

**Trust Board Public Meeting: Wednesday 11 May 2016**  
**TB2016.41**

<b>Title</b>	<b>Quality Committee Chairman's Report</b>
--------------	--

<b>Status</b>	For information and discussion
<b>History</b>	The Quality Committee provides a regular report to the Board.

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

## Introduction

1. The Quality Committee met on 13 April 2016. The main issues raised and discussed at the meeting are set out below.

## Matters considered by the Committee

### *Patient story*

2. The Committee was presented with the experience of a patient who had had a polyp removed in August 2015, was discharged and then readmitted. The patient described her concerns around consent, fitness for discharge, conflicting information being received from clinicians, and night time noise.
3. A key lesson highlighted was the importance of providing a safety net for patients, including a process for readmission where necessary, to allay feelings of isolation where the patient could not make contact with a GP.
4. The Committee emphasised the importance of explicitly identifying any lessons learned when responding to a patient's complaint.

### 5. *Update on Key Strategic Themes*

To inform its subsequent discussion, the Committee received updates on key strategic themes, including:

#### *'Home Sweet Home': Rebalancing Health & Social Care in Oxfordshire*

6. The Committee received a report, focused on the outcomes having an impact on the quality of care, as at 12 March 2016 when 150 discharges from nursing home beds had been attained.

#### *'Focus on Excellence'*

7. The Committee heard that the criteria for prioritising investment in clinical services would include a requirement to show evidence of compliance with key quality standards.

#### *'Good Quality Costs Less'*

8. The Committee received a report on progress in the programme to select *Champions for Change* across the health system in Oxfordshire. It was hoped that the *Champions* selected would be in the vanguard for implementing improvements in the quality of services, which would impact positively on operational performance, and realise financial savings for re-investment.

### *Clinical Governance Committee [CGC]*

9. The Committee received the regular report from meetings of the Clinical Governance Committee held in February and March 2016. Particular issues highlighted included:
  - 9.1. The target of 95% Harm Free Care by the end of 2016 was unlikely to be met. There were improvements in relation to the four harms identified within the Safety Thermometer for avoidable pressure ulcers, falls with harm, catheter associated urinary tract Infections and venous thromboembolism.
  - 9.2. The Sentinel Stroke National Audit Programme (SSNAP) Quarterly Report showed that the John Radcliffe Hospital SSNAP score was band B and the Horton General

Hospital band E (within a range A-E); discussions with the service and with the Commissioners were on-going.

- 9.3. Norovirus outbreaks had been reported on several wards on the JR and HGH sites affecting 61 patients and 16 staff members. Restrictions on transfer and movement had been put in place in accordance with the Trust's Outbreak policy. No beds had been closed during the outbreaks.
- 9.4. Two Never Events had been declared in March 2016, both of which had related to a wrong side nerve block, and both of which were confirmed to be under further investigation.
10. In the future, where issues were expressly escalated by the CGC, as requiring further consideration by the Quality Committee, the Deputy Medical Director was asked to ensure that the Committee was furnished with all relevant background information.

#### *Quality Report*

11. The Committee received the Quality Report, presented by the Medical Director and Chief Nurse.
11. Seven indicators were reported to have deteriorated against target since the last reporting cycle or are red rated due to breaching of an annual threshold:
- PS02 – Safety Thermometer (% patients receiving care free of any harm - irrespective of acquisition)
  - PS06 – Number of cases of MRSA bacteraemia > 48 hours (cumulative year to date)
  - PS08 – % patients receiving stage 2 medicines reconciliation within 24h of admission
  - PS17 – Number of hospital acquired thromboses identified and judged avoidable
  - CE03 – Dementia - % patients aged > 75 admitted as an emergency who are screened [one month in arrears]
  - CE06 – ED - % patients seen, assessed and discharged / admitted within 4h of arrival
  - PE15 – % patients EAU length of stay < 12h
12. No indicators were reported to have had an improved rating since the previous reported period, however the following had been noted:
- There were 0 falls leading to moderate harm or greater
  - % of incidents associated with moderate harm or greater has continued to fall month on month
  - The proportion of inpatient areas with initial score >92% has increased slightly compared to last month (from 31.58% to 50%)
  - CE04 – 'Dementia diagnostic assessment and investigation' remains rated 'amber', the indicator has improved from 80.21% reported last month for Dec-15 data to 86.16 for Jan-16.
13. The Medical Director in particular highlighted that in February 2016, 71% of discharge summaries were sent before or within 24 hours of discharge and 64.9% of results were endorsed on EPR within 7 days.
14. The Chief Nurse highlighted that responses to the friends and family test showed a dip in recommendation rates in the children's emergency department from December 2015 to January 2016, although this had improved in February 2016.

15. 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 February 2016 at:

95.81% for Registered Nurses/Midwives

91.24% for Nursing Assistants (unregistered)

16. Agreed nurse staffing levels were reported to have had a general increase from 60%+ to between 70-80%, with a fluctuation on minimum levels at just below 30%.

#### *Safety Thermometer Indicator*

17. Subject to further consideration and decision by the Trust Management Executive [TME], the Committee expressed its support in principle for a proposal to replace the Safety Thermometer Indicator with alternative measures, which it was submitted could more actively influence clinicians to make changes to improve the safety of clinical practice.

18. This proposal has subsequently been considered and approved by the TME.

#### *Medicines Management*

19. The Committee confirmed its support for implementation of the Action Plan developed following issue of an Internal Auditors' report, on the basis that delivery of the actions identified should achieve better quality of care in relation to Medicines Management.

#### *Commissioning for Quality and Innovation Scheme [CQUINS] 2016/17*

20. The Committee considered the approach to the management of CQUINS in 2016/17, noting in particular that National CQUINS had been issued in relation to:

#### **NHS Staff Health and Well-Being**

CQUIN 1a Introduction of health and wellbeing initiatives

CQUIN 1b Healthy food for NHS staff, visitors and patients

CQUIN 1c Improving the uptake of flu vaccinations for **front-line staff**<sup>1</sup> within Providers

#### **Timely identification and treatment of Sepsis**

CQUIN 2a Timely identification and treatment for sepsis in an emergency

CQUIN 2b Timely identification and treatment for sepsis in acute inpatient settings

#### **Antimicrobial Resistance and Antimicrobial Stewardship**

CQUIN 4a Reduction in antibiotic consumption per 100,000 admissions

CQUIN 4b Empiric review of antibiotic prescriptions

In relation to the local CQUINS, it was confirmed that topics had been agreed, but some details remained to be finalised, and specialist CQUINS had yet to be agreed.

21. Performance against the CQUINS targets set will primarily be monitored by the Finance and Performance Committee.

22. It was noted that approximately £18m of the Trust's 2016/17 financial plan was dependent upon the achievement of quality targets under CQUINS, the delivery of which was recognised to be challenging.

---

<sup>1</sup> Precise definition to be clarified

*Quality Account 2015/16 and Quality Priorities 2016/17*

23. The Committee received an update on preparation of the Quality Account 2015/16, which was due to be submitted to the Secretary of State for Health by 27<sup>th</sup> May 2016.
24. The proposed Quality Improvement Priorities for 2016/17 were also outlined, confirming that these were in alignment with the Trust's principal strategic themes and programmes, and would incorporate the Trust's approach to the management of CQUINS.
25. It was expressly noted that the Council of Governors would be invited to select a specific quality priority, and it can now be reported that, at its meeting held on 28<sup>th</sup> April, the Council of Governors confirmed its adoption of **End of Life Care** as the specific quality priority which it would select, and which would then be subject to external audit and report in next year's Annual Report.

*Serious Incidents Requiring Investigation [SIRI] and Never Events*

21. The Committee received a report on SIRI and Never Events, confirming that there had been two Never Events to report during February and March 2016. Twenty-three SIRI had been declared and twenty-four 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 as:
  - Consultants must be present for WHO briefing for lists for which they carry responsibility.
  - Key admission assessments, which underpin the ongoing planning and implementation of care, should be undertaken at the point of return to the ward post operatively. Nursing staff prioritised the acute post-operative monitoring over risk assessment completion and ongoing care planning.
  - There should be careful communication between staff regarding medical devices.
  - Systems for transplant teams attaining instruments for organ retrieval have been changed and no teams now access their own instruments from CSSD.
  - All VTE risk assessments and prescriptions for Thrombo-prophylaxis are to be reviewed as part of the post-take ward round to ensure they are concordant with the patient's diagnosis and on-going plan of care.
  - Ongoing cycles of training ensuring junior staff are knowledgeable and competent in VTE assessment, prophylaxis and management.
  - There are clear referral criteria as to when a patient should be referred to the specialist diabetes team (or other specialist).
  - Need to clearly document all areas checked at time of review of skin condition, risk and ensure appropriate actions are taken or conversations recorded with patient where they refuse suggested measures that have been explained.
  - The review of radiology imaging is open to potential human error and review of images should be sought where clinical condition is inconsistent with radiology reports.
  - Standard location of MDT decisions on EPR is essential to ensure accurate communication of changes in surgical plans prior to treatment. The WHO briefing should not commence without the clinician overseeing the list being present.

- The neonatal unit has adopted a single definition of the patient area necessary for repeated hand hygiene.
- EPR is being updated to ensure that changes to medication after a TTO has been commenced prompt reminders to update the discharge medication prescription.

#### *CQC Fundamental Standards and Peer review*

23. An update was provided on progress of outstanding actions from the Action Plan following CQC Inspection, the outcome of self-assessment ratings against the CQC Fundamental Standards, and the schedule for Peer Review.
24. The next phase of Peer Review has now commenced, and results will be used further to inform review of the self-assessments undertaken.

#### *Junior doctors' industrial action*

29. The Medical Director 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 emerging risks, including:
- The financial implications of implementing the Action Plan agreed in relation to Medicines Management, recognising that the Trust was committed to meet its legal obligations in full.
  - The significant impact of junior doctors' industrial action scheduled for 26<sup>th</sup> and 27<sup>th</sup> April 2016. Although contingency plans had been developed to assure patient safety, it was expected that the level of cancellations would have a significant impact on patients, and on operational performance over the longer term.

### **Key Actions Agreed**

31. The Committee agreed that:
- 31.1. Following the resumption of Paediatric Spinal Surgery, progress in a review of processes within the service will be reported to the next meeting of the Committee.
- 31.2. The Clinical Strategy for end of life care will be finalised in preparation for submission to the Trust Board at its meeting in July 2016.
- 31.3. The Board should be kept informed of the impact of any financial constraints upon the implementation of the Action Plan agreed in relation to Medicines Management.
- 31.4. Where issues were expressly escalated by the Clinical Governance Committee, as requiring further consideration by the Quality Committee, all relevant background information would be provided.

## Future Business

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

- Updates on relevant developments in the key strategic themes of:
  - 'Home Sweet Home'
  - Focus on Excellence'
  - 'Go Digital'
  - 'The Master Plan' and
  - 'Good Quality Costs Less'

Related specifically to the quality of patient care

- Update on the Strategy for end of life care
- Results of further work to monitor call bell response times
- Development and implementation of transformation projects, including
  - Improving Theatres Performance

## Recommendation

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

**Mr Geoffrey Salt**  
**Chairman, Quality Committee**  
**May 2016**