

Trust Board Meeting in Public: Wednesday 17 January 2018

TB2018. 05

<b>Title</b>	<b>Quality Committee Chairman's Report</b>
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<b>Status</b>	For information
<b>History</b>	The Quality Committee provides a regular report to the Board.

<b>Board Lead(s)</b>	Professor David Mant, Committee Chairman			
<b>Key purpose</b>	Strategy	<b>Assurance</b>	Policy	<b>Performance</b>

## 1. Introduction

The Quality Committee met most recently on 13 December 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) This was the first meeting chaired by Professor David Mant who reiterated that the key role for the Committee, of particular importance during times of financial pressure, is to assure the Board that there are no quality concerns or if there are, that they are under control.

b) The Deputy Chief Nurse presented the experience of a child who was diagnosed with leukaemia when he was 13 and the excellent compassionate care that he and his family received.

His story highlights the best models of practice in key areas and their positive impact on the patient and family experience:

- Effective communication throughout his journey, both within the Trust departments and other services such as the GP and school;
- Compassionate, person centred care, including a whole family approach. Strong involvement of the patient and family in the discussions and decisions about care and treatment;
- Effective joined up working between services and a single point of contact, to co-ordinate care and support both within and outside the hospitals, including schools and social networks.

c) 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 by which a Midwifery-Led Unit [MLU] had been temporarily established at HGH.

The Director of Clinical Services reported that the risk profile was currently unchanged. The relevant Key Performance Indicators were reviewed and it was agreed that these indicated that the level of risk remained low.

The Judicial Review has completed and the Judge has indicated that he will provide a verdict before Christmas although this had not been published as at the date of the meeting.

d) The Committee received its regular report from the Clinical Governance Committee about its meetings on 18 October 2017 and 15 November 2017 and discussed key areas including that:

- A Clinical Advisory Group has been established;

- Statutory and mandatory training compliance target is 90% but there will need to be a step change in how this is managed if the target is to be met;
- There needs to be a greater emphasis on staff appraisals as the percentage of these is still too low and it is essential to have a proper discussion at least once a year with each member of staff;
- Safeguarding adults is an important area and there will be full report on this at the next meeting.

e) The Committee considered the Quality Report which in the main reported on data up to the end of October 2017 and, by exception, on data relating to November 2017. Points highlighted in discussion included the following:

- i. The fill rates of actual shifts against those planned for October (including the supply of temporary staff) were noted to have been:
  - 93.52% for Registered Nurses/Midwives
  - 89.82% for Nursing Assistants (unregistered);
  - Gynaecology continues to experience high vacancy and turnover rates. Active recruitment continues, with staff working flexibly to maintain safe levels of staffing. The newly appointed Gynaecology Matron is undertaking a fresh review of staffing and establishments throughout November 2017.
- ii. The Summary Hospital-level Mortality Indicator [SHMI] for the data period April 2016 to March 2017 was 0.94. This was rated 'as expected' based on NHS Digital's 95% confidence intervals, adjusted for over-dispersion and the value was the same as the previous publication. The Hospital Standardised Mortality Ratio was 92 for the data period August 2016 to July 2017, which was 'lower than expected' based on Dr Foster's 95% confidence intervals;
- iii. In October 2017 there had been 2 cases of OUH apportioned C.difficile. infections against a monthly cumulative limit of 6;
- iv. Nine of the 30 quality metrics, pre-specified targets were not fully achieved in the last relevant data period. Trend data and exception reports were provided;
- v. World Health Organisation [WHO] checklist compliance audits showed four of the five Divisions demonstrated less than 100% compliance and actions have been put in place to improve this;
- vi. Test result endorsement and discharge summary timeliness remain an area for improvement. In October 2017, 84.6% of discharge summaries were sent before or within 24 hours of discharge against a trajectory of 95%; and 76.5% of results were endorsed on EPR within 7 days against a trajectory of 90%. Both indicators have therefore fallen short of the OCCG trajectories for October 2017;
- vii. Four Executive quality walk rounds took place in October. There was a discussion about whether these should be targeted to where there were particular risks to the quality of care had been identified but the aim is to monitor all divisions each month. There was also a discussion about whether some of the visits should be unannounced and it was agreed that there should be a mixture of formal and informal visits;

viii. There have been 17 single sex breaches in the past 3 months. This can be an indicator of overcrowding and there is a risk that it will continue with winter pressures. However, most of these have been in the Stroke Unit where it is important that patients receive the specialised treatment, even if not in segregated accommodation.

- f) The Committee received its regular report on Serious Incidents Requiring Investigation [SIRI] and Never Events declared or closed in October and November 2017. Key learning points and actions which had been identified for application across the organisation were noted.

Two Never Events that were reported to the Committee in October 2017 have been fully investigated and sent to OCCG for closure. The Root Cause Analysis Investigation Reports were shared with the Committee.

During the reporting period 14 SIRIs were declared via STEIS and 11 investigations were sent to OCCG for closure.

- g) The Director of Clinical Services explained that the recent autumn statement by the Chancellor of the Exchequer announced the allocation of further £335m of non-recurrent revenue funding to support winter pressures across the NHS in 2017/18. A system-wide bid has been submitted for additional funding to increase capacity over winter and the Committee reviewed this in outline. NHS Improvement has been asked to confirm when the decision will be made bearing in mind the lead time required to implement measures proposed.

- h) The Director of Improvement and Culture presented a workforce performance update and the key points were:

- Total pay expenditure for the financial year to date exceeds the pay budget by £2.0m. Staff in post has risen by 28 WTE when compared to the end of Q1 and is broadly the same level as the end of the previous financial year. There has been a corresponding increase in the quarterly pay cost from £47.73m (Q1) to £47.95m at the end of Q2. For comparison, in 2016/17 average quarterly pay cost was £48.2m;
- Recruitment campaigns continue across the UK and overseas to attract talent to the Trust in particular in nursing roles. The Trust is working with specialist partners initially to source 50 European Registered Nurses and a minimum of 100 theatre, ward and children's Registered Nurses from both India and the Philippines. The Trust has recently interviewed in India and made offers to 177 candidates;
- Staff turnover has fallen marginally since Q1 and is currently 14.7%. High turnover levels are still being experienced across many staff groups and bands within particular teams, which is a cause for concern and further work is required to understand the root causes;
- Sickness absence levels have plateaued across the Trust at 3.2%. This relatively low level of sickness absence compares very well with other trust across the NHS and in the Shelford group, as well as to more local comparators such as Southampton and Bristol. The use of FirstCare, complemented by good management disciplines across the Trust, are regarded to be major factors in achieving low rates of sickness absence;

- The National Annual Staff Survey was launched on 25 September 2017 and runs until 1 December 2017. There is a comprehensive campaign to engage staff and the aim is to lift the Trust response rate to 45%. Results will be released in the latter part of January 2018.

- i) The Director of Assurance provided the Committee with an update on the Care Quality Commission's [CQC's] Inspection of the Oxford Centre for Enablement. [OCE] at the Nuffield Orthopaedic Centre [NOC] The formal report of the inspection had just been provided and was circulated to the Committee. The paper provided an update on the progress of the implementation of the action plan, which is complete with the exception of commissioning two peer reviews, the completion of which has been re-scheduled with agreement of the Board.

Subsequent to the inspection in August 2017, the CQC revisited the OCE in November 2017 and the Trust is awaiting the formal report from this visit.

- j) The Director of Clinical Services reported on the Cleaning Assurance Standards following a request from the Committee to review the data being provided as they were consistently and significantly showing performance below the target scores in clinical areas designated as 'High Risk Areas' and 'Very High Risk Areas'.

The Committee sought further detail of the process by which cleaning audits are undertaken and followed up as the basis for assurance as to the adequacy of cleaning, and whether cleaning standards are having any impact on patient safety.

The Committee considered the report as prepared by the Trust's internal Soft FM Services Manager, and discussed the findings, including the fact that the overall scores had been lowered by results relating to offices and storerooms rather than clinical areas.

The Committee agreed that the contents of the report should now be shared with the PFI service providers, to facilitate a collaborative approach to provide sufficient assurance on cleaning standards going forward.

- k) The Committee received the Tissue Viability Annual Report, providing an overview of the service to reduce the number of Hospital Acquired Pressure Ulcers and improve wound assessment and management at a clinical level. The team provides a 6 day a week service and comprises 4.6 WTE nurse specialists. In 2015/16 they had 900 referrals from clinical areas and from April to September 2017 there have been 2390 referrals.

A strategic action plan has been developed to reflect the necessary remedial actions to address shortfalls in compliance or need to improve patient safety and clinical outcomes in relation to Hospital Acquired Pressure Ulcers (HAPU) with a specific focus on Category 2 damage. This will be reviewed for 2018/19.

The ambition of the Trust is to continue to work towards zero avoidable Category 3 and 4 HAPU. This is to be reflected in Divisional quality standards.

- i) The Committee received an update on the Board Assurance Framework and Corporate Risk Register from the Director of Assurance, including changes to risk scores and new or escalated risks.

### 3. Key Risks Discussed

The following risks were discussed:

- i. The Committee highlighted the importance of guarding against the potential risk that current operational and financial pressures could have an adverse impact on patient safety and the quality of care.
- ii. Risks associated with the contingency plan for Maternity and Neonatal Services at Horton General Hospital [HGH] were reviewed.
- iii. The Committee considered the risk that statutory and mandatory training compliance will be below target unless there is a step change in the management of this. There is also a need to increase appraisals to meet annual targets.
- iv. Planning for winter pressures was recognised as a significant risk although the provision to bid for extra funding to take mitigating measures was welcome.
- v. There is a significant risk that there will be more single sex breaches with the winter pressures, particularly on the Stroke Unit.
- vi. There is a risk that the Trust will not be able to recruit the number of staff required to fill vacancies and this will need to be kept under active review.

### 4. Key Actions Agreed

The Committee agreed or supported actions including the following:

- i. The Committee expects the potential impact of the relocation of the Trauma Unit on the quality of care to be kept under review, and looks forward to receiving a report at its next meeting.
- ii. The Committee will expect to receive a report on the options for incorporating human factors training into Trust wide mandatory training.
- iii. The Committee asked that the Trust Management Executive [TME] consider what further action was required to meet the target on statutory and mandatory training compliance.
- iv. The Committee will expect to receive a full report on Safeguarding adults at its next meeting.
- v. The Committee endorsed the system-wide bid for additional winter funding and will receive an update at its next meeting.

- vi. The Committee agreed that the content of the report on Cleaning Assurance Standards should be shared with the PFI provider to facilitate a collaborative approach to provide sufficient assurance on cleaning standards going forward.

## **5. Future Business**

In addition to the regular review of performance against key quality indicators, areas on which the Committee plans to focus at its meeting to be held in February 2018 include:

- Proposals on how to incorporate human factors training into Trust-wide statutory and mandatory training.
- How the relocation of the Trauma Unit will impact on the quality of care.
- Safeguarding adults and an update on progress of implementation of the recommendations related to use of the Mental Health Act within OUH.

## **6. Recommendation**

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

**Professor David Mant**  
**Chairman Quality Committee**  
**January 2018**