

Trust Board Meeting in Public: Wednesday 11 September 2019

TB2019.89

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)	Professor David Mant, Quality Committee Chairman			
Key purpose	Strategy	Assurance	Policy	Performance

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 14 August 2019

Introduction

Since the Board last met in public on 10 July 2019, the Quality Committee [“the Committee”] held its most recent meeting on 14 August 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.

Quality issues reviewed by the Committee in August 2019

- a) Staffing shortages and pressures on workforce continue, with bed occupancy significantly above the target threshold, so that the Trust fails to maintain many national access and performance targets. However, the Hospital Standardised Mortality Ratio (HSMR) for the last data period (April 2018 to March 2019), the most basic indicator of care quality, remains 87 – this is rated as ‘lower than expected.’
- b) The Committee’s consideration of the revised Integrated Performance Report included discussion of the following:
 - In June (month 3) OUH achieved 86% against an ED 4hr wait trajectory of 89%. (Horton site achieved 89%, JR site achieved 83.93%).
 - Both sites experienced an increase in ED attendance demand, with bed occupancy levels at c100%.
 - At the end of June, 8 patients were waiting over 52 weeks, 5 patients were treated in July and 3 patients have dates in August.
 - 6 out of 8 cancer standards achieved in month 2.
 - In June 88.1% of discharge summaries were sent before or within 24 hours of discharge against a trajectory of 90%; and 75.6% of results were endorsed on EPR within 7 days against a trajectory of 85%.
 - 76% sepsis admissions received antibiotics within 1h (Q2 to date)
- c) In its consideration of the paper on Serious Incidents Requiring Investigation (SIRI) and Never Events, the Committee’s attention was drawn to Never Events which related to wrong site surgery. The Committee noted that immediate action had been taken to raise awareness of good practice and to disseminate lessons from these events.
- d) The Committee received the Board Assurance Framework (BAF) and Corporate Risk Register (CRR) and noted that while improvements had been made to the CRR, there was a need for better alignment with the Divisional Risk Register.
- e) The Committee received the Q1 Workforce and Organisational Development report. It was noted that Trust turnover had reduced from 14.2% (M12 17/18) to 13.8% at the end of Q1 but vacancies had risen to 10.2% of budgeted established.
- f) The Committee received an update on the Patient Experience Delivery Plan and activity to date on each of the 10 focus areas.
- g) The Committee heard a patient story which detailed the experience of a patient who had put forward a complaint about the operation of the streaming process within the Emergency Department: key lessons were agreed, including the clinical coordination and conclusion of the patient as an ‘ever event’.

- h) The Committee received the Infection Prevention and Control report and heard that there was one case of post-48 hour MRSA bacteraemia which was deemed unavoidable and 8 cases of post-48 hour MSSA bacteraemia reported during June 2019.
- i) The Health and Safety Quarterly Report was presented. During the reporting period the Health and Safety team had continued to broaden its influence to better support all areas of the organisation and especially to develop collaborations with clinical leads. The Committee agreed that there was a need to ensure that areas of immediate risk were prioritised effectively.

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 very high Bed occupancy levels (this is the predominant risk to delivery of the 4 hour ED standard).
- c) Risk management within the Health and Safety Department with a need to ensure that risks were identified and prioritised effectively.
- d) Increasing pressure and demand on frontline staff due to increased emergency activity.

Key Actions Agreed included:

- a) A review of the risk register scores with Divisions to ensure that risk scores remain relevant and appropriate, so that risk is managed effectively at all levels of the Trust and the Register both informs management action and provides assurance to the QC and Board.
- b) The Committee to be provided with a note on the key performance indicators for Health and Safety self-audits to provide better insight.
- a) The content and presentation of quantitative data in the Integrated Performance Report to continue to be improved to reflect the positive comments made by the Quality Committee and the requests for information from the Governors' PEMQ committee.

Recommendation

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

Professor David Mant

Chairman, Quality Committee

September 2019