

REPORT TO:	BOARD OF DIRECTORS
DATE:	6 APRIL 2018
SUBJECT:	QUALITY COMMITTEE (QC) CHAIR REPORT
BOARD SPONSOR:	CHAIR OF THE QUALITY COMMITTEE
PAPER AUTHOR:	CHAIR OF THE QUALITY COMMITTEE
PURPOSE:	APPROVAL
APPENDICES:	APPENDIX 1: QC TERMS OF REFERENCE

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 January and February 2018 Quality Committee meetings. 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 4 APRIL 2018

The following went well over the period:

- The Committee received and discussed the highest mitigated quality risks and acknowledged the significant number of risks that the Trust was managing. Updates on the risks had much improved and the Committee was assured of progress and the mitigations in place.
- The Committee received and discussed the report from the Patient Safety Board.
- The Committee received and discussed the report from the Patient Experience Group (PEG) that had received the Annual Equality Report, which was positive with good news around the 'Changing Places' initiative that has been introduced for those patients with a disability that may need to freshen up whilst at hospital.
- The Committee received and discussed a Clinical Quality and Patient Safety Report. There has been good progress and showed an improved position against the metrics. Future Integrated Performance Reports will include Statistical Process Control (SPC) charts, which will be a significant improvement in providing assurance. Mental Health attendance data will also be included going forward so that the Board are sighted on the number of clients the acute Trust cares for.
- The Friends and Family Test (FFT) inpatient satisfaction rate remains positive at 97% recommended.
- Overall patient experience, as per the real-time inpatient survey is rated green at 91.6%.
- Achievement of the complaints response target within agreed timeframe continues to improve steadily albeit with further improvement required to reach the Trust stretch target of 90%, registering 87.2% in the month reported compared with 85% in the previous month.
- The ratio of compliments to complaints has also increased registering 67:1 compliments: complaints for the month compared with 45:1 the previous month.
- The Trust has seen a marked reduction in the number of mixed sex accommodation (MSA) breaches.

- Healthcare associated infection (HCAI). The number of c.diff cases reported year to date remains green (below Trust limit). There have also been no MRSA cases for the third month in a row. The number of E.coli bacteraemia assigned to EKHUFT also remains within Trust limit albeit that the number of cases in East Kent has risen.
- Hospital Standardised Mortality Rate (HMSR) continues to report in the lower quartile (of the HES Acute Peer) and the risk associated mortality index (RAMI) reports within the peer mean and 75th percentile.
- Harm free care (new harms) relates to the harm that occurred within the Trust's gift to influence. HFC (new harms) is registering a green position 99.3% compared with an amber rated position of 98.9 % in the previous month.
- Falls is registering green at 4.54 per thousand bed days compared with registering amber at 5.13 per 1000 bed days the previous month and remains below the average national rate.
- Pressure Ulcers (PU) have remained consistently under the set 0.15/1000 bed day target for avoidable category 3 and 4 ulcers.
- Venous Thromboembolism (VTE) Risk assessment: Despite the very real challenges to emergency care overall VTE assessment recording has been sustained at 94.12%. The overall 12 month average is now 93.2% and a significant improvement nationally in comparison to other Trusts.
- The Trust is now reliably hitting targets for sepsis screening in the Emergency Departments (EDs) and in the month reported the EDs screened 94% overall and 85% of patients screened received intravenous antibiotics within an hour of arrival at hospital. Paediatric screening is even better, there has been 100% compliance with paediatric screening for the last 5 months. Inpatient screening still requires improvement; actions are in place to address this.
- No never events were reported in the month.

Concerns highlighted over the reporting period:

- Despite the improved position in the month reported the Trust is still reporting MSA breaches in the Clinical Decision Units and in some of the escalation areas. This is due to the need to maintain patient flow and decongest the EDs to maintain safety. The Trust remains committed to improving and ultimately eliminating breaches.
- The rate of grade 2 PU's has increased from 0.21 the previous month to 0.30 per 1000 bed days in the month reported.
- VTE assessment requires sustained improvement.

Other topics discussed:

- The Committee received and discussed an update report on the Emergency Care Recovery Plan. The progress to date was noted and that a report will be presented from the Chief Executive regarding the plan to ensure sustainable improvements in the EDs around the infrastructure, resourcing and patient flow.
- The Committee received and discussed a comprehensive Mortality Report that provided the Committee with assurance regarding mortality rates and the review work. Along with progress in relation to learning from avoidable deaths and methods of reporting.
- The Committee received and discussed a progress report on the Maternity Transformation Programme outlining the improvement journey and successful changes that have been implemented to improve patient safety. The Statistical Process Control (SPC) charts provided assurance of the progress work in place.
- The Committee received and discussed a report regarding the Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme and how these interface to provide high quality care. The self certification has been completed providing evidence of the Trust's compliance against the criteria. The Committee reviewed and tested the evidence provided, received assurance of compliance and recommended the self certification for approval by the Board.
- The Committee received and discussed a Care Quality Commission (CQC) update report. The Trust is now required to report on mental health activity and this will be included in the Integrated Performance Reports.
- The Committee received a verbal update from the NICE Clinical Effectiveness

Committee.

- The Committee received and noted a report on Appreciative Inquiry and Learning from Excellence. It was acknowledged that this was a really good model and an update paper on how the concepts are to be implemented would be presented to a future meeting.
- The Committee received and noted the latest version of the draft Quality Account 2017/18.
- The Committee noted an action referred from the Strategic Workforce Committee following feedback from the staff survey in relation to quality of care and whether quality indicators had been missed.
- The Committee received and noted the Governance Board minutes. The Clinical Support Services Division had identified 5,000 data errors and these are being urgently evaluated in relation to patient risk. It was noted that within Urgent Care and Long Term Conditions Division in relation to the EDs, the perfect weeks had not provided the level of improvements as had been anticipated.

MEETING HELD ON 7 MARCH 2018

The following went well over the period:

- The Committee received and discussed a Clinical Quality and Patient Safety Report. This showed a generally positive static position and that there had been some improvement.
- The Committee received and discussed an Emergency Care Recovery Plan update report. This showed the effect that the inclement weather had had on the EDs improving performance and the challenges in managing the demand. The Committee received assurance on how patient safety was being maintained and that the Trust was safe.
- The Friends and Family Test (FFT) inpatient satisfaction rate remains positive at 96% recommended.
- Overall patient experience, as per the real-time inpatient survey remains green rated at 90%.
- Achievement of a complaints response target within agreed timeframe has improved to 85% for the month and improvement actions remain in place to sustain and improve this position. The ratio of compliments to complaints remains green registering 45:1, which remains positive.
- Healthcare associated infection (HCAI). There have been no MRSA cases for the second month in a row.
- Hospital Standardised Mortality Ratio (HMSR) remains (positively) below average maintaining a green position. RAMI is improving albeit modestly.
- Harm free care (new harms) is registering a green position 98.9% compared with amber reported position of 97.4% the previous month.
- Falls per thousand bed days is registering amber 5.13 per 1000 bed days compared with 6.06 per 1000 bed days in the previous month reported.
- Category 2 Pressure Ulcer (PU) rate per 1000 bed days has maintained a similar position to the previous month registering 0.18 compared with 0.19 in the previous month.

Concerns highlighted over the reporting period:

- The Committee received and discussed the Patient Safety Board report. The Committee recommended a comprehensive review of governance arrangements, along with the format of reports and how these were written and presented to committees needed to be improved.
- The Committee received and discussed the highest mitigated quality risks and received assurance from members in attendance regarding the management of the risks. The Committee acknowledged the significant number of risks that the Trust was managing. Concern was raised regarding the timeliness of updates provided on the risk register and emphasised the importance of timely updates.
- Mixed sex accommodation (MSA) breaches: There were 23 MSA occurrences in total, affecting 152 patients.

- Venous Thromboembolism (VTE) risk assessment: VTE requires sustained improvement albeit showing a modestly recovering position, reporting 94.6 in the month reported compared with 93.8 the previous month.
- Harm Free Care (HFC) (All Harms) refers to the harms that patients are being admitted with as well as those acquired within the Trust's care. The Safety Thermometer for January 2018 (91.90%) shows deterioration since the last month, this nevertheless represents a marked improvement for Urgent Care & Long Term Conditions Division. Acknowledging this, HFC (all harms) remains lower than the national average of 94.44% and acute hospital only average of 94.32%.
- Harm Free Care rate reported for patients in the Trust's care, (New Harms only), performance continues to improve compared with the last month and previous year.
- The Trust reported one Never Event in January.

Other topics discussed:

- The Committee received and discussed a report from the Patient Experience Group (PEG). The maternity inpatient survey results had improved any related actions would be presented to the PEG.
- The Committee received and discussed a report from the NICE Clinical Effectiveness Committee and the published guidance that had been reviewed.
- The Committee received and noted a Care Quality Commission (CQC) report.
- The Committee received and discussed a Quality Strategy Q3 Progress Report. The Committee noted that progress against most of the metrics was good and received updates on the exceptions.
- The Committee received and discussed an effectiveness review report for the QC with recommendations from the outcome of the effectiveness survey, along with the revised ToR for the QC. The ToR were approved and are attached (Appendix 1) for approval by the Board. The Committee noted that the outcome was positive and agreed that the recommendations from the effectiveness review.
- The Committee received and discussed the draft Quality Strategy 2018-21 Objectives and supported how these are being developed.
- The Committee received and noted the Draft Quality Account 2017/18 and the progress in producing this document.
- The Committee received and discussed a paper on statutory and essential training compliance reporting. The Committee noted that reporting generally had improved and there was focus on ensuring that training was completed.
- The Committee noted that a meeting with the CQC and Clinical Commissioning Groups (CCGs) would take place on 14 March.
- The Committee received and noted the Governance Board minutes.

RECOMMENDATIONS AND ACTION REQUIRED:

The Board is asked to:

- To discuss and note the report.
- Approve the revised ToR for the QC.