

Date of Trust Board: 26 February 2014

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REPORT TO TRUST BOARD

NAME/TITLE OF DIRECTOR	Professor Julian Bion, Associate Non-Executive Director
AUTHOR OF REPORT	Kimara Sharpe, Company Secretary
SUBJECT	Quality Governance Committee

EXECUTIVE SUMMARY/KEY POINTS

This paper provides the Board with the key achievements, issues, and risks discussed at the Quality Governance Committee on 13 February 2014.

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

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

APPROVAL PROCESS

Paper approved/meeting: By email	Date 19.2.14
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WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST

REPORT TO PUBLIC TRUST BOARD – 26 FEBRUARY 2014

1. Background

- 1.1 This report provides the Board with key quality issues and risks discussed at the Committee's meeting held on 13 February 2014.

2. Purpose of the Report

- 2.1 This report provides the Board with assurance on matters related to patient safety and care quality. The QGC 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. Areas discussed

3.1 Weekend-Weekday mortality

An extensive analysis of mortality rates was presented by the Associate Medical Director for Patient Safety. He reported that the overall HSMR between April 2012 & November 2013 is higher than expected at 105.2 with no difference between sites. The relative risk for **weekday** admissions although higher than the average of 100 is within expected normal limits. There is no site difference and no significant difference between elective and emergency admissions. The trend for 2013/14 is one of improvement. The relative risk for **weekend** admissions is higher than expected between April 2012 & November 2013. However the trend is one of improvement and for 2013/14 the value is within expected normal limits. The apparent site difference for weekend elective admissions is likely due to recording/coding errors.

The Committee discussed the issues of coding and were not assured that the Trust was addressing the issues in full. It was agreed that further work was required around this and the Chair of the Committee will take this forward with the Director of Resources.

3.2 Chronic Conditions - coding

The Committee received a comprehensive report in relation to coding of chronic conditions. The actions being undertaken were described including clinical decision support through the use of auto-populated lists from previous admissions or clinic appointments. The system is currently being trialled in out patients. The project manager gave an outline of timescales and the roll out which is programmed for early summer. He also described the governance around the project and the involvement of junior doctors.

The Committee were assured on the actions being taken on the coding of chronic diseases.

3.3 Safe Patient Group- report

The CMO presented the first report from the subcommittee. The report covered:

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- Emergency surgery at the Alexandra Hospital
- Mortality
- Serious Incidents
- Never Events
- Patient safety alerts
- Clinical Risk Register
- Patient Falls
- Medicines Safety Committee
- Resuscitation and Deteriorating Patient Committee

A series of reviews of patient notes have been started with a completion date of the end of March. These reviews have been commenced due to higher than predicted mortality rates in certain specialities.

The CMO described the system he has put in place in respect of learning from serious incidents through the Divisions and he will provide further reports in the future.

The Committee were assured on further work being undertaken on air/oxygen flow meters, in particular the clinical engagement. NHS England has reinstated the issuing of patient safety alerts and the Safe Patient Group will be overseeing the necessary actions. The Committee was also assured on the management of the Clinical Risk Register, through the divisions. The Safe Patient Group also received a presentation on falls and the continuing excellent work being undertaken by the Nursing Directorate. Benchmarking with similar Trusts is being undertaken. Information from the NPSA (NRLS) shows that the mean rate of falls reported for Acute Trusts is 5.4 per 1000 bed days. This Trust's rate was 5.32. However, there is some uncertainty as to the reliability of this comparison due to differences in patient population, reporting and classification of falls.

The Committee was also assured that there was currently a review being undertaken of the support to divisions in respect of staff support for clinical governance activities.

3.4 Quality at the Alexandra General Hospital – Acute Surgery Review

The CMO reported that the external validation in particular the Royal College, is in support of the changes being implemented at the Alexandra Hospital in respect of seriously ill surgical patients. There were five transfers from the Alex during week commencing 3 February and the systems in place coped with the transfers. The task and finish group continues to meet weekly to oversee the changes.

The Committee was assured with the actions being undertaken.

3.5 Quality Account

The Committee received a report and debated the content of the Quality Account 2013/14. A draft of the QA will be discussed at the May meeting.

3.6 Quality Metrics

The Committee considered the Trust Performance Metrics and expressed concern about the length of time that a person with a fractured neck of femur

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took to get to theatre. There were also differences in local and national reporting metrics for this diagnostic group which required resolution. The Associate Medical Director for Revalidation, Leadership and Audit is taking this forward and will report back to the Committee in April 2014.

3.7 Patient Experience Committee

The CNO reported on the first meeting of the refreshed Patient Experience Committee. It was agreed that Adult and Children's Safeguarding Committees would report directly to the QGC.

Areas reported on included:

- Patient, Public and Carer Experience Strategy
- Patient and Public Involvement Forum (PPIF)
- Friends and Family
- Complaints

The Committee received an update on the task and finish group for complaints. The draft flow chart was presented which is for further discussion with the Divisions. The PPIF will start to receive information in respect of complaints imminently. The Committee discussed the Action Plan and it was agreed to include 'blocks for response'.

Divisions will report quarterly to the Committee and will include how lessons are being learnt.

3.8 Research and Development

The Committee received a report which indicated a variety of research and development activities were being undertaken within the Trust. Accruals to clinical research projects were being maintained. Additionally work is being undertaken with the local networks. The role for R&D lead will be advertised in the next four weeks.

3.9 Clinical Effectiveness Committee

The Associate Medical Director reported on the national audit activity within the Trust, the National Emergency Laparotomy Audit and the Falls & Fragility fracture audit. She reported on the review of resources supporting the Audit function at Divisional level. The Committee complimented the AMD on the report and the activity of the 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