

REPORT TO:	BOARD OF DIRECTORS
DATE:	8 DECEMBER 2017
SUBJECT:	QUALITY COMMITTEE CHAIR REPORT
BOARD SPONSOR:	CHAIR OF THE QUALITY COMMITTEE
PAPER AUTHOR:	CHAIR OF THE QUALITY COMMITTEE
PURPOSE:	APPROVAL
APPENDICES:	APPENDIX 1: INFECTION PREVENTION AND CONTROL (IP&C) ANNUAL REPORT 2016/17

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 November 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 8 NOVEMBER 2017

The following went well over the period:

- The Committee received and discussed the Clinical Quality and Patient Safety Report, which indicated an improved position.
- Friends and Family Test (FFT) recommended remains green registering 97%. It also remains of note that Maternity, antenatal and post natal continue to report no negative themes.
- Harm Free Care rate reported for patients in the Trust's care, (New Harms only), remains better than the national average, registering green (98.65%) in September.
- While inpatient falls remain a great challenge in the hospitals and for the NHS, the Trust falls rate remains under the national average.
- Healthcare associated infection (HCAI). The Trust's infection prevention and control performance remains a challenge, the number of C.diffile infections reported year to date remains below the limit. There had been no cases of Methicillin-resistant Staphylococcus Aureus (MRSA) reported in September and this metric remains green.
- Hospital Standardised Mortality Ratio (HMSR) and Risk Adjusted Mortality Index (RAMI) reported a continued positive position, registering green for September.
- Pressure Ulcers: The number and percentage of reported grade 2 pressure ulcers (PU) has improved in September registering green for the first time within the reported 12 months.
- The Committee received and discussed an A&E Improvement Programme report that resulted in vigorous discussion. The situation was improving but there remained major challenges, particularly in relation to the upcoming winter period. There was a risk around the ambulance service in relation to the tighter timeframe for the transfer of patients.

Concerns highlighted over the reporting period:

- High operational pressure and patient flow means that the mixed sex accommodation metric remains “red” for September 2017. Trust wide action continues to be in place to minimise and ultimately eliminate such breaches and to ensure accurate reporting.
- Complaints management. The Trust’s previously reported (August 2017) improving position for the metrics a) “response within timescale agreed with the client” and b) “within agreed timeframe” has decreased to 77% and 21% respectively in September. Improvement is reflected within a high level action plan and performance risks are captured within the Corporate Risk Register.
- No further Never Events were reported in September, albeit that the Trust continues to register red for this metric (n = 4 year to date).
- The Trust continues to work hard to address the number of open breached Serious Incidents (n = 14 in September compared with n = 12 reported in August). The Clinical Incident Manager and Head of Patient Safety continue to work with the divisions focusing on the longest breaches to secure required progress.
- Harm Free Care (All Harms) refers to the harms that patients are being admitted with as well as those acquired within the Trust’s care. This metric is showing a modestly improving position in September reporting 94.59 % compared with 92.48%; 92.83%; 90.91% in the previous months of August, July and June respectively.
- The roll out of the (medicine) safety thermometer has highlighted that further work is required to address omitted medicines.
- Performance in relation to Venous thromboembolism (VTE) risk assessment, while improved in August compared with July, remains below required trajectory. Trust wide action plans are in place and performance challenge continues to be provided through Executive Performance Reviews (EPRs).
- Management of Sepsis requires continued improvement to promote safe and effective patient care.
- Lengthy waits and overcrowding within the Emergency Departments (EDs) at William Harvey Hospital (WHH) and Queen Elizabeth the Queen Mother (QEQM) has led to some poor patient and staff experience. Increasing patient flow through our accident and emergency departments and reducing wait times is therefore a significant Trust priority and it is the subject of considerable on-going work. There were early signs of improvement, with recovery action extending beyond the ED to include the wards, clinical and diagnostics areas.
- The Committee received and discussed a quality risks report, and the new emerging risk regarding the sustainability of services at the Kent and Canterbury (K&C) site. The risk regarding lack of timely recognition of serious illness in patients presenting in the EDs remained an extreme risk.

Other topics discussed:

- The Committee received and noted a report from the Patient Safety Board. There was an issue regarding open breached Serious Incidents that had been escalated to EPR. Compliance with the duty of candour was poor at 60% and over the last two months this had been at 18%, the main division underperforming was Urgent Care. Divisions had been requested to provide a report on the actions that would be taken to improve compliance. Since the introduction of the Medicines Safety Thermometer the Trust’s rate of missed doses was at 60% and was two to three times above the national benchmark for all medicines and action was being taken to address this.
- The Committee received and noted a report from the Patient Experience Group.
- The Committee received and approved the Infection Prevention and Control Annual Report 2016/17. In relation to the Care Quality Commission (CQC) standards, the Trust continues to improve the compliance to the essential Care Quality Commission quality and safety standards as they apply to infection prevention and control. The Annual Report is attached (Appendix 1) and is recommended for Board approval. There had been a rise in contaminants in blood cultures and actions had been put in place to eliminate this.
- The Committee received and noted a report regarding radiology delayed reporting incidents that provided the necessary assurance and this issue was closed.
- The Committee received and discussed the Quality Strategy Q2 progress report.

- The Committee received and discussed the Board Assurance Framework.
- The Committee received and noted the Quarterly Integrated Incident, Patient Experience and Claims Report for Quarter 1.
- The Committee received and noted reports from the Divisional Governance Boards.

MEETING HELD ON 6 DECEMBER 2017

The following went well over the period:

- The Committee received and discussed the Clinical Quality and Patient Safety Report, which indicated a slightly improved position. There remained an issue regarding medication omission and medicines safety thermometer to improve performance and work is ongoing across the wards to achieve the required medicines safety standard. An update will be presented at the next QC meeting regarding the action and progress against meeting the medicines safety standard.
- The Committee received a report on the tissue viability audit, which was positive and commended the staff on their good work.
- The Committee received a Patient Safety Board report, which showed some improvements. There was a discussion regarding the nurse staffing data.
- The Committee received a positive report regarding the ED recovery plan that provided good quality metrics. There had been an improvement in performance and the Trust was now achieving in the region of 80% against the 4 hour A&E wait target. There was still an issue regarding patient flow that required significant improvement, this needed to be addressed and resolved to support the continued improvement and to ensure sustainability.
- Friends and Family Test (FFT) recommended remains green registering 97%. Maternity continue to report no negative themes for October and improvement is noted for A & E. Environment, care, communication, competence are the more frequently cited FFT themes reported for October.
- Trust compliance with Venous thromboembolism (VTE) risk assessment achieved 95% in October.
- Healthcare associated infection (HCAI). The Trust recognise that its infection prevention and control performance requires continued focus, the number of C.difficile infections reported year to date remains below the Trust limit.
- Hospital Standardised Mortality Ratio (HMSR) and Risk Adjusted Mortality Index (RAMI) report a continued positive position, registering green for October.
- Pressure Ulcers: no avoidable grade 3 or 4 pressure ulcers have been reported in October.
- Excellent progress has been made in relation to falls prevention following the implementation of the falls stop self-assessment methodology on the frailty wards at William Harvey Hospital (WHH) (Cambridge L and Cambridge M1), both of these wards have now had over 10 fall free days. The Trust has also received the National Falls Audit which shows it performed well this year.

Concerns highlighted over the reporting period:

- High operational pressure and patient flow continue to lead to “red” rated performance for the mixed sex accommodation metric. The majority of breaches continue to be reported by the William Harvey Hospital (WHH) Clinical Decision Unit. Trust wide action remains in place to minimise and ultimately eliminate such breaches and to ensure accurate reporting.
- Complaints management. The Trust’s previously reported improving position (reported in Q1) for the metrics a) “response within timescale agreed with the client” and b) “within agreed timeframe” is showing a mixed response to the additional improvement actions applied in quarter 2. Performance against “agreed within timeframe” has improved to 80% compared with 77% for the previous month. Further action is being taken to respond to achievement of the 30 day target.
- Harm Free Care (HFC) (All Harms) refers to the harms that patients are being admitted with as well as those acquired within the Trust’s care. This metric showed a deteriorating position in October (but there were some potential issues with accuracy

of data), reporting 90.45% compared with 94.59%; 92.48%; 92.83%; 90.91% in the previous months of September, August, July and June respectively.

- Harm Free Care rate reported for patients in the Trust's care, (New Harms only), also fell in October to 96.45% from 98.65% September.
- Total HFC now registering red for the first time this year. The underlying reason for the changed HFC position is being investigated to determine action required to recover.
- Inpatient Falls requires a continued focus and the number of falls decreased slightly in October.
- Pressure Ulcers: The number and percentage of reported grade 2 pressure ulcers (PU) was similar to the previous month (rate of 0.15 in September compared with 0.16 per 1000 bed days in October). As such this metric is amber rather than green in October. This metric registered green for the first time within the reported 12 months in September and the current deterioration in performance is still quite modest and focused action is in place to recover the position.
- The Trust continues to work hard to address the number of open breached Serious Incidents (n = 15 in October, compared with n = 14 in September, n= 12 reported in August). The Clinical Incident Manager and Head of Patient Safety continue to work with the divisions focusing on the longest breaches to secure required progress.
- There was one case of Methicillin-resistant Staphylococcus Aureus (MRSA) reported exceeding the Trust's 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 the Trust is identifying and learning from incidents.
- Management of Sepsis requires continued improvement to promote safe and effective patient care.

Other topics discussed:

- The Committee received and noted a Patient Experience Group (PEG) report. Attendance at the PEG meetings was poor due to the wider number of meetings required to be attended. Concern was raised by the Medical Director about the number of meetings at Executive level and whether the current structure provided sufficient assurance to the QC. An action was taken for this to be discussed by the Executive Management Team.
- The Committee received and discussed the Quality Risks report, and reviewed the top risks.
- The Committee received and discussed a report regarding Quality Impact Assessments, along with an update of those approved against Cost Improvement Programme schemes.
- The Committee received and discussed a Care Quality Commission Insight Report and agreed the governance.
- There had been a never event in maternity, regarding a retained tampon.
- The Committee received and noted reports from the Divisional Governance Boards. Compliance against Duty of Candour remained poor and divisions were working to improve compliance.

RECOMMENDATIONS AND ACTION REQUIRED:

- i) To discuss and note the report.
- ii) To approve the Infection Prevention and Control Annual Report 2016/17.