REPORT TO:	**BOARD OF DIRECTORS**
DATE:	**7 OCTOBER 2016**
SUBJECT:	**QUALITY COMMITTEE CHAIR REPORT**
BOARD SPONSOR:	**CHAIR OF THE QUALITY COMMITTEE**
PAPER AUTHOR:	**CHAIR OF THE QUALITY COMMITTEE**
PURPOSE:	**Discussion**

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 October 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 5 OCTOBER 2016

The following went well over the reporting period:

- The mortality figures for the month of August continue to show that we have a lower mortality than the national average.
- While crude elective mortality has increased in August (registering 30 deaths per 1000) broader Trust indicators continue to show a favourable position, HSMR continues to fall and remains below the national average and SHMI remains static at 100.
- There were no new never events reported in August 2016 and the number of serious incidents (SIs) has fallen compared to last month (n= 5); there has been a never event reported in early October which the Medical Director can comment on but the investigation is in an early stage (see below).
- While complaints performance requires continued focus, response within agreed time frame and response within 30 workings days continues an improving trajectory registering at 97% and 40% respectively in August. There is staff sickness within the Patient Experience Team and mitigations were in place;
- The measure directly relating to harm experienced in our care (Harm Free Care: New Harms only) remains better than the national average which means that our patients are receiving care that causes less harm than is reported nationally;

Concerns highlighted over the reporting period:

- SI investigation delays - there is a need for continued focus on ensuring the quality and timeliness of SI investigation (completion within 60 days);
- The year to date position for C-Diff cases increased to 19 cases in August, now on limit. The Committee noted the concern around and would maintain a watching brief; hand washing needs emphasis.
- E.Coli incidence increased by one case in August. While it is recognised that there has been an increase in incidence nationally (2015 compared with 2016), an increase in infection is nevertheless a potential indicator of sub optimal HCAI practice. Action is required to maintain and ensure good HCAI practice;
- There has been an increase in the reporting of medication incidents. This increase is interpreted cautiously as there could be both positive and negative explanations for it.

Recognising that a safe culture can be defined by high relative incident reporting, the current incident reporting rate and severity profile will be tracked carefully to build a picture of its significance over time;
- Mixed sex breaches have increased to 45 in August (representing an increase of 16 cases). This linked to operational pressures and for patient safety reasons, but impacted negatively on patient experience;
- Continued improvement is required in the percentage of VTE risk assessments recorded;
- As reported above, overall Harm Free Care (HFC) remains below both the overall national average of 94.16% and the acute-hospitals-only national average of 94.19%.
- Complaints performance requires maintained focus to improve: a) the number responded to within 30 working days. b) the quality of the complaints responses (to address the reasons for a sharp increase in returner complaints). c) embed learning arising from the complaints. d) ensure a consistently positive experience for complainants. e) strengthen business continuity.

Other topics discussed where concerns or actions were taken:
- The Trust was non-compliant with the implementation of National Safety Standards for Invasive Procedures. The Committee heard that most Trusts were struggling with this and this has been recognised by the CQC. However, the Committee was assured that implementation was a particular focus of the Patient Safety Board.
- One never event has been reported during September 2016. A root cause analysis is currently being undertaken and more detail will form part of the next report to Quality Committee.
- There had been some slippage in the number of failed cleaning audits at K&C. The Committee heard that the standards in the Trust were high and failed audits linked to small numbers. Assurance was provided that processes were in place to monitor performance at senior level and this slippage did not have a direct link to *C.difficile* rates.
- The Committee heard there had been a significant improvement during September in recording of VTE assessments but this would be monitored to ensure this was sustained. The Committee requested a paper for the January meeting setting out the improvement framework and outcome of work planned to review and strengthen engagement at the Thrombosis Group. The Committee noted current performance was readily accessible through the 'Qlikview' data system and performance was monitored through Executive Performance Reviews.
- A national Learning Disabilities Mortality Review Programme (LeDeR) had been implemented. This was a key priority within NHSI's planning guidance and will form part of CQC inspections going forward. The Committee was reminded of a deep dive already undertaken within the Trust and was assured there was awareness of where improvements needed to be made.
- Patient experience metrics had been aligned to the friends and family test to provide greater assurance and there were no major concerns to report.
- Staffing levels and recruitment and retention continue to be an issue for the Trust in many professional groups. Work continues through robust rostering. The Committee heard that particular focus was made on out-of-hours staffing, where the Trust was more vulnerable.
- Two deep pressure ulcers were reported in August 2016 (the first for 9 months) which was disappointing.
- Falls with harm registered 0.88%, higher than the average 0.45% for acute hospitals. Focused work is being carried out to reduce the number of falls & to ensure patient safety.
- In August 2016 a total of 26 category two pressure ulcers were reported and 8 were confirmed as avoidable. This is an increase of 4 avoidable ulcers from last month. Focussed work is being undertaken to identify and respond to pressure ulcer incident "hotspots".
- A report from the Patient Experience Group was received and the Committee was confident that risks highlighted were in line with the overall performance report.
- A report from the NICE Clinical Effectiveness Committee was received. The Committee noted that there was process in place to align NICE Guidelines and commissioning

intentions but this was complex. A review of all clinical practice recommendations will be undertaken to inform discussions with specialist commissioning. The Committee was assured that areas where the Trust was not meeting clinical practice recommendations were areas which were out of the Trust's control.

- The Committee discussed whether the Trust should implement an Accountability Framework for Consultants at this stage. This had been identified by the Committee a while back as a possible approach to improve clinical engagement. The Committee recognises the significant work being undertaken in the Trust around cultural change programme and development of the clinical strategy. The Committee agreed thatimplementation of such a framework should not be taken forward at this time. Consultant engagement would continue to be monitored through Executive Performance Reviews and concerns reported to the Committee as appropriate.
- A report was received from the Trust's Audit Services Manager providing assurance that the Trust was now participating fully in the National Diabetes in Pregnancy Audit. This had previously been flagged to the Board as a concern.
- The Committee was disappointed to receive a report from the Trust's Audit Services Manager outlining continued problems with engagement from clinical audit leads in providing updates on the status of audits. However, the Committee learned that good governance processes were in place within the Surgical Division. The Committee agreed clinical audit leads should be invited to attend the meeting when progress reports are received. They must be accountable for any slippage in the audit programme. The Medical Director will write a letter to Divisions to raise awareness of the issue.
- An update was received on the Trust's outpatient improvement journey. The Committee learned that: the estates part of the programme was almost fully operational; processes were being implemented but some further work is needed and technology/innovation is in its infancy. Plans were in place to increase utilisation at Dover Hospital to 85% (Currently 55%). These plans included orthopaedics, colonoscopy, ophthalmology and gynaecology clinics.
- The Committee received updates from Divisional Governance Board Meetings and were assured that risks identified were in line with those reported within the corporate risk register and performance reports.
- Four new quality risks had been added to the corporate risk register: Impact of PAS implementation on 18 week RTT; technical and patient safety consequences of PACS/RIS; adult safeguarding training; delays in radiology reporting. Mitigating plans were in place.
- The Committee was assured around processes in place to recognise patients with SEPSIS at the front end of the pathway. A new recording tool was in place.
- A report was received providing assurance that the cost improvement programme was managed in a risk based way and appropriately reviewed to ensure there was no adverse impact on patient safety, patient experience or quality.
- An integrated claims, incidents, complaints report was received reflecting performance at Quarter 1. There were no areas of concern to report.
- The Committee received a report on the process for recruiting a 'Freedom to Speak Up' Guardian. Plans were in place to implement a clear reporting structure.

As a general comment, the Committee felt the Clinical Quality and Patient Safety Report provided a good understanding of the overall patient safety and quality picture within the Trust.

RECOMMENDATIONS AND ACTION REQUIRED:

Discuss and note the report.