

REPORT TO:	BOARD OF DIRECTORS
DATE:	11 AUGUST 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 July and August 2017 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 5 JULY 2017

The following went well over the period:

- The Committee received and discussed the Clinical Quality and Patient Safety report. The Infection Prevention and Control Team (IPCT) have been fully recruited and the remaining staff would soon be joining the Trust. Infection control remains a priority for the Trust and the IPCT were implementing the identified actions to address infection control and ensure improvements. There were no MRSA bacteraemia cases reported in May. Three cases of C.difficile had been reported for the month of May and the Trust was currently at limit for the year to date. The falls programme was working well and the falls rate remains below the national average for all sites. All actions from the previous year's National Inpatient Audit Action Plan have been completed. There was a lengthy and robust discussion regarding the metrics and the good work being undertaken within the Trust.
- Hospital Standardised Mortality Ratio (HSMR), Risk Adjusted Mortality Indicator (RAMI) and elective crude mortality reported an improved position compared with the previous month.
- The category two pressure ulcer rate decreased in the month of May compared to April.
- Out of the four harm free care categories three during May were better than the acute hospital average, (new pressure ulcers, falls with harm and new VTEs).
- Harm Free Care experienced in the Trust's care (New Harms only) continues to be positive at 98.5% in May, maintaining consistent good performance, although showed a slight decrease on the previous month. This harm free care rate remains higher than national average which means that the Trust's patients are receiving care that causes less harm than is reported nationally.
- The number of formal complaints received remain lower than the last financial year's monthly rate. The compliments:complaints ratio remains green.
- The Trust has maintained its complaints performance in relation to response to client

within agreed timeframe, but work remains in place to restore its performance to exceed the 90% stretch trajectory.

- The Trust's new Head of Patient Experience had commenced in post.
- The Committee received and noted a quality risks report, and there was a positive lengthy discussion on the quality risks and how this can be further embedded within the organisation. The provision of training was being looked at for Divisional Leads around the importance and benefits to the organisation of the risks data being fully populated and updated.

Concerns highlighted over the reporting period:

- Breached serious incident cases registered 19 at the end of May. Divisions were being held to account and asked for their trajectory of closure for the Executive Performance Reviews each month.
- The Trust reported one category 3 ulcer during May deemed avoidable due to lack of evidenced skin inspection under a splint.
- Harm free care (all harms, which is harms patients are admitted with as well as those acquired in the Trust's care) was registering at 93%, similar to the previous month, and was slightly below the national and acute hospitals only national average. The Trust reported a higher level of catheter and new urinary tract infections compared to the acute hospital average. The Medical Director had contacted external partners to collaborate with some joint improvement work.
- The Trust reported 3 mixed sex occurrences for non-clinical reasons in the month of May.
- The Trust continued to report poor compliance with the 30 day complaint response times. The Divisions were working on a recovery trajectory that would be monitored through the Steering Group and Executive Performance Reviews.

Other topics discussed:

- The Committee received and noted a report from the Patient Safety Board.
- The Committee received and noted a report from the Patient Experience Group.
- The Committee received and noted a report from the NICE Clinical Effectiveness Committee.
- The Committee received and noted a Medication Safety update report. Quarterly reports were presented to the Patient Safety Board.
- The Committee received and noted an update report on Quality Impact Assessments (QIAs).
- The Committee received and noted a report from the Research and Innovation (R&I) Committee and progress against the strategic objectives. It was acknowledged the innovative and positive good work that was being undertaken. It was agreed that it would be requested that an agenda item be included at a future Board meeting to receive an update report on R&I.
- The Committee noted the reports from the Divisional Governance Board and the confirmed meeting minutes.

MEETING HELD ON 9 AUGUST 2017

The following went well over the period:

- Harm Free Care rate reported for patients in the Trust's care, (New Harms only) continues to be positive registering green at 99.39%. This means that patients continue to receive care that causes less harm than is reported nationally.
- Falls rate remains below the national average for all the Trust's acute sites. Trust wide falls rate per bed days is now registering green. This represents a continuation in the improvement reported since February 2017. Trust actions remain in place to build on this.
- The rate of reported grade 2 pressure ulcers has decreased reporting 1.7 per 1,000 bed days in June 2017. Recognising that this is still above trajectory (1.5/1000 bed days), sustained focus is required to build on this improvement. This work continues

to be led by the Pressure Ulcer Steering Group and with increased focus on developing local ownership of the pressure ulcer agenda. Targeted action has been put in place to ensure necessary staff capability, to positively address underlying causes of sub optimal care and ensure organisational learning.

- No cases of Methicillin-resistant Staphylococcus Aureus (MRSA) were reported in June and the Trust is reporting below trajectory for Clostridium Difficile (C Diff). Continued focus is provided through the high level Trust action plan led by the Infection Prevention and Control Committee.
- Hospital Standardised Mortality Ratio (HMSR) and Risk Adjusted Mortality Index (RAMI) report a positive position registering green for May and June 2017.
- Friends and Family Test results remains green for June 2017 with the Trust reporting a star rating of 4.57 (signalling continued improvement from 4.49 in May 2017).

Concerns highlighted over the reporting period:

- The Committee received and had a productive lengthy discussion on the quality risks report, which was not currently providing adequate assurance. This is due to the lack of progress updates and further assurance was obtained verbally from the Executive Directors. The Chief Nurse & Director of Quality and Risk Manager will be reviewing the process issues around ensuring timely progress updates of the risks and how the report can be presented to make visible the necessary assurance that the risks are being addressed, actions are being undertaken and progress is being made to mitigate the risks.
- The Committee received and discussed the Clinical Quality and Patient Safety Report. One Never Event was reported in the IPR and the Medical Director reported a second Never Event that occurred during the previous week. This will be reported in the IPR next month. The Care Quality Commission (CQC) are aware and in response have written a letter of concern to the Trust and are seeking assurances regarding training of staff and actions in place to prevent recurrence.
- There had been improvement in a number of key quality metrics in relation to harm free care (HFC), falls and pressure ulcers. HFC outside the Trust was disappointing and analysis of the source of the harms has to date shown no patterns. This work continues.
- Complaint response times performance remains poor, with staffing issues being the main driver for the delays in response times.
- Performance in the Emergency Department (ED) remains poor and an area of concern. There was a positive discussion regarding the impact the nurses have on patients care as well as the ways of working of the medical staff and multi-disciplinary teams. Discussion also took place regarding doctors as managers and medical engagement.
- The Committee received an update on the backlog for CT scans. It was reported that seven patients had been identified as requiring further treatment following their CT scans. These cases were being investigated and actions were taken to ensure that they are speedily seen, treated and cared for while the investigation is carried out to determine whether the delays in receiving the scan and the delays in reporting scans has had an adverse effect on these patients. It was agreed that duty of candour needs to be discharged. The backlog for scans has now reduced to two weeks.
- High operational pressure and patient flow means that the mixed sex accommodation metric remains “red” for June 2017. Trust wide action continues to be in place to minimise and ultimately eliminate such breaches.
- Performance in relation to VTE risk assessment and management of sepsis remain below required trajectory. Both are subject to targeted action and divisional and professional engagement are crucial to successful delivery, to promote patient care and enable the Trust to avoid contract penalty (for VTE) and failure to achieve the sepsis Commissioning for Quality and Innovation (CQUIN). The risk associated with this is reflected within the risk register. Trust wide action plans remain in place and challenge is provided through Executive Performance Review (EPR), Divisional Heads of Nursing and through Divisional governance meetings.

Other topics discussed:

- The Committee received and noted a report from the Patient Safety Board. Also received was a report on the Central Alert System Derogation Form for NHS/PSA/W/2015/002, which was supported by the Committee.
- The Committee received and noted a report from the Patient Experience Group. A report was also received and noted on the Adult Inpatient Survey 2016. This showed some improvement on last year's survey and compared to other Trusts the Trust is rated as 'about the same' overall.
- The Committee also received the Emergency Department (ED) Patient Survey for 2016. This showed disappointing results with the Trust registering below average in a number of areas. Recommendations have been formulated and a detailed improvement plan is being developed using staff and patients so that the appropriate action is taken. Decongesting the ED is key to ensuring improvements in patient flow.
- The Committee received and noted the Annual Report for Safeguarding Children and Safeguarding Children Action Plan. This reported a 53% increase in workload for the year. This is partially due to the Paediatric Liaison service being decommissioned by the CCGs with no alternative resource provided in its place. The Adult Safeguarding Annual Report was also received. Problems with HR ESR recording continues to be reported.
- The Quarter 1 infection control report was received and noted.
- The Committee received and noted the Board Assurance Framework.
- The quarter one report on the Quality Strategy was received and noted.
- The Committee received and discussed the quarter four report on Quarterly Integrated Incident, Patient Experience and Claims.
- An investigation would be undertaken following an increase in the mortality rate at the William Harvey Hospital, in relation to hip fractures.
- The Committee received and noted Learning from Serious Incidents report.
- The Committee noted the reports from the Divisional Governance Board and the confirmed meeting minutes.

RECOMMENDATIONS AND ACTION REQUIRED:

Discuss and note the report.