

Date of Trust Board: 25 September 2013

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### REPORT TO TRUST BOARD

<b>NAME/TITLE OF DIRECTOR</b>	Professor Julian Bion, Associate Non-Executive Director <i>Presented by John Burbeck, Non-Executive Director</i>
<b>AUTHOR OF REPORT</b>	Kimara Sharpe, Company Secretary
<b>SUBJECT</b>	Integrated Governance Committee

#### EXECUTIVE SUMMARY/KEY POINTS

This paper provides the Board with the key achievements, issues, and risks discussed at the Integrated Governance Committee on 11 September 2013.

#### STRATEGIC PRIORITIES (✓)

1. Deliver safe, effective, innovative and compassionate patient care	✓
2. Develop a culture that is recognised as patient centred, driven by inspiring and accountable leaders, committed to continuous improvement	✓
3. Invest and realise the full potential of our staff -recruiting, retaining, developing and rewarding.	
4. Achieve strong operational performance compliant with all national requirements	
5. Ensure the Trust is financially viable and gets the maximum value from the resources at its disposal	
6. Develop and sustain our business	

#### RECOMMENDATION

The Board is asked to:

- Accept the assurance provided and note the work of the Committee.

#### BOARD ACTION REQUIRED (✓)

	Decision		Action	✓	Assurance
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✓	Please tick box to confirm that the report takes account of the NHS Constitution
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## IMPLICATIONS

<b>Service quality and delivery including patient safety/experience and clinical effectiveness</b>	This report provides the Board with assurance against key patient safety and quality issues.
<b>Financial</b>	N/A
<b>Risk Board Assurance Framework risks</b>	2474, 2475, 2476, 2514, 2477, 2479, 2480
<b>Workforce</b>	N/A
<b>Legal &amp; Governance</b>	This report covers some statutory issues such as CQC or accreditation visits.
<b>Statutory or External Assessor requirements</b>	This report covers some statutory issues such as CQC or accreditation visits.
<b>Impact assessments</b> <ul style="list-style-type: none"> <li>Equality IA</li> <li>Quality IA</li> </ul>	N/A

## APPROVAL PROCESS

Paper approved/meeting: By email	Date 16.9.13
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**WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST**

**REPORT TO TRUST BOARD – 25 SEPTEMBER 2013**

**1. Background**

- 1.1 This report provides the Board with key quality issues and risks discussed at the Committee's meeting held on 11 September 2013.

**2. Purpose of the Report**

- 2.1 This report provides the Board with assurance on matters related to patient safety and care quality. The IGC reviews reports from its sub-committees, quality performance data, and risks to meeting strategic objectives. In this way it provides assurance in the areas outlined below and identifies risks and areas of concern for the Board's attention.

**3. Quality & Performance**

**3.1 HSMR / SHMI**

The Committee received presentations from consultants working within the renal and respiratory medicine specialties. This was in response to high SHMI/HSMR rates observed by the Committee in February. The presentations related to a review of all deaths attributed to either pneumonia or to renal failure between April and September 2012. Case record review (either paper-based or electronic) was undertaken by two consultants for each diagnostic category. Difficulties had been experienced in retrieving a number of case records and the clinicians had therefore used data abstracted from the electronic patient record. They found that virtually all patients had significant co-morbid disease (for example, ischaemic heart disease, diabetes, chronic lung disease) and that although the majority had received timely and active treatment on admission their condition had progressively deteriorated, resulting in decisions to limit treatment, applying a do-not-resuscitate (DNR) order, and arranging palliative care with the knowledge and acceptance of the families. The IGC received assurance that there had been no unexpected deaths during this period.

The following points were agreed:

- All specialties should be holding regular multidisciplinary mortality and morbidity meetings so that case record review would be more closely related to the point of care.
- Better access to case notes was required, and an analysis was needed to determine difficulties in accessing case records for review.
- Support for audit is required, at least in accessing case records and in ensuring that time for M&M meetings was protected for all staff.
- Deficiencies in coding should be addressed, particularly for chronic disease and for palliative care. Chronic disease could be captured within the electronic patient record and transferred between episodes of care so that duplication was not required. DNR orders should trigger automatic palliative care referrals.

**3.2 Hereford and Worcester Breast Screening Quality Assurance Visit**

The Committee were assured that the two immediate risks identified by the

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review in April had been mitigated and new equipment had been ordered and was being installed. The Committee expressed concern that there were still outstanding actions and requested an update for October.

The full report is available on request.

**3.3 National Cancer experience survey**

The Committee received a presentation showing that the Trust had improved in 21 out of 22 questions compared to last year. The Trust was now in the top 20% of trusts in seven key areas.

**3.4 Infection Control**

The Committee congratulated the infection control team and all staff in maintaining the low numbers of CI Diff infections (CDIs) and achieving a green RAG rating for cleaning and cleanliness across the whole trust. There had been only two Trust-attributable CDIs for August.

**3.5 West Midlands Quality Review Service – Review into Long Term Conditions**

The Committee received the final report into the review which had taken place in March 2013. The review focussed on five areas:

- COPD and Pulmonary rehabilitation
- Heart failure and cardiac rehabilitation
- Chronic neurology and neurological rehabilitation
- Diabetes
- Paediatric Diabetes

The review found no major concerns. There was praise for the paediatric diabetes service and the community COPD services as well as the heart failure team and the neurophysiology service.

There were opportunities for improvement including better integration and coordination of services for people with neurological conditions. This is being addressed by the Commissioners.

The full report is on the WMQRS website and there is a link from the Trust's website to that report.

**3.6 Complaints**

The Committee was pleased to learn that the wards were now aware of their rank in terms of complaints and compliments received.

**3.7 Committee Evaluation**

The Committee received a summary of the recent evaluation which was generally positive. Two main areas of action are being taken forward, one relating to the quality of the papers and the second about early identification of risks.

**3.8 Committee reports:**

The IGC received reports from the following committees:

- Patient Safety Committee
- Trust Infection, Prevention and Control Committee

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- Medicine Safety Committee
- Information Governance Committee

**4 Recommendation**

The Board is asked to:

- Accept the assurance provided and note the work of the Committee.

Prof Julian Bion

**Associate Non-Executive Director**