

REPORT TO:	BOARD OF DIRECTORS
DATE:	8 SEPTEMBER 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 September 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 6 SEPTEMBER 2017

The following went well over the period:

- Friends and Family Test (FFT) percentage of patients recommending the service remains green. FFT response rates which had been decreasing showed positive improvement for maternity, inpatients and Emergency Department (ED). Despite a slight decrease in reported rates, overall patient experience measured through the real time inpatient survey also remains green registering 91% in July.
- The Harm Free Care rate reported for patients in the Trust's care, (New Harms only) remains better than the national average and continues to be positive registering green at 98.9%, similar to June where it registered 99.4%.
- While the rate of all reported Falls increased in July compared with June, the Trust's falls rate remains well under the national average and we reported no avoidable fractures.
- Trust compliance with Venous thromboembolism (VTE) risk assessment continues to improve and targeted work is in place to achieve the required national target.
- The Infection Prevention and Control Team is now fully established and the Antimicrobial Stewardship Team is rebuilding. While the number of cases of Clostridium Difficile (C Diff) increased this month, the Trust continues to report green (not above limit).
- Hospital Standardised Mortality Ratio (HMSR) and Risk Adjusted Mortality Index (RAMI) report a continued positive position, registering green for July 2017.
- The Committee received and noted a quality risks report, reviewed and discussed the top 8 risks along with the new quality risk and the emerging risk. The report was presented in a new format that supported further refining to take place. Appropriate assurances were received from attendees present at the Committee meeting regarding the action being undertaken on the risks. The risk relating to delays in the ED was discussed in detail and will be reviewed as the Committee felt that this risk has crystallised. The Committee also proposed that the implementation of the new

IT systems Trust wide should be articulated and considered for entry onto the Corporate Risk Register.

Concerns highlighted over the reporting period:

- The Committee received and discussed the Clinical Quality and Patient Safety report, which showed a mixed performance with a slightly worse position for falls, pressure ulcers and mixed sex accommodation breaches.
- When discussing the risk relating to delays in the ED, it was raised that there was insufficient space in the EDs to address the demand on the service and see patients. Building work is underway with some areas completed. There was also a concern raised in relation to the recruitment process in some cases. The case illustrated was around sufficient support and resource being available to ensure that staff salaries were correct and any inaccuracies were corrected promptly to avoid losing candidates due to delays in completing their recruitment journey.
- The Clinical Support Services Division (CSSD) reported that they have identified issues with the implementation of the new Patient Administration System (PAS) for radiology and pathology. These were being discussed and there was on-going work to resolve the issues.
- There continued to be issues regarding training and ensuring that the system correctly recorded staff that had completed their online training. There still remained an issue with recording the staff training compliance for blood culture training, and HR systems were working with the Infection Control team to rectify the problem.
- The Committee discussed the letter of concern received from the Care Quality Commission (CQC) regarding the Never Events over the past few months. The Trust had sent a response and the CQC have replied confirming that they would not be taking any enforcement action.
- High operational pressure and patient flow means that the mixed sex accommodation metric remains “red” for July 2017.
- There has been a decrease in the Trust’s complaints:compliments ratio albeit that this metric remains green. The number of formal complaints has significantly increased in July increasing by 32% compared to June 2017. The Trust’s complaint responses within the timescale agreed with the client remains amber (registering 79% in July).
- The number of reported grade 2 pressure ulcers (PU) increased in July from a rate of 0.17 to 0.27, currently reporting at median level for previous Q1. The Trust also reported one avoidable grade 3 ulcer in July. There is a considerable body of work to support improvement in PU management.
- The Trust continues to work hard to address the number of open breached serious incidents.
- Harm Free Care (All Harms) is showing a slightly recovered position in July registering 92.79% compared with 90.91% in June. This metric refers to the harms that patients are being admitted with as well as those acquired within the Trust’s care.
- Performance in relation to Venous thromboembolism (VTE) risk assessment while improved in July compared with June, remains below required trajectory. Targeted action, divisional and professional engagement remain crucial to successful delivery, to promote patient care and enable the Trust to avoid contract penalty (for VTE).
- Management of Sepsis requires continued improvement to promote safe and effective patient care and achieve the Sepsis Commissioning for Quality and Innovation (CQUIN).
- One case of Methicillin-resistant Staphylococcus Aureus (MRSA) was reported in July and the metric is now registering red.

Other topics discussed:

- The Committee received and noted a report from the Patient Safety Board. A case note review was underway looking at hip fractures as the national hip fracture database showed William Harvey Hospital (WHH) to be an outlier for 30-day case adjusted mortality.

- 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 discussed an update Maternity Assurance Report. The Chief Nurse and Director of Quality would liaise with the Maternity team to look at where there were blockages and identify how these could be addressed and resolved.
- There was a discussion regarding the process when the Trust was in business continuity and to ensure that the Standard Operating Procedures (SOP) was disseminated throughout the organisation. This was around ensuring that the Divisions and staff were aware of the meetings to be cancelled whilst in business continuity.
- The Committee received and discussed the Clinical Audit Progress Report and year-end report 2016/17 that had much improved. There would be discussions around rebranding the Clinical Audit team to Quality Improvement to support engagement with the Divisions and clinical staff.
- The Committee was made aware of a risk regarding medicine safety thermometer that was being looked at.
- The Committee deferred the report regarding Validation System (Operational Issues) – ED 4 hour wait target and RTT data to the October meeting.
- The Committee noted the reports from the Divisional Governance Board and the confirmed meeting minutes.

RECOMMENDATIONS AND ACTION REQUIRED:

Discuss and note the report.