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Executive Summary

1. The Quality Committee is a sub-committee of the Trust Board, and as such provides a regular report to the Board on the main issues raised and discussed at its meetings.

2. Under its terms of reference, the Committee is responsible for providing the Trust Board with assurance on all aspects of quality including delivery, governance, clinical risk management, workforce and information governance, research & development; and the regulatory standards of quality and safety.

Recommendations

3. The Board is asked to:

- Note the Quality Committee’s regular report to the Board from its meeting held on 13 February 2019.
Introduction

Since the Board last met in public in January 2019, the Quality Committee ["the Committee"] held its most recent meeting on 13 February 2019.

Under its terms of reference, the Committee is responsible for providing the Trust Board with assurance on all aspects of quality including delivery, governance, clinical risk management, workforce and information governance, research & development; and the regulatory standards of quality and safety. This report aims to contribute to the fulfilment of that purpose.

Relevant risks on risk registers

At the beginning of the meeting the chairman asked members to bear in mind the previously identified risks relevant to the committee. Those rated 16 or 20 in Q4 (as of Jan 19) were:

a) Divisional level risks – age of 141 anaesthetic machines (CSS); delayed access to diagnostic and oncology services for patients on lung cancer pathway (MRC); nursing vacancy rates (MRC); JR2 theatres environment (MRC); theatre capacity for head/neck cancer (NOTSS-C); ability to carry out non-elective transplants (SUWON); subs-standard renal ward environment (SUWON).

b) Trust level risks – sustainable compliance with national targets (A&E 4 hr wait; 18 week and 62 day cancer access targets); ability to meet compliance with CQC regulations.

c) System level risks – Inability to influence system wide quality improvement; failure to manage demand; inability to contribute to Oxfordshire Transformation Programme.

Updates on other existing concerns

The committee received updates from the relevant execs on five issues of ongoing concern:

a) Gynae-Oncology Review. The Gynae-oncology Taskforce continues to meet on a fortnightly basis. The Royal College of Gynaecologists service review has been completed. A formal report will be received in 6-8 weeks but some immediate actions have been taken to mitigate against risks identified, including: improving the process for obtaining patient consent; moving surgery for some endometrial cancers from JRH to the Churchill; minimising delay in sending discharge summaries.

b) Elective Insourcing. Support on the Churchill site for general surgery / neurology to help meet the 18 week national RTT target started in the last week in November and a formal review is underway. In-health has been commissioned to provide physician support for community endoscopy.

c) Winter Incentive Scheme and Beds Update. The OUH bed stock on Jan 18th of Jan was 1,054 beds of which 101 beds were closed because of staffing levels. On Feb 12th, 85 beds were closed – JRH 17, Horton 8, NOC 0, Churchill 60. Additional paediatric beds had been opened to deal with winter pressures. The current focus is on opening the closed beds at JRH and the Horton to support emergency admissions and trauma.

d) NHSI Undertakings: Workforce. The Workforce Improvement Plan was reported to so far have resulted in: a) A steady increased in substantive staff (+1.2% YTD) and available staff (+1.9% YTD); b) Recruitment process 4th fastest out of 93 trusts using TRAC recruitment software; c) Staff turnover has reduced by 1.3% to 13.5% over the past 12 months. Work is continuing with the Assurance Team (with support of the Chief Nurse and Chief Medical Officer) to further improve the information provided to QC on care quality and risk; workforce capacity within the Assurance Team remains a constraint and the committee asked to be kept appraised of the mitigating action being taken.

e) NHSI Undertakings: Governance Plan. The previous report to the Board provided the outline of the objectives of the Governance Plan and how the plan was originally designed. This included an outline on the approach to the development of KPIs and assessment of risks related to the plan. This report provides a copy of the latest update in relation to the
Governance this is planned to be reported to NHSI at the next oversight meeting. NHSI has continued to review progress on all plans and aspects of progress in relation to the Governance Plan have been included in routine reporting to NHSI.

New issues arising

The committee were appraised of one new risk (arising from the potential loss of our contract to provide PET-CT scanning at the Churchill Hospital) and one important strategic issue arising from the Patient Story (the provision of Integrated Psychological Medicine at OUHFT).

a) PET-CT scanning

This is a tertiary service commissioned centrally by NHS England [NHSE]. At present NHSE contracts with OUH to provide this service for patients in the Thames Valley region. The service is delivered with strong University input and is widely recognised as world-class. Since the last Quality Committee [QC] meeting, the Trust has been informed by NHSE that they are minded to award the contract for the service to another provider following a procurement process. Concern has been expressed by clinical members of staff and a number of governors on the Patient Experience Membership and Quality Sub-committee about a possible adverse impact on the quality and safety of patient care, particularly affecting patients on our cancer pathway. One of the lead clinicians attended QC to answer questions on this issue. The committee agreed, that even though a final decision has not been announced by NHSE, we need to plan now to mitigate any risks.

b) Integrated Psychological Medicine

This innovative service model has been very successful - as indicated by the positive feedback from OUHFT patients and staff and endorsement by both national (NHSE, CQC, Royal Colleges) and international organisations (EAPM, ACLP, APOS). The question arises about how it can be extended to provide an equitable service across the Trust and how it should be sustainably funded. QC felt that the Executive and Board should explore how this service fits in with the wider clinical services strategy. The clinical lead (Professor Sharp) was encouraged to approach the OUHFT charity to explore the possibility of short-term support to help develop a strategic business case to take to Board.

Issues of safety and quality arising from routine monitoring

The committee received the Quality Report and the standard reports on SIRIs /Never Events and from the Clinical Governance committee. It also received a Harm Review Update on patients awaiting surgery.

a) Issues arising from the Quality Report

i. Mortality data are reassuring. The latest SHM index (July17-June18) is 0.92 (not significantly different from the national average) and the HSM ratio is 92 (significantly lower than the national average). However, two "learning from death" reviews from Q4 concluded that the deaths were avoidable.

ii. QC was informed that biggest risk to care quality remains workforce constraints in supporting the urgent care pathway and elements of the elective care pathway.

iii. Despite evident improvements in specific areas, quality priority targets have not been met for cardiac arrest reduction (no overall decrease in 2018; target 25%) nor sepsis (in December 2018, 71% of new admissions and 74% of existing in-patients diagnosed with sepsis received their antibiotic treatment within 1 hour; target 90%).

iv. The cleanliness of the hospital remains an area of concern: QC would like to see better information to support effective action.

v. The shortage of midwives remains a concern (staffing ratio in December 1:31 against BirthRate Plus acuity adjusted recommendation 1:25). QC continues to monitor maternity KPIs closely. (There have been no maternal deaths; unexpected SCBU admissions varied from 3.4-5.6% each month in 2018)
vi. QC continues to see evidence of outstanding care – for example, NHSI informed us that between October 17-18 we were the best performing trust in England in achieving a reduction in bloodstream infections from gram-negative bacteria.

b) Issues arising from the Report on SIRIs/ Never Events
i. Three never events were reported (one related to a pathology report being inserted into the wrong patient’s notes and two to retention of foreign bodies after surgery). A never event risk summit was held in January and QC is impressed by the human factors work in developing NatSSIPS and LocSSIPS.

ii. The need for Trust wide-learning following root-cause analysis of SIRIs was noted in three areas: consistency of use of WHO checklists; procedures to avoid unread or overlooked investigation results; placement and re-siting of cannulae (QC noted that it had previously drawn attention to the latter issue).

c) Issues arising from CGC meetings and Harm Review Investigations
i. The December CGC meeting highlighted that although OUHFT has below the national rate of pressure ulcers (HAPUs), the rate increased from 1.6% in 2016 and 1.1% in 2017 to 2.3% in 2018.

ii. The January CGC meeting discussed the action taken in response to the CQC section 31 enforcement notice issued in relation to the condition of JRH theatres (this has already been discussed at Board and a further update on progress was given to QC at the meeting).

iii. Harm reviews have been completed for 550 of the 568 patients waiting over a year for surgery. The majority of reviews identified no harm or minor harm and there were no cases of major harm. The 15 cases in which patients are thought to have suffered moderate harm (3%) are being investigated as SIRIs and surgery expedited. Of the 42 patients with significantly delayed treatment (over 104 days) on the cancer pathway, no evidence of clinical harm was reported.

Other key strategic and operational issues raised
i. There is a gap of 1127 wte between our budgeted staff and substantive staff; once temporary staff (bank, agency, overtime) are included, there was a shortage of 262 staff at the end of Q3.

ii. Work continues to undertake the repairs to the JRH theatres required by CQC (see above). QC also noted that CQC’s closure of the RIDDOR reportable incident at OCE did not reduce the need for ongoing attention to ensure that the lessons learned have been embedded in everyday practice.

iii. The recent review of Trust Quality Priorities highlighted the need for better information and the Deputy chief medical officer stated that she would be proposing some “SMART” metrics for QC, particular in relation to patients safety and home reablement services.

iv. The QC asked to continue to be informed about the work being undertaken to ensure that Equality and Diversity improvements align with, and are informed by, the Trust’s Quality Priorities (patient experience, patient safety and clinical effectiveness).

v. The discussion of the BAF and CRR raised again the issues of escalation of divisional risks and the most appropriate response by QC to quality risks which remain high and unchanged over a period of time.

vi. An investigation into the type of metal plates used in orthopaedic surgery (long bone fractures) in the past year will be undertaken in view of a British Orthopaedic Association alert. If the type of plate causing concern has been used, patients will be contacted so they can be advised of any risk and replacement discussed if appropriate.

Key actions agreed
i. Before the April QC meeting, the chair will meet with the Chief Medical Officer, Chief Nurse, the Director of Quality Assurance and Interim Head of Corporate Governance to agree a new cycle of business for QC, including review of what data will be monitored, how risks will
be presented, and how QC receives assurance on the quality of the clinical governance process.

ii. The Director of Quality Assurance will ensure that the risks to care quality resulting from the potential loss of the PET-CT contract to In-Health, and the remedial actions being taken, are added to the relevant risk registers.

iii. QC will continue to monitor other quality of care issues in the cancer pathway, liaising where necessary with the F&P committee on issues related to national targets.

iv. QC will also continue to monitor the quality impact of our fragile staffing situation, including the substantial gap between our midwifery staffing ratio and the BirthPlus acuity recommended level.

v. The head of the Integrated Psychological Medicine team will seek support from OUHFT charity to help prepare a business case for the extension and long-term funding of the service which will be considered by TME and the Board.

vi. QC will receive at alternate meetings a separate report on the state of cleanliness of the hospital with evidence to show the effectiveness of remedial actions being taken.

Professor David Mant
Chairman, Quality Committee
January 2019