

Trust Board Meeting in Public: Wednesday 9 March 2016
TB2016.24

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 10 February 2015. The main issues raised and discussed at the meeting are set out below.

Matters considered by the Committee*Patient story*

2. The Committee was shown a video presentation of a patient's story, relating to his experience of being treated for streptococcal septic shock syndrome¹ at the John Radcliffe in January 2014. The patient had received excellent lifesaving care, and his very powerful and personal account provided an important opportunity to:
 - Raise awareness of the symptoms of sepsis and septic shock so that symptoms can be quickly recognised and the condition treated;
 - Highlight the importance of high quality care and facilities throughout the patient's journey including during the recovery period;
 - Highlight the importance of communication between different parts of the NHS;
 - Emphasise the importance of allowing the relatives (in this case, particularly Mrs G) to be present and able to support their loved one throughout their care and treatment; and
 - Understand the long term impact of a traumatic medical episode on patients and relatives and the comfort provided through compassionate care from medical and nursing staff and the chaplaincy service.
3. The Committee emphasised the importance of ensuring that learning derived from this patient's experience was implemented, including application of the Sepsis Screening and Action Tool, which was being supported by the OUH Sepsis Working Group (the membership of which included the patient and his wife) as part of their work on improving sepsis outcomes, which is a 2015/16 Quality Priority for the Trust.

Rebalancing Health & Social Care in Oxfordshire

4. The Committee received an update on progress made in achieving the primary aim of improving the quality of care for patients, through implementation of the system-wide initiative to reduce the level of Delayed Transfers of Care [DTocS], and re-balance health and social care in Oxfordshire.
5. It was confirmed that much had been achieved. The Trust had been able to release 70 acute beds, with over 150 patients having been transferred out of the OUH into intermediate care beds commissioned in the Nursing Home sector. At the time of report, over 70 of those patients had subsequently been discharged to their ultimate destination.
6. However, it was recognised that capacity in the provision of social care remained a challenge, adversely affecting the flow of patients through the hospital such that the level of DTocS had not yet been reduced as far as had been hoped, and impacting on the ability of the Trust to achieve the 95% 4 hour A&E standard.

¹ Streptococcal Toxic shock syndrome is a rare but serious medical condition caused by a bacterial infection. This condition is the result of toxins produced by the Staphylococcus aureus bacterium. Risk factors for this condition include a recent skin burn, skin infection, or surgery.

Plans to improve Theatres Performance

7. The Committee heard of plans to implement a major transformation project to improve theatres performance. The primary aim would be to improve the quality of patient care, through reducing the number of cancellations and delays to theatre lists. This should enable a reduction in the footprint of theatre resources required, through improvement of utilisation and efficiency rates, thereby realising financial savings.
8. The Committee expressed its strong support to proceed with implementation of the initiative as soon as possible.

Clinical Governance Committee

9. The Committee received the regular report from meetings of the Clinical Governance Committee held in December 2015 and January 2016. Particular issues highlighted included:

- 9.1. Recent communication from NHS England and NHS Improvement with respect to a self-assessment tool to be completed by the Trust and accompanying mortality governance guidance. Noting that the guidance established the principle that mortality governance should be a top priority for trust Boards, CGC recommended the creation of a Trust-wide Mortality Review Group, to include divisional representation (distinct from the Clinical Effectiveness Committee) at which all mortality outliers would be discussed.

A separate report on the Trust's response to NHS England in relation to the self-assessment of avoidable mortality was submitted for consideration by the Quality Committee, discussion of which is summarised at paragraph 23 below.

- 9.2. A recent letter received from Oxfordshire Clinical Commissioning Group [OCCG] regarding the Southern Health Mortality Review, which described a failure of leadership with respect to mortality review and discrepancy between numbers of investigations and Serious Incidents Requiring Investigation [SIRI] compared with deaths identified as unexpected. CGC noted that the Trust had met with OCCG to agree an approach to review four deaths initially highlighted by OCCG, and a further 13 deaths identified. It was confirmed that no early concerns had been raised.

- 9.3. The Trust's response to a Care Quality Commission [CQC] outlier alert letter relating to maternal non-elective readmissions within 42 days of delivery at Oxford University Hospitals NHS Foundation Trust between October 2014 and April 2015. On the basis of a review undertaken, CGC was assured that the reasons for readmission did not reflect a safety concern, and there was no suggestion of poor care or poor outcomes. However, actions were being put in place further to improve the service, including ratification of a neonatal jaundice guideline, establishing the capacity to measure Bilirubin at the most popular community unit, and standardising the approach to readmission with neonatal weight loss.

- 9.4. The Infection Control Team reported 50.6% overall compliance with MRSA screening, 79.3% for elective admissions and 44.9% for emergency admissions. CGC supported the requirement for a revised process to ensure that patients did not miss out on MRSA screening pre-operatively.

Quality Report

10. The Committee received the Quality Report, noting that indicators which were reported to have improved since the previous period reported to the Quality Committee were:
 - CE04 – 81.99% Dementia diagnostic assessment and investigation [one month in arrears]
 - PE14 – Zero Single sex breaches
11. 7 indicators were reported to have deteriorated against target since the last reporting cycle, or attract red rating due to breaching of an annual threshold, as follows:
 - PS01 – Safety Thermometer (96.33% patients receiving care free of any newly acquired harm) [one month in arrears]
 - PS02 – Safety Thermometer (92.72% patients receiving care free of any harm - irrespective of acquisition) [one month in arrears]
 - PS06 – Two cases of MRSA bacteraemia > 48 hours (cumulative year to date)
 - PS08 – 69.18% patients receiving stage 2 medicines reconciliation within 24h of admission
 - PS16 – One CAS alerts breaching deadline at end of month and/or closed during month beyond deadline
 - PS17 – One case of hospital acquired thromboses identified and judged avoidable
 - CE03 – Dementia – 50.49% patients aged > 75 admitted as an emergency who are screened [one month in arrears]
12. The Medical Director highlighted that, following the report of a local audit into Medicines Management which had identified key areas for improvement, a report had now been issued by the Trust's internal auditors, indicating improvements required, which was due to be submitted for further consideration by the Audit Committee at its meeting on 17 February 2016. It was agreed that the report on national audits carried out in the previous period should in future include explicit references to any outliers, and identify an action that was being taken in response; or make clear that no outliers had been identified.
13. It was noted that the percentage of patients who would recommend their care had remained constant in November at 96%, in line with the national average (96%).
14. The Committee continued to monitor nursing and midwifery safe staffing levels, noting that the fill rates of actual shifts against those planned (including temporary staff) were reported in December at:
 - 94.44% for Registered Nurses/Midwives
 - 92.70% for Nursing Assistants (unregistered)
15. In response to the CQC's Report on its inspection of Cambridge University Hospitals NHS Foundation Trust, and in particular the elevated risk identified in relation to moving staff across different services to cover vacancies, the Committee heard that work had been undertaken to manage the risk associated with moving staff between wards using a flagging system, to ensure that an appropriate skill mix was maintained.
16. The Committee also heard that the Trust had been achieving the standards set for the national 'Agency Cap', of agency usage below 8% of the overall nursing workforce, and

the use of Non Framework agency had been significantly reduced, only using 5 shifts during the month of December.

17. The Committee supported the proposal that the process of Executive Walk Rounds should be reviewed, to strengthen their focus on listening to and interacting with staff to hear their concerns.

Quality Priorities

18. An update on progress against the Trust's Quality Priorities was included within the Quality Report, reflecting good progress overall.

19. The Committee discussed the approach to setting Quality Priorities for 2016/17, and accepted the recommendation that, in describing next year's priorities, a consistent approach should be maintained, including:

- a. Describing quality benefit to patients and where applicable staff
- b. Monitoring SMART metrics
- c. Describing the allied benefits to efficiency and finance where applicable
- d. Clearly aligning work streams to
 - i. Strategic reviews and priorities e.g. AKI and go digital
 - ii. Magnet accreditation
 - iii. Sign up to safety campaign
 - iv. CQC domains
 - v. Other strategies e.g. workforce, education etc.

20. It was suggested that current priorities and proposed work streams could be distinguished as reactive to incidents (e.g. the never event action plan) and proactive to prevent future harm (such as work around AKI and sepsis). While there was recognised to be considerable overlap in this definition, it was submitted that it should help to ensure that focus was maintained not only on problem areas, but also on measures leading the further development of excellence.

Serious Incidents Requiring Investigation [SIRI] and Never Events

21. The Committee received a report on SIRIs and Never Events, confirming that there had been no new Never Events to report during November and December. Thirty-two SIRI had been declared and twenty-nine investigations were sent to the OCCG for closure.

22. Key learning points identified as having an organisational applicability, and those that were frequently identified as a contributory factor in the investigation, were reported.: In particular the lessons learned in relation to the two Never Events submitted for closure during the reporting period were highlighted:

- (Swab) Counts for different sites should be kept separate until closure of the operative site(s) and the precise location of concealed swabs described, preferably by using a graphic on a white board;
- Lack of a standard operating procedure for marking the site of operations in neurosurgery reduced the likelihood of detection of the error;
- Reduced team situation awareness meant that wrong site surgery was not picked up immediately;
- Critical care settings such as theatres, emergency departments and intensive care units were widely regarded as a high pressure work environment, yet neither the Universities where healthcare professionals train, nor the NHS, offers regular

training in stress and fatigue management; unlike high-reliability organisations (such as the military, civil aviation etc.) where this is mandatory.

Self-assessment of avoidable mortality: response to NHS England

23. The Committee heard that, based on completion of the self-assessment tool for mortality (which had been based on the PRISM II study in which the Trust had participated), it was predicted that OUH might have between 46 and 71 deaths where there was a 50/50 likelihood of healthcare provided having impacted on the death. This was noted to be in contrast to the prediction of 8 avoidable deaths, according to criteria applied internally by the Trust.
24. The Trust's formal response to NHS England confirmed that the vast majority of deaths were formally noted in the Trust's mortality and morbidity processes, and so would be thoroughly investigated, and therefore it was not necessarily agreed that the mortality tool would highlight deaths that would not otherwise be carefully considered.
25. The Committee noted that the Trust's response also expressed concerns that the use, as threshold, of a 50/50 chance of death being related to healthcare failings, might be felt to map directly to the civil burden of proof, with the danger that this could encourage medico-legal action at scale, and in a way that did not support openness.

Peer review

26. The Committee received the results of Phase 1 of the quality assurance process for four out of the five divisions' self-assessment ratings and narratives across the five key CQC domains, following which work was being undertaken both to improve the self-assessment ratings, and to improve the assurance opinion assessments.
27. The next phase of Peer Review is commencing during March 2016, with work being undertaken with Divisional Governance Leads to schedule the reviews at clinical directorate level.

Workforce and Organisational Development Performance

28. The Committee received the Performance Report for Q3, noting in particular that:
- good progress continued to be made in increasing substantive workforce capacity, which was having a positive impact on vacancy rates, and reducing reliance on bank and agency staff;
 - overall staff turnover remained largely unchanged, but turnover within the nursing and midwifery workforce was reducing;
 - continued substantive recruitment, combined with improved vacancy rates and the implementation of the national rules governing the use of agency staff was achieving a reduction in the use of contingent staff, with agency expenditure in December 2015 at its lowest level in the year to date;
 - the staff sickness absence rate was within 0.5% of the target level, and reflected a continued downward trajectory;
 - Statutory and mandatory training and annual appraisal compliance rates remained below target level.

Annual Clinical Audit Plan

29. The Committee received a report on progress against the Clinical Audit Strategy 2012/15, noting actions required to refresh the Clinical Audit Strategy for the next three years, and the work that was underway to complete the Clinical Audit Plan for 2016/17.

Junior doctors' industrial action

29. The Director of Organisational Development and Workforce reported on interaction with junior doctors, who were noted to be taking industrial action.
30. The Director of Clinical Services confirmed that contingency plans had been implemented, to minimise the impact of industrial action on patients.

Risks Discussed

30. The Committee identified the following emerging risks:
- Safe and secure storage of medicines, as was reported to have been identified from audits of medicine management conducted by the Trust's Internal Auditors, and from audits performed internally by the Trust;
 - The risks associated with temporary suspension of aspects of elective paediatric spinal surgery, following concerns raised by clinicians;
 - Potential risks associated with sustaining some services currently delivered at the Horton General Hospital; and
 - The potential operational impact of maintaining safe nurse staffing levels, whilst adhering to controls on agency expenditure, and in particular the agency price cap

Key Actions Agreed

31. The Committee agreed that:
- 31.1. Proposals should now be developed further to reform the process of Executive Quality Walk Rounds;
- 31.2. An update on progress against the Trust's Quality Priorities would be provided to the Committee at its meeting in April, and subsequently to the Trust Board at its meeting in May 2016; and
- 31.3. The implications of undertaking self-assessment of avoidable mortality, in line with the self-assessment tool produced by NHS England, would be referred for further consideration at a future Trust Board Seminar.

Future Business

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

- Update on end of life care
- Update on progress against the Trust's Quality Priorities
- On-going monitoring of the impact on quality of implementing agency controls
- Feedback from the next phase of peer review
- Development and implementation of transformation projects, including
 - Rebalancing Health and Social Care in Oxfordshire; and
 - Improving Theatres Performance

Recommendation

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

Mr Geoffrey Salt
Chairman, Quality Committee
March 2016