

REPORT TO:	BOARD OF DIRECTORS
DATE:	8 JUNE 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: QUALITY STRATEGY 2018 – 2021 OBJECTIVES

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 June and May 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 6 JUNE 2018

The following went well over the period:

- The Committee received and discussed the report from the Patient Safety Board. Noting the slight improvement in missed drug doses.
- The Committee received and discussed the report from the Patient Experience Group (PEG), and noted the Learning Disability Annual Report 2017/18.
- The Committee received and discussed a Clinical Quality and Patient Safety Report, which for the month reported showed a slight improvement. The benefits of the upper and lower control limits in the Integrated Performance Report (IPR) allow data to be used more intelligently.
- The Friends and Family Test (FFT) inpatient satisfaction rate remains positive at 97% recommended.
- Overall patient experience, as per the real-time inpatient survey, rated green at 91.6% in April.
- The Trust has reported sustained improvement for complaints response. Improving a) response within agreed timeframe achieving 94% in April, exceeding the Trust stretch target of 90%. Achieved 40% response within 30 working days. Both of these metrics are now reporting their highest performance within this rolling year.
- The ratio of compliments to complaints also remains positive registering green (45 compliments to 1 complaint).
- Healthcare Associated Infection (HCAI): Clostridium difficile infections (CDIs), Methicillin Resistant Staphylococcus Aureus, (MRSA), and E-Coli bacteraemia recorded post 48hrs (E Coli) rates remain green in April, reporting below Trust limit. The Committee were informed by the Director of Infection Prevention and Control that performance to date with CDI is now above the limit for month 2 and additional action and focus is in place.
- The Trust reviews its HCAI end of year position in the context of historic trends to better understand its performance and the action required. The Trust's CDIs showed an improved position for the year 2017/18 compared with a) the previous 8 years and

b) when compared with England average, reporting 11.6 cases per 100,000 bed days.

- MRSA, MSSA and E coli still require sustained focus.
- Trust Mortality rates remain positive. Crude mortality is following national trend and reported *as expected* given the demography of our population.
- Overall Harm Free Care (HFC) relates to the Harms patients are admitted with as well as those they acquire in our care. The Safety Thermometer (All harms) reported 90.99% for April, compared with (91.56%) March 2018 (92.91%) February 2018.
- Harm free care (new harms) relates to the harm that has occurred within the Trust. HFC (new harms) continues to report a green position at 98.45 %, compared with 99.1% reported in March.
- Pressure ulcer (PU) rate: The Trust grade 2 PU rate fell to 0.124 per 1000 bed days against the Trust limit of 0.15 per 1000 bed days, registering green for the first time since September 2017. No grade 3 or 4 avoidable pressure ulcers were reported during the month.
- No new never events were reported for the month, the third consecutive month.
- The Trust Clinical Audit Programme remains on track registering green.
- The Committee received and discussed an Emergency Department (ED) Strategic Report – Improving Performance. The new approach around addressing the performance and achieving improvements was noted. The Committee was more assured with this new approach reported and were confident that this would result in improvements. This was around a much more measurable approach. This approach would be followed up around addressing the performance of the constitutional standards for Referral to Treatment (RTT) and cancer.
- The Committee discussed and approved the revised Quality Strategy 2018 – 2021 Objectives and recommended this for approval by the Board (Appendix 1), that focussed on patient safety.
- The Committee discussed and noted the Quality Strategy 2015-18 End of Year Progress Report.
- The Committee received and discussed the principle mitigated quality risks and was assured with the progress reported.

Concerns highlighted over the reporting period:

- The Committee received a verbal update regarding infection prevention and control. Clostridium difficile remained an area of concern. On-going work continues focussing on reducing antibiotic overprescribing. The Trust needed to maintain a focus on the actions required to achieve an improved position. The Committee received an update on the work being undertaken to address the issues regarding Antimicrobial Stewardship.
- The Trust is committed to eliminating Mixed Sex Accommodation (MSA) breaches but reported fifteen MSA breaches affecting 130 patients in April. Nine of these fifteen were unjustifiable based on clinical need. These nine occurred within the William Harvey Hospital (WHH) Clinical Decision Unit (CDU) linked to flow and capacity issues. An improvement recovery action plan is in place.
- The Trust's falls rate has increased, reporting amber in April (5.5 per thousand bed days) compared with green (4.87 per thousand bed days) in March.
- Venous Thromboembolism (VTE) risk assessment: Despite an improved position reported over the year 2017/18, VTE requires sustained action to achieve the Trust and National target of greater than 95%. VTE assessment was 93.8% in April compared with the 12 month average of 93.8%.
- Twelve Serious Incidents (SIs) were reported during April, an increase of 3 from March. The Trust continues to have breached SIs. Although eight were identified in April, this number is decreasing as the Clinical Incident Manager and Head of Patient Safety work with the Divisions, securing improvement by focusing on those with the longest breach.
- Poor performance in relation to the Emergency Department (ED) 4 hour standard, Referral to Treatment (RTT) and cancer waits, remain the central quality issues for the Trust in April. Trust action, resource and closely monitored improvement plans provide focus to secure required improvement.

- Patient experience rated green despite high levels of bed occupancy/activity.
- The Committee noted the importance around driving forward a positive organisational culture that is linked to the Quality Strategy, and that safety culture needed to be at the heart of everything the Trust does.

Other topics discussed:

- The Committee received and noted a report from the NICE Clinical Effectiveness Committee providing an update on the new guidance published.
- The Committee received and noted a Care Quality Commission (CQC) update report. Providing an update on the CQC engagement work, inspection updates and monthly insight report.
- The Committee received and noted a paper on Lead Indicators – Health Foundation Study. A project aimed at improving patient care delivered in the acute setting and streamlining the non-elective patient pathway through an Acute Trust.
- The Committee received and noted a paper on the Review of Mortality Outlier Alert for Septicaemia in response to the CQC. Including the overall findings of the review, reporting that sepsis management and the deteriorating patient was good and all patients screened appropriately for sepsis.
- The Committee discussed and noted the Clinical Audit Programme 2017/18 end of year report and the Forward Plan for 2018/19.
- The Committee discussed and noted the Organ Donation Committee Annual Report 2017/18, which is a very good and successful story. The Trust is at the top of level 2, and hopes to achieve level 1 status by the next month. The Trust had outperformed local level 1 Trusts. The Committee acknowledged the success of the team and extended its thanks to the staff for their hard work and support to the Trust with undertaking its first paediatric organ donation on the neonatal unit earlier this year, which has opened the door to exploring the potential of neonatal donation in the Trust. This would be fed back at the Swartz round in June 2018.
- The Committee received and noted the Governance Board minutes.

MEETING HELD ON 9 MAY 2018

The following went well over the period:

- The Committee received and discussed the Patient Safety Board report, which showed a slightly improved position.
- The Committee received and discussed a Clinical Quality and Patient Safety Report. This showed a slightly improved position for the month reported. Control limits were now included as part of the IPR. There was an issue around 'Bare Below the Elbow' not being adhered to and this was being addressed.
- The Committee received and discussed the ED Recovery Plan Actions report, along with an ED Strategic Report – Improving Performance and an ED – Patient Safety update report. A verbal update was provided by the Chief Executive Officer (CEO) and the Committee was reassured by the CEO's outline of the actions on the proposed way forward to improve ED performance.
- The Committee received and discussed the principle mitigated quality risks and improving risk management.
- The Friends and Family Test (FFT) inpatient satisfaction rate remains positive at 96% recommended.
- Overall patient experience, as per the real-time inpatient survey remained green rated at 90.9%.
- Achievement of a complaints response target within agreed timeframe continued to improve steadily registering 88.9% in March compared with 85% reported in January.
- Mixed Sex Accommodation (MSA) breaches: There had been a reduction in the number of MSA breaches. There were 16 MSA occurrences in total, affecting 120 patients.
- Healthcare Associated Infection (HCAI): Trust c. diff, MRSA, MSSA and e coli rates compare very favourably with Kent and national benchmarks. The number of C. diff cases reported year to date 3.2 per 100,000 bed days, rate remains green (below Trust limit). There had been no MRSA cases reported.

- Overall Harm Free Care (HFC) relates to the Harms patients are admitted with as well as those they acquire in our care. The Safety Thermometer (All harms) for March 2018 (91.56%) showed a slight deterioration since the previous month (92.91% February 2018).
- Harm free care (new harms) relates to the harm that occurred and is within the Trust's gift to influence. HFC (new harms) continued to report a green position 99.1% in March.
- Falls remained green reporting 4.87 per thousand bed days in March remaining relatively consistent with 4.54 per 1000 bed days reported the previous month.
- Pressure Ulcers (PUs) category 2 registered amber for the month, improving modestly to 0.24 per 1000 bed days in March compared with 0.30 per 1000 bed days reported in February.
- No never events were reported in March 2018.
- The Trust Clinical Audit Programme remained on track registering green.

Concerns highlighted over the reporting period:

- The Committee received a verbal update on Infection Prevention and Control from the Medical Director. There had been a TB incident in a member of staff, which has not resulted in any additional cases of TB but has prompted a full review of our internal processes. An after action review is being undertaken.
- MSA breaches: Despite an improved position, the Trust is still reporting breaches. It remains committed to MSA improvement and to ultimately eliminate such breaches.
- VTE risk assessment requires sustained improvement, and reported as red at 94.1% during March.
- HFC (All Harms) refers to the harms that patients are being admitted with as well as those acquired within our care. Performance remained red.
- Lengthy waits and overcrowding within the Emergency Departments (ED) was continuing to be a major focus of improvement action at Queen Elizabeth the Queen Mother Hospital (QEQMH) and William Harvey Hospital (WHH) to address the underlying causes of congestion and sub optimal patient flow through ED.

Other topics discussed:

- The Committee received and discussed an update from the Research and Innovation (R&I) Committee along with the R&I Committee minutes.
- The Committee received and discussed a report from the Patient Experience Group (PEG), noting the increase in patients with Learning Disabilities and the need to rethink the approach for these patients.
- The Committee received and discussed a report from the NICE Clinical Effectiveness Committee and the published guidance that had been reviewed. Including an update on how the process will be strengthened following a review, resulting in the merging of the NICE Committee and Clinical Audit and Effectiveness Committee.
- The Committee received and noted a Care Quality Commission (CQC) update report.
- The Committee received and discussed an update report on the ophthalmology waiting list, noting the trajectory was ahead by 1,000 patients, the partial waiting list had reduced, the transfer to community provider of wet Age-related Macular Degeneration (AMD) is embedded and working well, the action plan is monitored monthly at the Executive Performance Reviews.
- The Committee received and noted a report on Learning from SIs, and challenged the Executive Management Team to provide assurance that learning from SIs was happening.
- The Committee received and noted the revised draft Quality Account/Report.
- The Committee received and noted the Governance Board minutes.

RECOMMENDATIONS AND ACTION REQUIRED:

The Board is asked to:

- i) Discuss and note the report;
- ii) Approve the Quality Strategy 2018 – 2021 Objectives.