

REPORT TO:	BOARD OF DIRECTORS
DATE:	9 FEBRUARY 2018
SUBJECT:	QUALITY COMMITTEE CHAIR REPORT
BOARD SPONSOR:	CHAIR OF THE QUALITY COMMITTEE
PAPER AUTHOR:	CHAIR OF THE QUALITY COMMITTEE
PURPOSE:	APPROVAL
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 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 3 JANUARY 2018

The following went well over the period:

- The Committee received and discussed a briefing update report on Venous Thromboembolism (VTE). This was a positive report and the staff were congratulated on their hard work and commitment in achieving the significant improvement around the VTE assessment performance. The improvement work focused on patient safety and divisions were held to account around identifying how they intended to improve and sustain performance.
- The Committee received and discussed a quarter 2 progress report for 2017/18 regarding the Clinical Audit Programme. This was a positive report, showing a much improved position and that there had been really good progress. Positive challenging discussions are taking place within the divisions, as well as positive engagement with audit and divisional leads that had supported the improvements achieved, which needed to continue to ensure completion of the programme.
- Overall patient experience, as per the real-time inpatient survey remains green with overall patient experience rated at 91%.
- The Friends and Family Test (FFT) inpatient satisfaction rate remains positive at 97% recommended. The percentage of patients who would recommend our service has improved in the Emergency Department (ED) registering 81.66% in November compared with 77.8% in October. This is of note given the high operational pressures within this area arising from winter pressures.
- Timeliness of Complaints handling has improved now registering 86% green compared with 80% amber in October. The ratio of compliment to complaints continues to improve registering 52 in November compared with 34 in October.
- In-patient real time survey. Action to improve performance related to these three new questions a) ensuring patients are aware of the nurse looking after them each shift, b) ensuring that patients are able to discuss their worries and fears, and c) privacy for discussion with Nurses, was identified through a workshop attended by senior matrons from all sites in October. Performance against the metric "Discuss Worries

with Nurses” has started to recover in November after a drop in performance in October.

- The number of C.difficile infections reported year to date remains below the Trust limit although we recognise that our infection prevention and control performance requires continued focus.
- Hospital Standardised Mortality Ratio (HMSR) registers a positive green position for November. The 12 month average for Risk Adjusted Mortality Indicator (RAMI) (88) is higher than the previous 12 month average.
- Harm free care (HFC): The Safety Thermometer for October 2017 data has been refreshed following a data upload anomaly. HFC in November 2017 improved to 92.32% from 91.69% in October 2017.
- New harms only HFC positively reports a lower prevalence of New Pressure Ulcers (0.20%) compared to the National Average (0.90%) and the Acute Hospital only average of 0.78%. Lower prevalence of falls with harm (0.40%) compared to the National Average (0.55%) but higher than the Acute Hospital only average of 0.37%.

Concerns highlighted over the reporting period:

- The Committee received and discussed a Clinical Quality and Patient Safety Report. This was generally a positive report and showed that performance was moving in the right direction. Although it was identified that there was concern regarding infection control and the number of Mixed Sex Accommodation (MSA) breaches. The Trust is reporting 30 MSA occurrences affecting 150 patients in November.
- The Committee received and discussed the highest mitigated quality risks and acknowledged the significant number of risks that the Trust was managing. The number of risks reflected the current demand and operational pressure on the services.
- The Committee received and discussed a report from the Patient Safety Board. There had been improvement in relation to missed doses but the number of incidents still remained significantly high. There had been an issue with the submission of late papers to the last meeting.
- A meeting had been held with all NHS Trusts with NHS England (NHSE) regarding MSA breaches. The Board is asked to confirm its commitment to reducing the number of MSA breaches with the aim to ultimately eliminate such breaches, in line with the requirement from the meeting with NHSE.
- Harm Free Care rate reported for patients in our care, (New Harms only), fell in November albeit at a reduced rate, registering 97.72%. There is variation between sites and between harms.
- The number and percentage of reported grade 2 pressure ulcers (PU) increased to 0.23 per 1000 bed days in November compared with 0.16 per 1000 bed days in October. This remains within control limits. There was focused action being undertaken to recover improvement.
- Complaints – response within 30 days. Performance remains red for this metric and improvement action is in place.
- The Trust continues to work hard to address the number of open breached Serious Incidents (n = 14 in November).
- The Trust wide medicines management incident reporting rate has increased in contrast to the overall incident reporting rate which has fallen in November. A strong incident reporting culture is associated with a safe culture.
- There has been a further case of Methicillin-resistant Staphylococcus Aureus (MRSA) reported in November and at n = 4 we are exceeding our Trust limit. Divisions continue to be challenged through the Patient Safety Board, Quality Committee and Executive Performance Reviews (EPRs) to take steps to promote and ensure a positive reporting culture, which will in turn provide greater assurance that we are identifying and learning from incidents.
- There have been 50 E.coli bacteraemia cases assigned to EKHUFT and 364 cases in East Kent.
- Management of Sepsis requires continued improvement to promote safe and effective patient care.

Other topics discussed:

- The Committee received and discussed a report on the Emergency Department (ED) Recovery Plan. There was significant pressure in both EDs at William Harvey Hospital (WHH) and Queen Elizabeth the Queen Mother Hospital during the Christmas and New Year period. There had been an issue around insufficient provision from primary care to fulfil the GP rota along with challenges with NHS 111 that impacted negatively on both EDs and resulted in a significant increase in demand. The Committee heard how the Trust maintained patient safety during this time, but these issues had impacted on waiting times for patients. It was noted that the pressure during this winter period was unprecedented and the position had not been this bad as had been seen since 2002. It was noted the importance of improving patient flow through the hospital to support the ED performance in achieving the A&E 4 hour wait standard and this being maintained. The Committee received and noted a report from the NICE Clinical Effectiveness Committee and the published guidance that had been reviewed.
- The Committee received and discussed a report on falls following the 2016 National Audit of Inpatient Falls. All 3 sites showed improvement. Kent and Canterbury Hospital reported 82.4% compliance compared with 78.3% for the previous 2015 annual audit cycle. Queen Elizabeth the Queen Mother Hospital compliance reported 87.7% compared with the previous 65.8%. William Harvey Hospital reported 86.0% compared with previous 34.2%. The trajectory was not yet being achieved and significant work is on-going to achieve this. A business case will be put forward to provide focused support to reduce the number of falls. It was noted that the number of frail patients is increasing.
- The Committee received and noted the Governance Board minutes. There remained an issue in relation to a backlog in radiology that was due to the IT system and its resilience. This was being managed, an escalation process was in place, and urgent and cancer patients were prioritised. Mortality and Morbidity meetings had been identified as not being held in the Urgent Care and Long Term Condition Division (UC<C) for several months, there was a plan in place to ensure these are reinstated and that regular scheduled meetings are held going forward. The Committee requested that the UC<C Division ensures that the Governance Board minutes includes the discussions regarding the Divisional risk register as well as the health and safety risks.

MEETING HELD ON 7 FEBRUARY 2018**The following went well over the period:**

- The Committee received and discussed a Clinical Quality and Patient Safety Report. This showed a positive position given the operational winter pressures being experienced. The Clinical Commissioning Group had issued the Trust with congratulatory letters regarding its significant improvement in relation to VTE risk assessment performance, and also its performance in relation to flu vaccination uptake of staff.
- The Committee received and discussed the infection control quarterly report. Improvement in the reduced number of C. difficile cases for October to December, compared to Q3 was noted. Methicillin sensitive Staphylococcus aureus (MSSA) infections are in the expected range and were largely community acquired infections. E. coli infections had increased, but this is in line with national trend. The Committee congratulated the infection control team on their hard work and support in achieving and maintaining the improvements.
- The Committee received and discussed the highest mitigated quality risks. Timely and sufficient updates were provided along with progress on the actions being taken.
- Overall patient experience, as per the real-time inpatient survey remains green with overall patient experience rated at 91%.
- The Friends and Family Test (FFT) inpatient satisfaction rate remains positive at 97% recommended.
- There had been a positive reduction of 20% in December of patients with an omitted dose of medication.

- The number of C.difficile infections reported year to date remains below the Trust limit.
- Hospital Standardised Mortality Ratio (HMSR) and RAMI remain (positively) below average.

Concerns highlighted over the reporting period:

- The Committee received and discussed the Patient Safety Board report. A Never Event was reported in January regarding a retained guide wire following insertion of a central venous catheter on ITU. Overcrowding in the Emergency Departments (EDs) was highlighted as a patient safety risk, albeit managed, it was also noted that there was now less overcrowding being experienced in the EDs as the improvement work and recovery from the seasonal period embedded.
- Please see the 52 week wait report below, but concern was raised regarding surgical beds being occupied by medical patients. If the plan to release the beds back to surgery during February is not effective there is a risk that the numbers of patients waiting 52 weeks or more will double by the end of March.
- Concern was raised regarding poor children's safeguarding training compliance at Level 2. This was reported at 46% in September, and 43% at Level 3. On-going difficulties receiving timely training data through the electronic system were expressed. This is unacceptable and the Committee requested a report be provided at the next meeting regarding the actions being taken to resolve this issue, to ensure accurate figures are captured on the electronic system of the staff that have received training via the e-learning system as well as face to face training.
- The Trust was failing against the Duty of Candour compliance, and Urgent Care & Long Terms Condition division was a particular area of concern at 14%. This would be added as a risk to all the divisional risk registers.
- In relation to in-patient real time survey, action continues to be required to achieve improved performance regarding the recent added survey question (a) ensuring patients are aware of the nurse looking after them each shift. This metric has shown a decrease in performance since the previous month and further work is planned through the re-introduction of the "My Name Is" initiative to drive forward the cultural change required to secure improvement.
- The Trust reported 71 MSA occurrences affecting 390 patients in December. High operational pressure has contributed to this "red" rated position. The Trust is committed to MSA improvement and to ultimately eliminate such breaches.
- Complaint response times registered amber and improvement actions remained in place to recover the position.
- Inpatient falls rate has increased modestly from 5.62/1000 bed days in November to 6.09/1000 in December, and there is a need for continued focus work in this area.
- The number and percentage of reported grade 2 pressure ulcers has improved returning to the rate reported in October, as a result of focussed action to drive this improvement.
- The Trust continues to work hard to address the number of open breached Serious Incidents.

Other topics discussed:

- The Committee received and discussed a report from the Patient Experience Group noting the positive feedback from Healthwatch on the discharge process for patients.
- The Committee received and discussed the medication safety thermometer report regarding progress on the plan and actions being taken to resolve the issues around missed doses highlighted by the roll out of the medicines safety thermometer along with evidence on how this is progressing. This showed an improved position and the plan in place would support continued improvement.
- The Committee received and discussed an ED recovery plan update report. It was acknowledged the hard work and dedication of the staff who were working under very challenging conditions and are maintaining the provision of a positive safe and caring service. December performance for the 4 hour wait standard was 73.6% against the NHSI trajectory of 90%, current performance is 80%. This was a decreased performance compared to the previous month, as had been seen nationally. Positive

progress is being made to embed the recovery plan. The Trust is being supported by Carnall Farrar with the provision of a focussed Programme Management Office (PMO) looking into five key workstreams to ensure focus of improvement delivery and impact:

- Improve ways of working with Trust staff.
- Reduce activity inflow at the Trust.
- Optimise Trust site management.
- Optimise discharge process and times.
- East Kent system-wide capacity.
- The Committee received and discussed a briefing regarding 52 weeks waits. This was regarding the current waiting time for elective treatment of patients in relation to the long waiting times for patients waiting 52 weeks and above and the identification of risk to patient care. This outlined the recovery trajectory to achieve no more than 41 patients waiting 52 weeks or more by the end of March, along with the recovery actions to improve the Trust's performance and treat its patients, which is progressing well.
- The Committee received and discussed a briefing on the ophthalmology waiting list. This was regarding patients that are past their clinical optimal review appointment, the clinical risk stratification of each subspecialty, the assessment of risk to date and forward projection. Detailing the current situation and next steps to address the long waiting times, and the responsibility and action of primary, community and secondary care in order to address and sustain waiting list times.
- The Committee received and discussed the 6 monthly Safeguarding Children update report. As well as the previously noted training compliance and reporting difficulties, it was also recognised that the team had undertaken 2,940 consultations during this period that reflected an increase in activity of 61.5% on the same period for the previous year.
- The Committee received and discussed the 6 monthly Adult Safeguarding report. Training compliance had risen from 70% to 81% during this period. There has been an improvement in staff reporting concerns regarding patients admitted to the Queen Elizabeth the Queen Mother. All vacant posts had been recruited to. Maternity and obstetrics services had received bespoke sessions aimed at raising awareness around the unique issues of women with learning disability and those with established mental health conditions, who are having a baby.
- The Committee received and discussed a Learning from Serious Incidents report, outlining the systems in place to support shared learning and embedding improvements corporately and within the divisions. It is recognised that further development is required in order to ensure learning reaches staff and actions are in place to effect improvements. The way forward was discussed about strengthening the Trust as a learning organisation by using the appreciative inquiry approach in our management of safety and quality and using the tools described by the Learning from Excellence initiative.
- The Committee received and noted a report from the NICE Clinical Effectiveness Committee and the published guidance that had been reviewed.
- The Committee received and noted the Governance Board minutes.
- The Committee received and discussed its work planner and suggested amendments for additional items to be received.

RECOMMENDATIONS AND ACTION REQUIRED:

The Board is asked to:

- i) To discuss and note the report.
- ii) To confirm its commitment to reducing the number of MSA breaches with the aim to ultimately eliminate such breaches.