

REPORT TO:	BOARD OF DIRECTORS
DATE:	10 FEBRUARY 2017
SUBJECT:	QUALITY COMMITTEE CHAIR REPORT
BOARD SPONSOR:	CHAIR OF THE QUALITY COMMITTEE
PAPER AUTHOR:	CHAIR OF THE QUALITY COMMITTEE
PURPOSE:	DISCUSSION
APPENDICES	NONE

BACKGROUND AND EXECUTIVE SUMMARY

The Committee is responsible for providing the Board with assurance on all aspects of quality, including strategy, delivery, governance, clinical risk management, clinical audit; and the regulatory standards relevant to quality and safety.

The following provides feedback from the February 2017 Quality Committee meeting. The report seeks to answer the following questions in relation to the quality and safety performance:

1. What went well over the period reported?
2. What concerns were highlighted?
3. What action has the Committee taken?

MEETING HELD ON 8 FEBRUARY 2017

The following went well over the period:

- The Committee acknowledged that the patient safety heatmaps presented were now much improved and provided the appropriate information and level of assurance.
- The Committee received a Patient Experience Group Report, which included an overview of the Learning Disability (LD) Annual Report. The LD report was noted regarding the activities undertaken by the Trust in relation to transforming care for people using its services who have a LD. This provided assurance and identified that the Trust had met the six 'Healthcare for All' (2008) provider recommendation areas. The Committee recommended Wendy Cookson to be the NED lead for LD.
- The Committee received an update report on the mortality reviews and the work of the Mortality Surveillance Group. Formal confirmation of the agreed model for data collection was still to be received.
- The Committee received the quarterly infection prevention and control report. The Trust was at limit with regards to *C. difficile* cases (35 at the end of December). Actions in place include regular audits of the ward environment, observations of care around handwashing and use of gels as well as checking commodes and infection prevention and control practices. Staff are being reminded to adhere to the infection prevention and control policy. Metcillin Sensitive *Staphylococcus aureus* and *E. coli* infections were within the agreed trajectory. The Trust had had its first case of Parvovirus, which was being addressed and had originated from the community. Infection control indices are within the limits set but overall performance in this area has slipped in comparison to last year.
- The Committee reviewed the Board Assurance Framework (BAF) that showed continued improvement and provided adequate assurance regarding the risks and the actions being taken to address these.
- The Committee received the quarterly integrated incident, patient experience and claims report.

- There was a positive update from the Surgical Services Division on their Governance Audit Review and the Committee noted that obsolete audits were being removed.
- The Trust remains green for achievement of friends and family, registering 95% in December 2016.
- Complaint response times as agreed with the client remain above target at 97% (this figure represents a full recovery of the positive position declared in August 2016).
- Compliment to complaint ratio has increased significantly to 46:1.
- Number of overall complaints and concerns received decreased by 34% for December (this represents a continued downward trend in the number received by the Trust).
- Harm Free Care experienced in our care (New Harms only) has improved in December registering green. This is above national average which means that our patients are receiving care that causes less harm than is reported nationally.
- All harm free care was 5.98% compared to National average of 5.7% which indicates that our patients are admitted with a slightly higher level of harm than the national average.
- The number of falls reported through Datix decreased in December compared with November 2016. Overall the Trust still has a lower level of falls than the National average falls rate for the year to date and a lower rate when compared with the previous year.
- While the number of clinical incidents reported in December has decreased compared with November 2016, reporting is at a similar level to the same time last year (registering 1214 in 2016 compared with 1215 in December 2015).
- Despite the challenges of high bed occupancy, patient demographic and comorbidity, our staff continue to be able to provide and evidence very good care to our patients.

Concerns highlighted over the reporting period:

- The Committee received the quarterly progress report on the quality and improvement strategy, which identified some improvement. The performance to date was noted as looking adequate.
- The report on quality risks was presented and it was noted that there was limited assurance from the data presented but there was adequate reassurance from attendees at the committee meeting. Sepsis had increased, which was an increased risk and due to the current operational pressures. The Committee was advised of an emerging culture safety risk as a result of the 2015 Royal College of Obstetricians and Gynaecologists review. An urgent update had been requested from the Chief Executive on how this risk would be resolved. The Committee requested a review of the processes to ensure they had an up to date view of the risks.
- High operational pressure and patient flow has continued to a sharp increase in mixed sex breach occurrences in December 2016. When a breach occurs, our staff focus is on ensuring that dignity and privacy is maximised, and more broadly Trust wide action is in place to minimise and ultimately eliminate such breaches.
- Clinical quality and patient safety remains challenging but is being managed.
- The Trust is reporting **new** pressure ulcer rates at 0.46% reporting more avoidable pressure ulcers in December compared with the previous month, November.
- There was one avoidable deep ulcer reported. The Trust's objective was not met for December.
- Patient experience in the Emergency Departments as reported by the Friends and Family test remains below national average. Comfort rounding is in place to ensure patients receive refreshments, information and pain control when they need it. Performance in the Emergency Departments remains an area of concern. There is a recovery plan in place.
- While there has been a gradually improving position regarding VTE assessment recording during previous Q2, performance in December has deteriorated (albeit modestly) and improved performance against this metric is required. Further work with prevention of hospital associated thrombotic events is being undertaken and monitored by the Patient Safety Board.

- The number of complaint responses sent out within 30 days remains below the Trust standard.
- Although the falls rate has improved, challenges remain with our stroke and frailty wards. The Divisional Heads of Nursing are working with their teams to address the reasons for this.
- The friends and family test (FFT) patient satisfaction continues to be highlighted in the Clinical Decision Units (CDUs). This relates to the operational pressures the CDUs are experiencing at present. Led by the Matrons and Divisional Heads of Nursing, specific improvement actions are being taken within these areas and the FFT monitored.
- Kings C1 is also highlighted by the friends and family data, registering 18.2% not recommended. The underlying reasons for this are being investigated and addressed through Head of Nursing and Divisional matrons.
- Actual vs planned staffing levels have deteriorated slightly this month, although remain above 99% on each site. Recognising additional seasonal pressures, actions are in place as identified in the appended staffing report that the Committee received. These actions manage and mitigate staffing pressure. Additional action is underway to support specific wards where the heat map shows staffing to be low relative to planned position – these include Richard Stevens, Treble, Taylor, Kingsgate, and Cheerful Sparrows (male).

Other topics discussed where concerns or actions were taken:

- The Committee discussed a question that had been raised by the Governors, regarding staff and public safety. Assurance was received that conflict resolution training was mandatory for all front line staff. Staff were responsible for their own safety, at each hospital site there was established security staff available 24/7 to be called upon, and ultimately if there was a major issue the Police would be called.
- The Committee reviewed and approved the Terms of Reference (ToR) of the Patient Safety Board.

RECOMMENDATIONS AND ACTION REQUIRED:

Discuss and note the report.