

Date of Trust Board: 29 January 2014

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REPORT TO TRUST BOARD

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| 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 14 January 2014.

STRATEGIC PRIORITIES (✓)

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| 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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Date of Trust Board: 29 January 2014

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IMPLICATIONS

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| 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

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| Paper approved/meeting: By email/EMT | Date 14-1-14/21-1-14 |
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Date of Trust Board: 29 January 2014

Enc M

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST

REPORT TO PUBLIC TRUST BOARD – 29 JANUARY 2014

1. Background

- 1.1 This report provides the Board with key quality issues and risks discussed at the Committee's meeting held on 14 January 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.

This was the first meeting of the newly constructed Quality Governance Committee which has taken over the work of the Integrated Governance Committee.

3. Areas discussed

3.1 Human factors training

The Committee endorsed the provision of Human Factors Training for clinicians, initially using a company called Terema. The Chair will also seek advice on suitable providers from Dr Mike Durkin, national Clinical Director for Patient Safety. The Divisional Director for Women's and Children's reported a very positive experience with Terema.

3.2 Terms of reference

The terms of reference were agreed with minor amendments and are appended to this report, for the Board to endorse. The Committee recognised that the operation of the Committee will change with more reports coming to the Committee via subcommittees. It was agreed that the working would be revised later this year.

3.3 Children's Governance

The Divisional Medical Director for Women and Children presented a summary report in preparation for a review of Children's services in May from the West Midlands Quality Review Service as well as looking at good practice with the management of children attending hospital. There was acknowledgement that there needed to be a trust wide coordination group for children with authority to ensure change in practice. It was agreed that the new governance structure will support the need for such a group and the Chief Nurse is taking this forward. It was agreed that the group will report to the Trust Management Committee.

3.4 Alexandra Hospital quality of care

The Trust has received the draft Royal College of Paediatrics and Child Health report on patient safety concerns, workforce and sustainability. The Committee received assurance that the College did not take the view that the Trust Board should act immediately to take action concerning patient safety on either site.

Date of Trust Board: 29 January 2014

Enc M

The report acknowledges that there are differences between practices on sites (e.g. caesarean section rate) but these did not constitute immediate patient safety concern. The report concluded that the reconfiguration to one unit was a pragmatic and sensible way forward. The finalised report will be available in the next few weeks.

3.5 Quality Dashboard

The Committee received the unvalidated quality dashboard. In summary, the Chief Nurse reported the following:

- There has been a reduction in hospital acquired pressure ulcers.
- The closure of serious incidents has improved
- The VTE target was achieved for December
- There was a slight increase in falls
- There continued to be improvement in MRSA screening in emergency admissions
- The Trust is below trajectory for C Diff (30 cases, trajectory 36)

The Chief Nurse then reported that there had been a Norovirus outbreak over the previous weekend. She stated that she would report further at the Board meeting.

Concern was expressed by members on the continued poor performance on coding for long term conditions. This could have adverse consequences for quality and safety, for hospital risk adjustment, and for commissioning. The Trust has been asked to investigate why it is taking so long to provide within the electronic patient record a system for capturing chronic disease and providing this information for validation at each new hospital episode. A report will be brought back to the Committee in March.

3.6 Clinical Effectiveness Committee Report

The Committee's terms of reference were approved by the QGC.

Miss Imtiaz reported on the first meeting of the Clinical Effectiveness Committee which confirmed the role and remit of the Committee. She outlined the links she is forming with other key committees, and the new workstreams being developed. She would involve trainee doctors in full audit cycles by planning this work in advance of their attachments to the Trust, working with the new Divisional audit leads. Resources for audit were minimal and this would need to be addressed by the Trust.

3.7 Infection Control report

The Chief Nurse presented an overview of the Trust Infection Prevention and Control committee's work. She assured the Committee that HPV is used when required to clean ward areas.

The County Wide Infection Prevention Control Forum met on 4th December 2013. The commissioners expressed congratulations for the current position in relation to HCAI. The Worcestershire Health and Social Care Infection Prevention Strategy has been circulated for agreement prior to ratification at the next meeting of the forum in February 2014. The aim of the strategy is to

Date of Trust Board: 29 January 2014

Enc M

ensure that effective infection prevention and control systems are embedded and to develop a committed approach to learning that will ensure all providers of health and social care in Worcestershire continue to improve the safety and quality of the care they deliver. The strategy's five objectives are based on the NICE Guidance Prevention and Control of Infection – quality improvement guide. (DH 2011).

4 Recommendation

The Board is asked to:

- Endorse the terms of reference
- Accept the assurance provided and note the work of the Committee.

Prof Julian Bion

Associate Non-Executive Director