

REPORT TO:	BOARD OF DIRECTORS
DATE:	6 OCTOBER 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 October 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 4 OCTOBER 2017

The following went well over the period:

- The Committee received and discussed the Quality Risks report regarding the items on the Trust's risk register, which included a new and emerging risk. There was consideration regarding the recommendation that a deep-dive of CRR 22 (Failure to record/carry out timely Venous Thromboprophylaxis (VTE) risk assessments) be presented at a future Committee meeting, which was agreed. The Quality Impact Assessment completed regarding the cancellation of some outpatient clinics would be provided to Committee members.
- The Committee received and discussed the Research and Innovation (R&I) Report for 2016/17. The good work and significant achievements of the team were acknowledged and commended. It was emphasised the importance of the provision of a Medical School in Kent and the benefits of this in attracting staff to the area.
- The Friends and Family Test (FFT) recommending the Trust to friends and family remains green. Staff attitude, care and implementation of care are themes identified (Trust wide) for further work.
- The Trust remains green in relation to the in-patient real time survey registering 92% satisfaction in August, for patient experience measured through the Trust.
- A positive outcome was reported for the Patient Led Assessment in Care Environments (PLACE) audits.
- Despite an increase in the number of complaints received in the month, complaints performance has improved in August. Response within timescale agreed with the client has increased to 83% compared with 79% reported in July. Response within 30 days has also increased compared with the same reporting period in 2016, registering 48% in August 2017 compared with 40% in August 2016. There is still work to be done to fully recover the improving position reported in quarter 1, and the reported position is encouraging. To maintain this improvement the Trust is recruiting to vacant posts and redeploying existing staff resource to areas of greater

need.

- Harm Free Care rates 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 98.46% in August.
- Inpatient falls remain a great challenge in the hospitals, the Trust's falls rate remains well under the national average and the Trust had no avoidable fractures reported in August.
- Trust compliance with Venous thromboembolism (VTE) risk assessment continues to improve at a modest pace.
- Healthcare associated infection (HCAI) performance is recognised as a challenge. The Trust reported that in August its number of C.difficile infections was below the limit. There have been no cases of Methicillin-resistant Staphylococcus Aureus (MRSA) reported in August and this metric is registering green. The Trust is registering a drop in MSSE and E.coli bacteraemia infections in August. Clostridium Difficile (C Diff) also remains green and below limit in August.
- Hospital Standardised Mortality Ratio (HMSR) and Risk Adjusted Mortality Index (RAMI) report a continued positive position, registering green for August 2017.

Concerns highlighted over the reporting period:

- The Committee received and discussed the Clinical Quality and Patient Safety report. Concern was raised that there were still 'null' returns in the heatmap, which was unacceptable and there should be none going forward.
- A 'regulation 28 prevention of deaths' had been received from the Coroner. As a result there would be focussed work around promoting the importance that risk assessments (for falls) be completed.
- A legionella infection incident had been acquired at Queen Elizabeth the Queen Mother Hospital in Margate. The Trust would be working with the Health and Safety Executive on the processes as a result of this incident. It was noted that the incubation period was between 2 to 14 days.
- High operational pressure and patient flow means that the mixed sex accommodation metric remains 'red' for August 2017. Reported rates of breaches remain high reporting 60 in August.
- The number of reported grade 2 pressure ulcers (PU) remained the same compared with the previous month. Significant work remains in place to improve PU management across the Trust.
- A Never Event relating to the wrong implant of a femoral implant was confirmed and reported on StEIS in August.
- The Trust continues to work hard to address the number of open breached Serious Incidents.
- Harm Free Care (All Harms) has fluctuated slightly over recent months, reporting 92.48% in August compared with 92.83% in July and 90.91% in June.
- Management of Sepsis requires continued improvement to promote safe and effective patient care and to achieve the Sepsis Commissioning for Quality and Innovation (CQUIN).

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. There was a discussion regarding the attendance numbers and the quoracy of the group. It was agreed that the Terms of Reference would be reviewed and that the group needed to have appropriate representation from the membership.
- The Committee received and noted a report from the NICE Clinical Effectiveness Committee.
- The Committee received and discussed the report regarding Validation System (Operational Issues) – Emergency Department (ED) 4 hour wait target and Referral to Treatment (RTT) data. The importance that the eCasCard, which was developed in the ED is completed throughout the whole Trust was noted as part of this work.

- The Committee received and discussed the report regarding Doctors working to the Trust's priorities. This provided a good and concise statement of what needed to be done.
- The Committee received and noted reports from the Divisional Governance Boards.

RECOMMENDATIONS AND ACTION REQUIRED:

Discuss and note the report.