



Trust Board

Date of Meeting: 6th June 2019

Report Title: Quality and Performance Committee Report

Agenda reference Number:	13/0619
Accountable Executive Director: (AED)	Susan Field, Director of Nursing
Presenter: (if not AED)	Nicola Strother Smith, Non-Executive Director
Author(s):	Susan Field, Director of Nursing
Board action required:	To Note and Receive
Previously considered by:	Quality and Performance Committee – 25 th April 2019
Appendices:	

Executive Summary

The Quality and Performance Committee meeting took place on 25th April 2019.

This report is intended to provide assurances to the Trust Board that this Committee continues to discharge its responsibility for overseeing the Trusts Quality and Performance activities.

It also confirms decisions made by the Committee, which are in line with the Trust's Scheme of Delegation and highlights a range of issues and achievements that require Trust Board attention.

Recommendations:

The Trust Board is asked to:

1. **Note** the contents of the Quality and Performance Committee Report.
2. **Receive** the approved minutes of the Quality and Performance Committee which took place on 25th February 2019.

Related Trust Objectives:	1, 2, 3
Risk Implications:	Risk issues are clearly identified within the report
Quality and Equality Impact Assessment: (QEIA)	Implications are clearly referenced in the report
Financial Implications:	No finance implications identified
Legal/Regulatory Implications:	Legal/Regulatory implications are clearly referenced in the report

Quality and Performance Committee Update

1 INTRODUCTION AND PURPOSE

This paper provides assurance to the Trust Board that its Quality and Performance Committee continues to discharge its responsibility for overseeing quality and performance activities on behalf of the Trust Board. The following is in line with the Trusts Scheme of Delegation and is covered within this report:

- Decisions made by the Quality and Performance Committee at its meeting on 25th April 2019.
- Key issues, risks and achievements being overseen by the Committee.

2 DECISIONS MADE BY THE COMMITTEE IN LINE WITH SCHEME OF DELEGATION

2.1 Bed Occupancy Standards

After a considerable level of research and fact finding following persistent issues associated with the reporting of bed occupancy rates and what should be used in terms of any bed modelling activities, the following was supported by the Committee and it was recommended that this was shared with Gloucestershire Clinical Commissioning Group (GCCG):

- Trust bed occupancy be reported against a 95% target. This is currently 92%.
- That should this 95% standard be overachieved over a period of 3 months this would “trigger” a rapid quality review (patient and colleagues).
- That the previous RAG rating approach adopted for reporting bed occupancy discontinues once GCCG endorsement has been secured.

2.2 Quality Priorities 2019-20

The Committee discussed the 2019-20 proposed priorities and future reporting arrangements associated with these. The Committee endorsed the following priorities:

- **Preventing Pressure Ulcers** – Outcome: Build on our success of reducing avoidable pressure ulcers by working within the NHS Improvement (NHSI) Stop the Pressure Collaborative framework. This will focus on specific community programmes to reduce pressure ulcers.
- **Medications** – Outcome: Improve the learning from “no-harm” and “low-harm” medication incidents in order to enhance patient safety and quality of care.
- **Nutrition and Hydration** – Outcome: Increase the use of nutrition and hydration assessments in all appropriate settings in order for patients to be optimally nourished and hydrated.
- **Health Coaching** – Outcome: Develop a programme of personalised care planning to enable patients to manage their long term conditions more effectively.

- **Deteriorating Patient (Sepsis)** – Outcome: Continue to train and support front line colleagues to recognise and manage deteriorating patients to ensure that they are managed quickly and effectively.
- **Mental Capacity Assessment** – Outcome: Improve the usage of mental capacity assessments in our hospital and community settings to ensure that individuals who lack the ability to make decisions are the focus of any decisions made, or actions taken, on their behalf.
- **Wound care** – Outcome: Increase the quality of wound assessments and management in order to reduce clinical variation and improve wound healing.
- **Catheter Care** – Commence a Quality Improvement Programme to improve the management of catheter care in the community setting.

Reporting will also change to reflect a move away from what has previously been a more activity based methodology to a more qualitative approach which “fits” well with the Quality Improvement methodology adopted by colleagues.

Future reporting will also include 2019-20 CQUINs, which are associated with the continuous quality improvements with regards to falls.

2.3 Research and Development

The Committee **endorsed**, on behalf of the Trust Board, the Trusts proposal to adopt the 2gether NHS Foundation Research Strategy 2016-2020.

This decision will facilitate the Trust to continue its contribution to research and development where we have seen a 1,200% improvement over the past 12 months. This decision does not compromise the intentions outlined in the Trusts Clinical Strategy 2016-19 and has been supported by a range of colleagues across the Trust.

2.4 Clinical Audit 2019-20

The Committee reviewed the Trusts Clinical Audit Plan and **noted** the breadth of the plan. The Trusts participation in national audits was also discussed as well as the continued importance of “closing the loop” in terms of improved outcomes. The clinical audit plans will also align with the Trusts 2019-20 Quality Priorities.

The Committee **endorsed** on behalf of the Trust Board the 2019-20 Clinical audit plan.

2.5 Quality Account 2018-19

The Committee provided feedback to the draft Quality Account. The Committee advised on behalf of the Trust Board that the Quality Account be circulated to stakeholders for their comments prior to its publication June 2019.

2.6 Annual Infection Prevention and Control Report

The Committee **received** and **approved** the wider publication of this report. Key highlights **noted** included:

- Having reported 16 cases of Clostridium Difficile against a threshold of 18.

- Experiencing between January – March 2019, 3 influenza outbreaks. In total 39 bed days were lost compared to 93 during 2017-18.
- No cases of MRSA reported.
- A total of 3 viral gastroenteritis outbreaks, within 2 of these with Norovirus as the continual causative agent. The total number of bed days lost due to viral gastroenteritis was 37 (significantly down from 284 for 2017-18) and the total number of 20 patients affected (100 for 2017-18 with 8 staff affected, 59 for 2018-19).
- Hand hygiene compliance remaining high at over 94%.

3 ISSUES ESCALATED TO BOARD

The Committee **discussed** a range of matters where it was agreed the following should be escalated to the Trust Board. These included:

3.1 Operational Service Exception Report

The Committee **noted** both the national and local context that colleagues are currently operating in. It was also recognised that there were a number of challenges and achievements that had been made hence some of the “red” rated access targets. Of particular note the Board is asked to understand the following:

- Continued demand on services and in the context of a changing commissioner landscape and Integrated Care System (ICS).
- The absence of service specifications, uncertainties associated with recruitment funding with some services.
- The need to effectively manage expectations in terms of revised clinical pathways, collaborative working within the ICS.
- The knowledge that demand on some Trust services remains high, an example of this has been Community Nursing services where there has been an increase in demand over the past 12 months, equating to a total of 354,693 contacts during 2018-19, which averages to approximately seeing 6,827 patients per week; and Musculoskeletal (MSK) where recent modelling activities around capacity and demand has confirmed that a 13 month the service is being delivered in activity terms, although only funded for 12 months’ worth of activity. It will therefore not meet its target as there is inadequate commissioner capacity and funding to deliver this increased demand.

The Committee also **noted** that in adult Speech and Language the percentage of people treated within 8 weeks was improving in response to a rapid response action plan.

The Committee also **received** an update about the current radiology provision provided by Gloucestershire Hospitals Foundation Trust (GHFT). There were service changes made during November 2018 across the seven community hospitals. This was due to the significant (24%) vacancy rate of radiographers that GHFT were experiencing at the time.

Since this time GHFT have been operating an intensive recruitment and agency usage campaign for radiographers with some mixed success. The Committee **noted** that the number of radiology hours provided at the seven community hospitals is now 189 hours per week, which remains a shortfall of 65 hours per week.

The Trust continues to monitor any impact of this reduced radiology service both on the inpatient units and its Minor Injury and Illness Units (MIIUs) and has prepared a full briefing report for the planned Health and Care Overview and Scrutiny Committee meeting, which is due to take place mid-May.

3.2 EU Exit

Although the possibility of a no-deal exit from the EU appeared to have reduced at this time the Committee **noted** that all scenarios remain open and that the Trusts short-term planning continues to focus on working with the national and regional networks to ensure supplies of drugs and consumables remain intact, longer term contingencies continue to relate to workforce and employee status, research and EU funding.

3.3 Flu Vaccinations

The Committee formally **noted** the Trust achieving 77% of its frontline staff having flu vaccinations. It was also **noted** that for 2019-20 the CQUIN target for vaccinations for frontline colleagues would be 80%. There would also be some additional reporting requirements to NHS England, which included:

- All Board members receiving flu vaccinations and publication of this.
- Ensuring data on up take and opt out rates will be collected and reported.
- Having agreed schedules for 24 hour mobile vaccinations.
- Board agreement on any flu vaccinations incentives.

3.4 Quality Equality Impact Assessments (QEIAs)

The Committee was **assured** that QEIAs continue to be reviewed by the Trusts Clinical Reference Group (CRG) and that the outcomes of these are reported accordingly to the executive team or CIP Steering Group. Most recently the CRG had reviewed QEIAs associated with any CIP proposals including Children and Young People Services (CYPS), community hospitals (non-pay), Integrated Community Teams (ICT) and dental.

3.5 Patient Experience Report

The Committee were **assured** that the Trusts management of complaints remains robust and that non-executives continue to have oversight of the process in terms of quality of responses and timeliness.

The Committee **noted** that for Qtr. 3 the Trust had received 16 complaints; 106 concerns and 427 compliments.

It was also noted that the Family and Friends Test (FFT), response rate remains on a continuum of improvement and had reached a response rate of 19.4%, which was over the national target of 15%.

4 RECOMMENDATIONS

The Trust continues to maintain its standards of delivering quality care and continues to effectively manage any risks as they emerge.

The Trust Board is asked to:

1. **Note** the contents of the Quality and Performance Committee Report.
2. **Receive** the approved minutes of the Quality and Performance Committee which took place on 25th February 2019.

ABBREVIATIONS USED IN THE REPORT

GCCG – Gloucestershire Clinical Commissioning Group

NHSI – NHS Improvement

QEIAs – Quality Equality Impact Assessment

CYPS – Children and Young Persons Service

FFT – Family and Friends Test

CRG - Clinical Reference Group