

Date of Trust Board: 26 March 2014

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REPORT TO TRUST BOARD

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

EXECUTIVE SUMMARY/KEY POINTS

This paper provides the Board with the key achievements, issues, and risks discussed at the Quality Governance Committee on 13 March 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.3.14
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WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST

REPORT TO PUBLIC TRUST BOARD – 26 MARCH 2014

1. Background

- 1.1 This report provides the Board with key quality issues and risks discussed at the QGC's meeting held on 13 March 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 Safe Patient Group

The QGC commended Trust staff on the attendance at the Human Factor training undertaken earlier in the month. It was reported that the first half-day course was filled to capacity by 140 clinicians, and evaluations were excellent. The course will be rolled out across the Trust.

Concern was expressed in relation to the lack of achievement of the CQUIN for routine screening for dementia. It was clarified that the screening was undertaken by doctors as part of a national screening tool. The Chief Nursing Officer reported that she is looking at best practice in other Trusts. The Committee **recommended** that the Trust establish a working group (including trainee doctors) to develop a common admissions document which would contain all mandatory screening tools and permit a standardised approach to admissions clerking, including documentation of chronic conditions.

The QGC received a report on serious incidents and never events. Concern was expressed over the amount of time it was taking to close investigations into serious incidents. Members accepted the need for more effective support at Divisional level for clinicians to enable them to produce timely reports. The Chief Nursing Officer explained that the currently variable support between Divisions would be reviewed at the next TMC. The Committee agreed that a priority should be to reduce the number of open SIs after 45 days in the next few months.

There was concern expressed about the lack of a system to routinely learn from serious incidents and the Chief Medical Officer described the Trust's approach to this area of work. The Committee agreed to receive a further report in six months' time.

The Committee also received a detailed report on HSMR. Whilst the HSMR for April to December has increased to 108.1, compared to a value of 101.2 in the same period last year, the significance of this difference and the implications for quality of care are uncertain. Current evidence did not support a direct link between SMRs and quality of care. Targeted case record reviews will be

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report to the QGC in May 2014. The Associate Medical Director (Patient Safety) also reported that outcomes for seriously ill surgical patients were monitored continuously, and the HSMR was low in this group of patients. The Trust was also participating in the EPOCH study (www.epochtrial.org) The Committee commended the Trust on this.

3.4 Trust-wide Infection, Prevention and Control Committee

The Chief Nursing Officer reported that the Trust has been nominated by the Trust Development Authority as an example of good practice in this area. She also noted that the C Diff trajectory for 2014/15 is 41. The Committee welcomed positive verbal feedback following the CQC visit on March 6th.

The QGC noted that the Estates team has employed an independent person to audit cleanliness. This was in response to the previously expressed concerns about differences between cleanliness as reported in patient satisfaction surveys and the audits undertaken by the Estates staff.

3.5 Quality Account (QA)

The Committee received a report on the suggested indicators which will be covered in the QA. There was a discussion about the content of the report which will be presented to the Trust Board for approval in June.

3.6 Quality Metrics

The QGC expressed concern about the number falls reported as resulting in serious harm. The metrics around complaints remain poor and will be a focus for the committee next month.

In respect of the coding of chronic conditions, the QGC were assured that the new IT system was being rolled out to all areas by August.

Cancer metrics were reviewed with the Deputy Director of Operations. The recent deterioration in performance is described in a parallel report to the Board by the QGC, which includes multifaceted interventions to improve support to Cancer services. At this stage there does not appear to be a risk to patients. Several interventions were described to the Committee to review the services. The Committee expressed concern that the Commissioners were not given prior warning by NHS England of national Public Health awareness campaigns, as these needed planning for the increase in workload.

3.7 Quality Strategy

The draft Quality Strategy was presented to the Committee by the Chief Nursing Officer. Several amendments were suggested. The CCG representative welcomed the development of the strategy, which was endorsed by the QGC subject to amendments.

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 and QGC Chair