

Trust Board Meeting in Public: Wednesday 8 May 2019

TB2019.47

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

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

**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 10 April 2019.

## Introduction

Since the Board last met in public in March 2019, the Quality Committee [“the Committee”] held its most recent meeting on 10 April 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 included in the report provided to the Committee 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.

It was noted that information in relation to the Divisional risks was not fully provided to the Committee as the CRR report was a year-end report.

The Committee discussion focus was on sustainable compliance, home sweet home, high quality cost less, go digital strategic themes.

## Updates on other existing concerns

The committee received updates from the relevant execs on key areas of ongoing concern:

### a) NHSI Undertakings

A verbal update was provided to the Committee and a further update will be provided to the Board.

### b) Update on Quality Priorities for 2019/20 (Smart Metrics)

The Committee was informed that the SMART Metrics are currently under development. It was noted that some SMART Metrics have already been agreed for example as part of the actions around preventing never events were provided.

### c) PET-CT

The Committee received an update from the Chief Executive Officer on PET-CT as discussed at the HOSC meeting. It was confirmed that this item will be reviewed further at the Board and the Trust will participate with any activity in respect to the referral to the Secretary of State as well as continue discussions with NHS England in relation to the concerns raised by the Trust. The potential service risks are being assessed and will be added to the relevant risk register.

**New issues arising**

The committee has embarked on a review and refresh of the Cycle of Business and the content and format of the papers presented to it. This will flow through to the reporting of key areas to the Board, some of which are included in the May Board reports. It is expected that further developments will be progressed during the course of the year.

- i. A report on the business case in relation to proposals for High Dependency Unit will be brought to the Quality Committee at its next meeting.

**Issues of safety and quality arising from routine monitoring**

The committee received the Patient Experience and Complaint Report, Patient Story and the standard SRI / Never Events reports and reports from the Clinical Governance committee, due to the comment above the content and frequency of some of these reports are changing during this year.

**a) Issues arising from the Clinical Governance Committee**

- i. The Committee agreed that issues should be raised by exception through an alternative governance channel as the Clinical Governance Committee Report is scheduled to be reported to the Quality Committee every six months.
- ii. It was agreed that the outputs from the Clinical Governance Committee should be mapped to the regular reports that are to be presented to the Quality Committee to ensure that they continue to feed into the Quality Committee.

**b) Issues arising from the Report on SIRIs/ Never Events**

- i. A summary and SIRIs and Never Events was provided to the Committee. The number of never events in the year led to a discussion about the incident reporting culture in the Trust and other initiatives recently introduced.
- ii. A query in relation to the failsafe officers in ophthalmology was raised. The Committee was informed that a review had been undertaken and two additional failsafe officers were added in ophthalmology. However, a number of issues around capacity and demand, treatment changes and staffing were highlighted. Lessons are being learnt by the team and the division who oversees that.

**c) Issues arising from the Mortality Report**

- i. The Committee were provided with an update on the Summary Hospital-level Mortality Indicator (SHMI) for the data period October 2017 to September 2018 is 0.92. This is rated 'as expected' and the Hospital Standardised Mortality Ratio (HSMR) for the data period December 2017 to November 2018 is 90. This is rated as 'lower than expected.'
- ii. The Chief Medical Officer confirmed that she will be in conversation with other neighbouring hospitals about sharing current practices the relation to Medical Examiner processes in the region.

**c) Issues arising from the Harms Review Report**

- i. Of the 611 harm reviews requested since the process started, 595 harm reviews have been completed (97%). The majority of reviews identified no harm or minor harm. The gynaecology services represent circa 77% of all 52-week harm reviews.
- ii. Eighteen reviews for breaches that occurred May to January inclusive have been confirmed as moderate harm level incidents. All cases of moderate harm have been discussed within a Harm Review meeting for initial review of attributed harm level before being presented at the SRI Forum where a final decision is made on the harm level. Seventeen moderate harm cases have been or are being

investigated at divisional level and one is subject to a local level of investigation. No new moderate or above incidents have occurred since the last meeting.

**Other key strategic and operational issues raised**

- i. The Quality Committee received an update on the Clinical Operations report which shows the clinical operations and impact on patients. It also highlights key areas such as urgent and elective care, nursing and midwifery staffing amongst other areas.
- ii. The Quality Committee received an update on the Draft Quality Account.
- iii. The Quality Committee also received an update on the Maternity Dashboard, CQUIN Programme and Peer Review Update
- iv. The Annual Review of Committee Effectiveness was presented to the Committee and further work is being undertaken to review and update the Terms of Reference of the Committee and once this is completed the Annual Report will be presented to the Trust Board.

**Key actions agreed**

- ii. The Integrated Improvement Plan is being refreshed and a document will be brought back to the Quality Committee in June.
- iii. A formal update on the current position on the NHSI Enforcement Undertakings will be presented at the next meeting.
- iv. The Committee discussed the progress made to date with focussed peer review and; agreed the outline plan for phase three of the Internal Peer Review Programme.

**Professor David Mant**

**Chairman, Quality Committee**

**May 2019**