of comments received.
 - 12.5. A new Children's Patient Experience Project Lead would be working to help improve the FFT response rate amongst young people.
 - 12.6. The Young Persons' Executive (YiPpEe) was to be relaunched.
 - 12.7. A Carers' Surgery had been established to improve carers' access to the available support networks.
13. It was noted that a number of actions recorded in the Action Log arising out of Executive Quality Walk Rounds were overdue, and the Committee asked the Trust Management Executive [TME] to review the programme and process for Executive Quality Walk Rounds, to ensure that actions required were addressed in a timely way and, if there was any reason why an issue could not be resolved, this was communicated clearly to staff.
14. The Committee welcomed proposals for a new style Quality Report and supported its further development, to facilitate well-informed analysis of key data, and monitor progress against the Trust's quality priorities.

Quality Priorities

15. Progress against Quality Priorities for 2015/16 was reviewed. This was noted to be satisfactory overall, with significant progress having been achieved in some areas.

Serious Incidents Requiring Investigation and Never Events

16. The Committee received a report on SIRIs and Never Events. It noted that some decrease was now being seen in the rate of SIRIs declared, after a substantial increase following the encouragement of better and faster reporting. It was agreed that rapid reporting needed to be maintained.
17. The Committee noted that Professor Brian Toft had issued the report of his investigation into the classification and circumstances surrounding Never Events that occurred at the Trust during the period 13 September 2013 to 26 March 2015. The Committee expressed its support for the recommendations made, including the

dissemination of lessons learned to all Trust staff, noting that the full report will be submitted for consideration by the Board at its meeting in public on 13 January 2016.

Peer review

18. Proposals for peer review across the Trust were welcomed and consideration was given to how best to engage medical staff in the process.

Agency staffing price cap

19. The Committee received details of the price cap on all agency rates which had been applied nationally from 23 November 2015. Concern remained that one or more of the agencies might not comply with the price cap, with implications for Adult and Paediatric Intensive Care areas, and it was noted that members of agency staff were being encouraged to move to the bank or other framework agencies.

Actions following investigation into concerns

20. The Committee reviewed progress against the Action Plan developed in response to the findings of a panel established to investigate concerns raised anonymously about one of the Trust's services.

Potential industrial action by junior doctors

21. An update was provided on actions to prepare for industrial action by junior doctors.

Risks Discussed

22. The Committee considered the risks associated with the initiative to develop an 'out of hospital' strategy, to reduce the level of delayed transfers of care. It specifically reviewed the draft risk register, developed with input from Oxfordshire Clinical Commissioning Group, Oxford Health and Oxfordshire County Council, which included possible mitigations and suggested controls.
23. The Committee considered the risks associated with implementation of the agency price cap, particularly in relation to maintaining safe staffing levels in Adult and Paediatric Intensive Care areas, and discussed how these could be controlled and mitigated.
24. 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-assessed in the light of the Trust-wide strategic review, once completed.

Key Actions Agreed

25. The Committee agreed that:
- 25.1. A formal expression of thanks be sent to Sobell House Hospice Charity following its support for investment in the increased provision of specialist palliative care for patients at OUH.
 - 25.2. Clinical stories/case studies be developed as work continues on Rebalancing Health and Social Care in Oxfordshire.

- 25.3. Actions and responsibilities from Executive Quality Walk Rounds be reviewed and assigned.
- 25.4. A new style Quality Report be developed.
- 25.5. Board members be kept informed of developments in negotiations to avert industrial action by junior doctors.

Recommendation

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

Mr Geoffrey Salt
Chairman, Quality Committee
January 2016