

Trust Board Meeting in Public: Wednesday 8 March 2017

TB2017.27

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, Quality Committee Chairman			
Key purpose	Strategy	Assurance	Policy	Performance

1. Introduction

The Quality Committee last met on 22 February 2017. 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 reviewed the risks associated with the temporary suspension of Maternity and Neonatal Services at Horton General Hospital [HGH], and the contingency plan under which a Midwifery-led Unit [MLU] had been temporarily established at HGH.

The risk register, which included non-clinical as well as clinical risks, had been updated to reflect completion of the actions as at 10 February 2017, and this showed that the majority of the actions to mitigate the risks had been completed, and processes put in place to monitor and manage the performance of the MLU at HGH and impact on the service. The risk register had been reordered to distinguish those risks that had not reached the target risk score from those that had.

Overall, most of the risks originally described had reduced, with only four remaining the same and none increasing. It was acknowledged that some risks would not reduce further, due to the inherent potential risks associated with childbirth that affect all maternity services.

The Director of Clinical Services confirmed that, up to the end of January 2017 (as is reported on the OUH website at <http://www.ouh.nhs.uk/hospitals/horton/news/recruitment.aspx>), there had been 61 births at the MLU at HGH, with 16 transfers in labour to the John Radcliffe [JR], and 8 postnatal transfers.

In addition, the Committee received an update on progress in on-going attempts to recruit obstetric doctors to fill the rota of 9 required to sustain obstetric services at the HGH. It was confirmed that the number of obstetric doctors currently in post at HGH was 4, out of the 9 doctors required. A fifth doctor had been due to commence in post by February but could now not be released from the London Deanery rota until the beginning of April 2017.

The Committee was assured that all processes that had been implemented to monitor and manage the performance of the MLU at HGH, and the impact on the service, and the processes were being robustly monitored by the clinical and managerial teams within the Children's and Women's Division.

The Committee will keep the risk register under review, and will receive regular updates on the monitoring of quality and performance indicators (which are being monitored by OCCG), as well as a summary of incidents reported, consistent with the maintenance of patient confidentiality.

- b) The Committee had asked that the Medical Director and Professor David Mant, Non-Executive Director, review the evidence in relation to the correlation between distance/travel time to maternity services, and perinatal mortality; acknowledging that the unit-to-unit transfer time by ambulance could be up to 45 – 60 minutes. It was confirmed that the evidence generally supported the contention that there was no discernible effect unless transfer times exceeded two hours. It was acknowledged that, at the margins and in relation to an individual case, any extension of time taken to transfer might be seen as a potential risk. However, the evidence supported the assertion that, balancing all the benefits, the safest model of maternity care was one

that offered referral in to a highly specialist centre for women whose pregnancy was assessed be high risk, with MLUs offering the best option for women with low risk pregnancies.

- c) The Medical Director provided an update on compliance with Ionising Radiation [Medical Exposure] Regulations 2000, and confirmed that following a repeat inspection by the Care Quality Commission [CQC] at the beginning of February 2017, the Trust had been signed off as fully compliant with IR[ME]R. It was confirmed that the Enforcement Notice had subsequently been lifted.
- d) The Committee received an update on interventions taken in response to results of the National Inpatient Survey over the last 3 years (2013-2015), to improve two key areas in relation to patient experience, noise at night and call bell responsiveness. A more consistent approach was proposed by introducing and trialling the “Perfect Ward,” a standardised monitoring tool to measure call response times and noise at night.
- e) The Committee noted relevant developments in relation to the key themes of the OUH Strategic Review, which included the following:
- *“The Master Plan”* (long term estates planning):
In respect of which it was noted that a joint workshop had been held on 17 January 2017, attended by senior representatives from the partner organisations within Oxford Academic Health Science Centre [AHSC]. The Chief Operating Officer of Oxford AHSC has been asked to bring together the key themes which the partner organisations would like to discuss with local government bodies within Oxfordshire.
 - *“Focus on Excellence”* (prioritising investment in services, to develop world class excellence)
In respect of which it was noted that all Clinical Directors had been asked to consider feedback relating to their clinical service, and incorporate these learning points into their proposals for developing their services, as part of the business planning cycle in 2017/18.
 - *“Home Sweet Home”*
In respect of which it was noted that Phase 1 of the Oxfordshire Clinical Commissioning Group’s [OCCG’s] public consultation on changes proposed to health and care services in Oxfordshire had commenced on 16 January 2017, seeking feedback on proposals which included:
 - Changes to the way we use our hospital beds, increasing care closer to home; and
 - Increasing the provision of planned care at the Horton General Hospital.
 - *“High Quality Costs Less”* (Quality Improvement Skills)
In respect of which it was noted that specific mentoring/coaching or training sessions were to be provided in specific subjects to the 43 Change Champions who attended the Skills Workshop on 12 December 2016.
Specific projects taken forward included:
 - A new pathway to improve productivity at the telemed arrhythmia clinic; and
 - The Orthopaedic OT Team secured funding to renew the patient information programme.

➤ “Go Digital”

In respect of which it was noted that the deliverables and milestones associated with the Global Digital Exemplar Award had been agreed.

f) The Committee received its regular report from the Clinical Governance Committee [CGC], noting issues highlighted for its attention, including:

- The proposed switch-on of the Datix feedback function to enable automatic feedback of incidents to the reporter. The benefits highlighted included expedited learning, improved staff satisfaction and enhanced quality of Datix records and feedback reports. This has been approved by TME, and will be rolled out with effect from 1 March 2017;
- It was announced at the Mortality Review Group meeting that the Trust’s latest Summary Hospital-level Mortality Indicator [SHMI] was 0.96 decreased from 0.99;
- It was advised that a Surgical Leadership Group had been formed to oversee the work in relation to the National Safety Standards for Invasive Procedures [NatSSIPs], co-chaired by the Clinical Director for Surgery Mr G. Sadler and Clinical Director for Theatres, Anaesthetics and Sterile Services;
- It was noted that compliance with the administration of intravenous antibiotics within 1 hour of prescribing and administration within 1 hour of arrival in ED required improvement;
- There had been 29 applications made under the Deprivation of Liberty Safeguards [DOLS] during the quarter with only one responded to as granted. It was confirmed that The Law Society was currently reviewing the DOLS process, and a national report was expected in March 2017; and
- The Quality Conversation Event had showcased the progress-to-date this year in respect of the quality priorities and provided the opportunity for Public and Staff to vote for their future quality priorities for 2017/18. Priorities for continuation were partnership working and end of life care.

g) The Committee considered the Quality Report, which in the main reported on data up to the end of December 2016 and, by exception, on data in January 2017. The following points were highlighted in discussion:

- The Committee’s attention was drawn to publication of the National Quality Board’s [NQB’s] report on “Shared Commitment to Quality”, noting that the purpose of the NQB was to provide coordinated leadership for quality on behalf of national bodies. The document highlighted that quality must be the organising principle of the health and care service and outlined the key concepts upon which regulators would expect organisations to focus;
- Quality Priorities were noted to be progressing, reflected in the CQUIN achievements. A separate paper was submitted to update the Committee on the draft Quality Account for 2016/17, in which the Trust would be required to report on progress against the quality priorities for the past year, and articulate quality priorities for the year ahead. The Medical Director advised that he planned to refresh the Trust’s Quality Strategy;
- Key Quality Indicators had been relatively static, but those reported to have deteriorated against target since the last reporting cycle, or which attracted red rating due to breaching of an annual threshold, were as follows:

- PS06 – Four cases of MRSA bacteraemia >48 hours (cumulative year to date) (this threshold is irretrievably breached and will flag every month for the remainder of the financial year);
 - PS08 – 72.67% patients receiving stage 2 medicines reconciliation within 24h of admission;
 - PS14 – 79.14% Radiology direct access 7 day turnaround times – Plain Film, CT, MRI & Ultrasound;
 - PS17 – One case of hospital acquired thrombosis identified and judged avoidable;
 - CE03 – Dementia – 67.51% patients aged > 75 admitted as an emergency who are screened [one month in arrears];
 - PE15 – 59.39% patients EAU length of stay <12h
- It was confirmed that OUHFT currently remained within set limits in respect of C.diff;
- Candida auris was reported to remain a challenge, given that it is a poorly understood global pathogen. The University and laboratory microbiology teams were reported to be co-ordinating and working with Public Health England on C.auris;
- It was noted that the percentage recommend and percentage no recommend for Emergency Departments [EDs] had slightly improved in December, which correlated with a decrease in the 4hr waiting time;
- The Neurosciences, Orthopaedics, Trauma and Specialist Surgery [NOTSS] Division were noted to have received 28 new complaints in December, and remained the division with the highest number of complaints across the Trust, with 42% of the total of complaints received in December. It was highlighted that an increase in complaints historically related to administrative problems – a project in the Eye Hospital was being trialled relating to improving the patient experience;
- The Committee continued to monitor nursing and midwifery safe staffing levels, emphasising the need to maintain scrutiny of the extent to which difficulties in recruitment could impact on the quality of care. It was in particular noted that the Trust continued to experience a high turnover of Band 5 staff nurses within 12 months (17.6% across the Trust). It was reported that the Associate Chief Nurse had developed a number of proposals to support career progression for Band 5 nurses, which it was hoped would improve retention rates, and these proposals had recently been approved by the Trust Management Executive [TME].

The Committee was advised that work was to be undertaken to improve the integration of reporting on key metrics relating to quality, operational and financial performance.

It is intended that the Committee may then appropriately focus on exception reporting, based on granular data generated at clinical service line level. It was suggested that this would make it less likely that persistently poor performance against a particular standard, or in a particular area, could become tolerated because it was masked within a morass of data.

- h)** The Chief Nurse reflected on the experience of a female patient who had been diagnosed with cancer at the age of 20 in 2014, and treated at the Trust. Her experience in particular highlighted:
- The importance of clear, compassionate and prompt communication throughout a patient's journey, especially when diagnostic tests and diagnosis took time.

- The need to ensure that difficult news about a cancer diagnosis was given face to face and, wherever possible, allowing for the patient to be supported by a relative.
- The importance of consistent nursing care, ensuring that patients and staff were properly prepared for their expectation of a move from an Intensive Therapy Unit [ITU] to a general ward, with attendant reduction in the intensity of care.
- The need to ensure that patients' preferences were respected when using the toilet and that there was provision for pre-operative discussions about the contraceptive pill, where appropriate.
- The importance of responding to call bells quickly, recognising the distress caused to patients if there was a delay.
- The value of providing flexibility in visiting times in some cases.

The Teenager and Young Adult [TYA] Cancer Care Service was recognised as providing significant support and advocacy to TYA and their families throughout their care pathway.

i) The Committee received its regular report on Serious Incidents Requiring Investigation [SIRI] and Never Events, noting key learning points and actions which had been identified upon the closure of SIRI, for application across the organisation. These included:

- Careful co-ordination and re-launch of Stop before you Block.
- Use of a skin mark in the form of a sticker is to identify the correct site for any regional block; to be placed during the WHO sign in.
- Linking of e-VTE assessments to e-prescribing, to eliminate the recurrence of previous incidents.
- Production of guidelines to help trainees and surgeons as to when to prescribe or omit dalteparin when surgery is imminent.
- Development of a training programme by the vascular ward pharmacist on EPR prescribing and reviewing of drug charts for all Vascular ward staff
- Introduction by the Vascular Directorate of a box sticker to document the review of anticoagulants, diabetic management and antibiotics.
- Implementation of the fall-safe programme including implementation of the electronic care plans throughout the Trust
- Specific nutritional education sessions for palliative care patients to be carried out by the Oncology and Haematology Directorate.
- The ED department has mandated that Consultants and/or Senior Registrars must have final sign off of all results received before a patient is discharged. Spot check audits of patient discharges will be taking place.
- Implementation of behaviour care plans for patients with advanced dementia within the Adult and General Medicine Directorate; patients with known dementia were also to be referred to the physiological medicine team.
- The Children's Directorate were to increase awareness of the potential risks of DVT/PE in children and young people, through changes to documentation/assessments, updating of guidelines and inclusion in the education programme for staff, including the preceptorship, nursing study days and junior doctor induction.
- Instigation of a pop up reminder on EPR if a drug remained suspended for more than 24 hours

- Anti-coagulant doses to be omitted on EPR rather than suspended, to decrease the risk of the anti-coagulants not being restarted.

The Committee commended the work undertaken to ensure that organisation-wide learning was identified and implemented; noting in particular the positive learning culture fostered by the regular multi-disciplinary SIRI Forum, led by the Deputy Medical Director. It is expected that a thematic analysis of SIRI and Never Events over the previous 12 months will be presented for consideration by the Committee at its meeting in June 2017.

- j) The findings and recommendations of the CQC report: *'Learning, candour and accountability- A review of the way NHS trusts review and investigate the deaths of patients in England'* were considered, noting its insights into system level and local challenges to effective investigations, greater candour and the involvement of families (on their terms). It was recognised that these insights were applicable to a wider cohort of investigations than those involving a death. The report summarised actions taken by the Trust to date, and outlined future actions planned. This would include identification of a Board level patient safety director, and the appointment of a Non-Executive Director to take oversight of progress in implementation of all the report's recommendations.
- k) The Committee received a very early draft of the 2016/17 Quality Account, the final version of which is due to be formally submitted to the Secretary of State by 31 May 2017, and published via the NHS Choices website by 30 June 2017.

An updated draft of the Quality Account 2016/17 will be submitted to the next meeting of the Committee in April, and in the meantime the Committee was advised of the proposed Quality Priorities for 2017/18 which were being considered, following the recent Patient Engagement event and publication of the 2017 -19 CQUIN programme. These include:

- **Patient safety**
 - Partnership working
 - Safe discharge
 - Deteriorating patients – time-critical care (Heart attack, stroke, sepsis)
- **Clinical effectiveness**
 - Mental health in those with physical illness
 - Cancer pathways
 - Go digital
- **Patient experience**
 - End of life care
 - Dementia Care
 - Learning from complaints

A draft of the Quality Account will be submitted for consideration by the Council of Governors at its next meeting on 7 April 2017, and the proposed Quality Priorities for 2017/18 are due to be discussed with the Governors' Patient Experience, Membership and Quality sub-committee at its meeting on 2 March 2017.

- l) The Committee considered the Workforce and Organisational Development Performance report for Q3, which included additional information about measures taken to improve staff retention, and a preliminary 'At a glance' summary of the NHS Staff Survey 2016, a full report on which is due to be submitted to the Board for consideration at its meeting on 8 March 2017.

The Committee welcomed measures aimed at improving staff retention, but noted that there had still overall been a small rise in turnover between Q2 and Q3, with turnover at 14.9% as at the end of December 2016.

The Committee also welcomed the fact that the Trust had spent £300k less on agency staff in Q3 than in Q2, and remained below the Regulatory 'ceiling' by £2.7m, but it was acknowledged that in the longer term there was a need to train more nurses locally, including specialist training in areas to which it was particularly hard to recruit, e.g. Paediatric and Neonatal nurses.

- m) An analysis of complaints received by professional group showed that assignment of a complaint to a particular professional group could be problematic and challenging. Complaints were often multifaceted, involving both clinical and administrative aspects of care, but the majority were attributed either solely or partially to the medical or surgical aspect of a patient's care.

The Committee noted that there were a considerable number of similar issues raised across the different professional groups, which essentially reflected recurrent themes related to a lack of clarity or a lack of information, not keeping patients updated or sufficiently involved regarding their care, dismissive or rude attitude of staff, perceived or actual mistakes in diagnosis, treatment or care and delays in appointments, equipment or medication.

- n) A review of nurse staffing and quality metrics for the Emergency Departments showed a direct correlation of staff experience and patient experience through the Friends and Family Test [FFT] scores when considered against waiting times, with FFT scores deteriorating when the peak of operational challenges was experienced in the ED in October 2016. Other clinical indicators provided less evidence of the impact on issues related to patient flow and congestion
- o) The Committee received a report on progress in meeting performance trajectories for Discharge Summaries, Clinical Test Results endorsement and Outpatient letters sent to primary care clinicians. Targets had been realigned in discussion with OCCG, and the proposed revised trajectories for delivery of the standards were as follows:
- 95% of discharge letters to be reported to GPs within 24 hours of discharge;
The remedial action plan aimed to deliver 95% by June 2017.
 - Clinical test results to be endorsed within 7 days of the test result being available 90% of the time;
The remedial action plan aimed to deliver 90% by June 2017
 - Outpatient letters to meet turnaround date of clinic to delivery to GP inbox of 10 working days for all outpatient clinic letters 90% of the time;
The remedial action plan aimed to deliver 90% by June 2017

3. Key Risks Discussed

Key risks discussed included:

- a. Risks associated with the contingency plan for Maternity and Neonatal Services at Horton General Hospital [HGH] were reviewed, as described at 2a above.
- b. The correlation between distance/travel time to maternity services and perinatal mortality was considered, as described at 2b above.

- c. The correlation between increased operational pressures and deteriorating staff experience and patient experience was discussed, with specific reference to the Emergency Departments.
- d. The risks associated with the continuing challenges to the recruitment and retention of appropriately skilled staff were discussed, and consideration is to be given to how this risk can be reflected on the quality priorities for 2017/18.
- e. It was confirmed that the Enforcement Notice relating to compliance with Ionising Radiation [Medical Exposure] Regulations 2000 had now been lifted.
- f. The Committee considered an extract of the assigned risks from the Board Assurance Framework (BAF) and Corporate Risk Register (CRR), and it was considered that the issues discussed in the meeting were appropriately reflected in the register.

4. Key Actions Agreed

The Committee agreed actions as follows:

- The Medical Director will produce a discussion paper for the next meeting, on how best to triangulate data on quality, operational and financial performance, to gain assurance that the quality of care was being maintained, notwithstanding operational and financial pressures;
- The Trust's Quality Strategy will be refreshed;
- A full report on the NHS Staff Survey 2016 will be submitted for consideration by the Board at its meeting on 8 March 2017;
- A thematic analysis of SIRI and Never Events will be undertaken, for report to the Committee at its meeting in June 2017;
- Updates on progress in delivery of the remedial action plans to deliver performance trajectories for Discharge Summaries, Clinical Test Results endorsement and Outpatient letters sent to primary care clinicians will be provided in the Quality Report.

5. Future Business

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

- Draft Quality Account 2016/17
- Report anticipated from CQC following unannounced inspection in October 2016
- Review of data on quality, operational and financial performance at clinical service level
- Annual Report on Prevention of Future Death Reports received from HM Coroner

6. Recommendation

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

Mr Geoff Salt
Chairman Quality Committee
March 2017