

Trust Board Meeting in Public: Wednesday 10 May 2017

TB2017.45

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 12 April 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 Quality Committee Chairman and the Deputy Medical Director reported on their attendance at a national conference held on 21 March 2017, at which publication of the '*National Guidance on Learning from Deaths*' had been launched. It was emphasised that the Board must be assured that the process for identifying, reporting, investigating and learning from deaths was strong and comprehensive; and that Non-Executive Directors could challenge the translation of learning into action. A copy of the guidance has been circulated to all members of the Quality Committee, and will be considered in more detail at the next meeting of the Committee in June 2017.
- b) The Committee undertook its regular review of the risks associated with the temporary suspension of Maternity and Neonatal Services at 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 the reduction in risks where mitigating actions had been completed. This showed reduction in most of the risks originally described, with only four remaining the same, and none increasing.

It is however acknowledged that some risks will not reduce further, due to the inherent potential risks associated with childbirth that affect all maternity services.

The Committee also referred to the Key Performance Indicators [KPIs] being monitored and reported to the Oxfordshire Clinical Commissioning Group [OCCG], noting that none gave any cause for concern about the safety of the service following temporary establishment of the MLU at HGH.

- c) The Committee also received an update on progress in on-going attempts to recruit obstetric doctors to fill the rota of 9 which would be required to sustain obstetric services at HGH. It was confirmed that, at the time of report, the number of obstetric doctors in post was 5, out of the 9 doctors required. Two of the five doctors currently in post were Clinical Research Fellows (employed by the University of Oxford) whose contracts were due to end in June and November 2017 respectively. An offer to extend their contracts by 12 months had been made, and the Trust awaited a definitive answer on whether those offers would be accepted. It was reported that the recent round of recruitment had resulted in four candidates being shortlisted, of whom two had been offered positions and accepted. Dependant on the decisions of the Clinical Research Fellows, this could potentially lead to 7 out of the 9 doctors required being in post by the end of June 2017. In respect of staffing levels required in the Special Care Baby Unit [SCBU], there were potentially six neonatal nurses who could return to the HGH, and a minimum of twelve nurses would be required to sustain the service.
- d) The Committee considered a story recounted from the perspective of a carer, which highlighted issues typically faced by carers, particularly in a hospital setting, demonstrating the value of supportive, compassionate staff and good care. It was recognised that staff needed to contribute towards an environment in which individuals engaged with carers and were culturally more responsive. It was submitted that carers' engagement in treatment was often overlooked and that they needed to be given the opportunity to assimilate when the patient was admitted to hospital.

- e) The Committee received its regular report from the Clinical Governance Committee [CGC], noting issues highlighted for its attention, including:
- It was noted that the Radiology Department was now viewed as an exemplar in relation to Ionising Radiation [Medical Exposure] Regulations following a re-inspection by the Care Quality Commission in February 2017, after which the Enforcement Notice issued in August 2016 had now been lifted. It was noted that the CQC had remarked on:
 - Evidence of ownership of the department to address the issues raised openly and completely;
 - The learning undertaken; and
 - The sense of cultural “shift.”
 - As of 1 February 2017, all of the remaining outpatient areas had officially stopped accepting paper request forms and had commenced requesting tests and prescribing medications electronically. The first phase (outpatients) of the Cerner Millennium PAS Upgrade had been postponed to 1 April.
 - VTE compliance was noted to have increased, in particular in Gynaecology.
 - It was noted that Clinical Support Services [CSS] had previously been an outlier for sickness absence management with the highest absence rate. This was no longer the case and CSS now had the second lowest rate in the Trust.
 - It was reported that three separate incidents on the Stroke Unit had occurred in February 2017 where the single sex breach regulation had been breached; 14 patients were affected over three separate time periods. The breaches had occurred due to a lack of down stream beds for stroke patients, who require a high level of care. The rise in breaches was a national issue. However, the decision had been taken to still admit these patients given the serious nature of strokes. In respect of the single sex breaches, the Committee agreed that patient safety was paramount.
 - The Adult Safeguarding Team had seen a significant increase in Deprivation of Liberty Safeguards [DOLS] applications linked with a greater understanding of the procedure. 50 applications had been made during the quarter and one granted. It was highlighted that the national process for assessing DOLS was not functional and that the Law Society was currently reviewing the DOLS process with a national report expected this month.
 - It was noted that appraisal rates were low in nursing within ED and EAU, which was considered to be related to operational pressures.
- f) The Committee considered the Quality Report, which in the main reported on data up to the end of January 2017 and, by exception, on data in February 2017. The following points were highlighted in discussion:
- The Committee’s attention was drawn to the overhaul of the NHS Litigation Authority (NHSLA) which with effect from 1 April 2017 was to be renamed NHS Resolution; putting more resources into intervening in maternity related cases, as well as spreading knowledge and developing new interventions to reduce errors. The stated aim would be to shift focus away from claim management to proactive, earlier interventions – designed to better suit supporting patients and their families.
 - The Trust Quality Priorities were touched upon and it was noted that the most recent updates were detailed in the report on the draft Quality Account.
 - It was noted that the Trust had submitted Quarter 3 National and Local CQUINs to deadline, all had been agreed as achieved by the OCCG with the exception of the

flu vaccine uptake by front line staff. This had achieved 50% of the CQUIN value by 65.3% of front line staff having been vaccinated.

- Timelines were reported to have been built into key quality metric indicators which included exception reporting.
- A Dementia or Cognitive screening situation report highlighted that the vast majority of screening (76%) occurred in the Medicine, Rehabilitation and Cardiac Division. Whilst most clinical areas were reported to be using the electronic clerking process there were some areas, including acute general medicine, Geratology and some parts of general surgery that were using only paper or a dual system to undertake this screening; screening was noted to be currently entered into a paper admission clerking booklet. Consequently, the compliance rates had been under reported – an electronic clerking pro-forma would improve rates.
- No particular issues were reported to have been raised by OCCG. However, it was noted that previously reported feedback figures contained inaccuracies for the past 3 months; this had been due to the data not being updated in the OCCG Datix system before the OUH extract took place. The issue had now been resolved.
- Attention was drawn to safety incident data and actions being taken to reduce harm were highlighted which included a Falls Safe programme targeting the clinical areas where there was a predominance of high impact falls and a Trust-wide pressure ulcer prevention action plan.
- The Summary Hospital-level Mortality Indicator (SHMI) had decreased from 0.96 to 0.94; influenced by the decrease in observed deaths for secondary malignancies and cancer of the bronchus.
- The upper ceiling for OUH apportioned cases of C.Diff for 2016/17 was 69. For February 2017 there had been 4 cases of C. diff against an internal monthly ceiling of 5 – the OUH remained within trajectory.
- In total, from April 2016 to February 2017 there had been one avoidable MRSA bacteraemia and five avoidable (of which 2 were contaminants).
- It was reported that the screening of Neurointensive [NITU] patients continued to identify newly colonised patients, however there had been a drop in the number of new colonised patients compared to previous months in February.
- It was noted that cleaning scores continued to be of concern in relation to the Churchill and a recovery plan was in place.
- It was noted that the FFT response rates were still low and that there was too much reliance on email and text; staff would be encouraged to increase the completion of responses.
- There had been a decrease in the percentage of investigations completed to agreed timescales in response to complaints. It was noted the timely responses were important in responding to complainants and this would be encouraged throughout the divisions.

g) 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:

- Key areas for changes to work flow and standard operating procedures within neuropathology.
- Lessons to be learned in decisions made around Duty of Candour, particularly in the ultimate timing of disclosure and whether lessons from organ retention incidents had been learnt.

- The Medicine information leaflet for initiating oral anticoagulation with vitamin K antagonists (VKA) in adult patients will be shared with all new medical staff in Surgical Emergency Unit (SEU) and will be included in the induction programme.
- Checking procedures at multiple levels have been tested and improved following the administration of an excess chemotherapy dose due to a transcription error in the child's weight.
- A tracking list for all pre and post-operative patients is to be produced to capture all patients who require a follow up in head and neck services. The registrars will be responsible for its update.
- All histopathology requests are to be made electronically and this will be mandatory, and audited monthly which will ensure results are e-messed to consultants and requestors.
- A process is to be developed within Histopathology which alerts clinicians and consultant leads of all abnormal results - once e-requesting has become accepted all abnormal results will be attached to the patient EPR record and the result sent to the results pool.
- The EPR system is to be updated to ensure VTE assessments are completed prior to the administration of any medication.
- Any patient that arrives to the dialysis unit with a track and trigger score in excess of the previous documented record should be escalated to the doctor covering the dialysis unit within 60 minutes of arrival.
- In the urology department a mid-shift meeting is to be arranged to identify staff that require assistance or highlight any patient specific needs.

The Committee commended the work undertaken to ensure that organisation-wide learning was identified and implemented. 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.

h) The Committee received an updated 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.

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

It was noted that the draft Quality Account had been presented for consideration by the Council of Governors at its meeting on 7 April 2017. The proposed Quality Priorities for 2017/18 had previously been discussed by the Council of Governors' Patient Experience, Membership and Quality sub-committee at its meeting on 2 March 2017. Governors have selected venous thromboembolism [VTE] risk assessment as the quality indicator which will be audited by the Trust's external auditors.

- i) The Committee considered a live demonstration of the outcome of work led by the Chief Information and Digital Officer to develop an integrated dashboard/"heat map", presenting data on staffing, operational and financial performance, quality standards and patient outcomes.

A breakdown by clinical directorates illustrated the possible real time data that could be provided, to show performance in various parts of the system (and flow through the system) at any one time. It was emphasised that real-time data generally remained subject to validation, but the value of being able to consider integrated data in real time was considered to outweigh the necessity to provide fully validated data at that point.

Discussion centred on further additions and/or improvements that could be made in further development of the "heat map", including:

- Flagging the emergence of trends; and
- Selecting an appropriate time window for refreshing data and trend analysis.

- j) The Committee received an update on progress in relation to the Peer Review Programme. This outlined some common themes that had been identified, reported on the evaluation that was being undertaken to inform enhancement of the programme going forward, and confirmed changes to the Care Quality Commission [CQC] regulatory framework.

It was emphasised that the primary aim of the Peer Review programme was to promote and reinforce the culture of a learning organisation, through constructive engagement between the reviewers, and those being reviewed. Whilst there was a benefit in clinicians who participated being familiarised with standards that would be applied in a CQC inspection, it was agreed to be important that the programme was not an internal inspection regime. Any requirement for the production of action plans and 'RAG' ratings of findings was resisted.

- k) An update on staff recruitment and retention initiatives was provided, with the following key points highlighted;
- Demand for qualified nursing staff continued to outpace supply with a current shortfall of 24,000.
 - It was reported that 2015/16 had seen the lowest level of output of qualified nurses; withdrawal of NHS bursaries had resulted in a 23% fall in applications in the first year.
 - The allied health professional (AHP) workforce was also noted to be under pressure with 1,700 fewer training places reported in 2014/15 than in 2004/05 – a reduction of 22%. Increasing numbers of AHPs were being accessed by non-NHS employers.
 - The supply of junior medical staff was also slowing with the number of undergraduate medical places having reduced by 2.0%.
 - The supply gap for non-medical clinical staff was reported to be significantly larger in London areas and Thames Valley (14% vacancy rate compared to 10% nationally). The high cost of living; housing supply and transport contributed to this gap with local employer competition creating a high churn amongst lower paid bands of staff.

It was noted that significant new initiatives had been endorsed by the Trust Management Executive [TME] related to accelerated advancement for all band 5 nurses who had successfully completed their two year Foundation Training Programme and an increase in band 6 positions. Further initiatives considered, which were to be revisited by TME, included Oxford salary “weighting” and annual non-consolidated bonus, payment of undergraduate course fees and additional financial assistance to meet the cost of public transport.

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 2b above, and it was suggested that a comparative review of performance data at all Maternity-led Units [MLUs] in Oxfordshire should be undertaken.
- b. Specific consideration was given to the risk of the impact on gynaecology at the John Radcliffe, and the Director of Clinical Services submitted that this should be revised, to reflect the fact that once the Vanguard theatre had become fully operational this provided two additional theatre sessions to increase the capacity for elective gynaecology cases.
- c. The Committee considered the risks associated with less than 100% compliance with the World Health Organisation [WHO] surgical safety checklist, noting that this was also kept under review by the Clinical Governance Committee. The Medical Director reported that breaches in compliance were generally found to represent a failure fully to document, rather than a failure to undertake the safety checks stipulated, and there was recognised to be a danger that too heavy-handed an insistence on the completion of documentation alone could be counter-productive to the more important promotion of a safety culture.

- d. The risks associated with the continuing challenges to the recruitment and retention of appropriately skilled staff were discussed, noting the further initiatives that had been implemented.
- e. 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. It was agreed that the CRR needed to be revised for 2017/18, to reflect the strategic objectives of the Trust, and support a new approach to addressing the risks associated with the challenges to delivering quality, operational and financial performance.

4. Key Actions Agreed

The Committee agreed actions as follows:

- To reassess risk 1.14 relating to impact on JR maternity services (Gynaecology) in light of the Vanguard theatre that had been installed in October 2016 which had enabled further theatre sessions per week, and had therefore created additional capacity.
- To undertake a comparative review of performance data at all Maternity-led Units [MLUs] in Oxfordshire
- A further baby abduction drill was to take place, the outcome of which will be reported to the Quality Committee
- To review staffing for 'at risk' shifts in Maternity
- To further develop the OUH integrated 'Heat Map'/dashboard
- To revise the Corporate Risk Register, to reflect the strategic objectives of the Trust, and support a new approach to addressing the risks associated with the challenges to delivering quality, operational and financial performance.

5. Future Business

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

- Review of data on quality, operational and financial performance at clinical service level
- Update on progress in refresh of the Trust's Quality Strategy
- Thematic analysis of SRI and Never Events
- Comparative review of performance data at all Maternity-led Units [MLUs] in Oxfordshire.

6. Recommendation

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

Mr Geoff Salt
Chairman Quality Committee
May 2017