

Trust Board Meeting in Public: Wednesday 13 November 2019

TB2019.110

<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, 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:
  - **Receive assurance** of the work completed by the Quality Committee on behalf of the Board at its meeting on 9 October 2019.

## Introduction

Since the Board last met in public on 11 September 2019, the Quality Committee [“the Committee”] held its most recent meeting on 9 October 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.

## Overview

The Committee sought and received assurances on a number of management actions which were in place or planned to address current risks and issues. The summary below is an overview of the key topics which received the Committee’s main attention.

- a) The Committee noted that the Trust continued to have staffing shortages in many areas leading to pressures on the Trust workforce. Bed occupancy remained above the target threshold, presenting challenges to the Trust in maintaining national access and performance targets.
- b) The Committee’s consideration of the revised Integrated Performance Report included discussion of the following:
  - In July (Month 4) OUH achieved 87% against an ED 4hr wait trajectory of 90%. (Horton site achieved 88%, JR site achieved 86%).
  - Both sites experienced an increase in ED attendance demand, with bed occupancy levels close to 100%.
  - At the end of July eight patients were waiting over 52 weeks, with seven such patients were treated in August.
  - Four out of eight cancer standards were achieved in Month 3.
  - In July 87.3% of discharge summaries were sent before or within 24 hours of discharge against a trajectory of 90%; and 76.8% of results were endorsed on EPR within 7 days against a trajectory of 85%.
  - 71% of sepsis admissions received antibiotics within one hour.
- c) The Committee noted that the Trust had not met two national CQUIN targets reflecting good basic care of elderly patients – correct management of urinary tract infection (e.g. use of dipsticks) and effective fall prevention (recording of blood pressure, early mobility assessment, and avoidance of sleeping tablets/anxiolytics). It was suggested that this reflected a need for improved recording rather than poor care, but it was agreed that further assurance on this was necessary.
- d) Progress with Quality Priorities was recognised but additional information was requested on the extent to which targets are being met, with explanation for any failures to meet projected targets. In relation to the target of treating sepsis within one hour, the mean time between the alert and treatment remained over two hours (122 minutes) while the mean time from prescription to treatment was 52 minutes.
- e) In considering the infection prevention and control report, the Committee was pleased to note that the *Klebsiella pneumoniae* outbreak in the neonatal intensive care unit was

over. The Committee noted that there was a need for related Health and Safety issues to be appropriately identified and escalated through divisions.

- f) In considering the OUH winter plan, concern was expressed about system capacity and pressure on staff. However, the Committee acknowledged the success of the initiatives taken last winter (most of which hit or exceeded target), and that a similar level of detailed planning has been put in place for the coming months.

**Key Risks** discussed included:

- a) The ongoing risk that current operational pressure could have an adverse impact on patient safety and quality of care, to guard against which the Committee remained vigilant in its scrutiny of key quality indicators.
- b) The risks from high bed occupancy levels and its impact on delivery of the 4 hour ED standard.
- c) Increasing pressure and demand on frontline staff due to increased emergency activity, noting that safe staffing was monitored three times a day and will redeploy staff or close beds if necessary to maintain safety.
- d) The Committee noted that the safety thermometer had fallen into the red zone for the first time in September, mainly reflecting an increase in pressure ulcers. Work was being undertaken to understand why patients got pressure ulcers and to look at this in line with national missed care research.
- e) The Committee acknowledged the work the Executive team had done with the Committee to provide better assurance on risk management and suggested that this could be built on further in order for the risk registers to be used as working documents. The need to ensure consistency between Divisional and Corporate risk registers was noted.
- f) The Committee highlighted the need to ensure that infection risks were appropriately escalated.

**Key Actions Agreed** included:

- a) The Committee noted an increase in the number of serious incidents causing moderate or greater harm being reported. It was recognised that this might simply reflect changes in reporting levels and the grading of incidents but the Committee felt that the Board should seek assurance that this did not reflect an increase in care failures.
- b) The Committee suggested that the results of the national clinical audits, showing comparative performance on what each clinical unit considered their most important clinical outcome, should be reported in a simple tabular format on an annual basis. This data would provide the Board with strong assurance on Clinical Care Quality.

### **Recommendation**

**Receive assurance** of the work completed by the Quality Committee on behalf of the Board at its meeting on 9 October 2019.

**Professor David Mant**

**Chair, Quality Committee**

**October 2019**