

Date of Trust Board: 30 April 2014

Enc M

REPORT TO PUBLIC 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 16 April 2014.

STRATEGIC PRIORITIES (v)

1	Deliver safe, high quality, compassionate patient care	✓
2	Design healthcare around the needs of our patients with our partners	✓
3	Invest and realise the full potential of our staff providing personalised and compassionate care	
4	Ensure the Trust is financially viable and makes the best use of resources for our patients	
5	Develop and sustain our business	

RECOMMENDATION

The Board is asked to:

- Note the work of the Committee and the assurance contained within this report
- Note the excellent work of Dr Young and colleagues in respect of the care of patients at risk from a hypoglycaemic attack and thank him for that work
- Note the excellent analytical work undertaken in respect of patients presenting with a fractured neck of femur.

BOARD ACTION REQUIRED (v)

	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 28-4-14
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WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST

REPORT TO PUBLIC TRUST BOARD – 30 APRIL 2014

1. Background

This report provides the Board with key quality issues and risks discussed at the QGC's meeting held on 16 April 2014.

2. Purpose of the Report

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 Cancer board update

The Chair of the Cancer board, Mr Adel Makar attended the Committee to give an update on the work of the Cancer Board. He reported the Cancer teams were looking forward to the opening of the new Oncology Centre at Worcestershire Royal Hospital in 2015. This development was set to transform cancer care in the county. It would enable many more patients to be treated locally rather than being transferred out of county for complex cancer care.

Mr Makar went on to explain that excellent progress had been made with the implementation of countrywide multidisciplinary team meetings (MDT). He was confident that all areas would be holding these meetings by the end of December 2014.

He explained that the recent Peer Review Visit had recommended that within the haematology service the ratio of nurses needed to be higher than it was in Worcestershire. Mr Makar felt that the Trust had undertaken a risk assessment on this issue and he was confident that the current ratio posed no patient safety risk.

Detailed discussion took place concerning the cancer metrics which had demonstrated a transient deterioration at the end of 2013/14. The reasons for the delays in treatment for colorectal patients were complex and the Chief Medical Officer agreed that the capacity at the Worcestershire Royal was a factor, requiring difficult decisions at an individual patient level until reconfiguration of Trust-wide services was complete. Other potential causes for delays in treatment had been identified and were either resolved or were

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subject to corrective action.

Finally Mr Makar stated that the duties and workload of the MDT coordinators was changing, focussing on the contribution to national audits and taking a more proactive role as patient pathway monitors. He assured the Committee that working countywide was beneficial for the coordinators.

The Committee agreed to receive a verbal update report from Mr Makar in three months' time.

3.2 Litigation Annual Report

The Committee received the Litigation Annual report from the Head of Legal Services. The Committee focussed on using claims as an instrument for improving practice; it was agreed that claims could provide the Trust with an instrument for organisational reflective learning, but the often long gap between events, claims and outcomes limited this to generic rather than specific learning. One third of claims had also been investigated as a complaint, one third as incident reports, and one third were not preceded by a complaint or serious incident report.

3.3 Safe Patient Group

The Committee were informed that the Safe Patient Group (SPG) had asked for more details in respect of actions being taken as a result of never events. Additionally the Committee heard that the rolling mortality reviews had identified comorbidity as an important but under-reported or under-represented cause of deaths. Additionally, deaths occurring in community hospitals following discharge from the acute hospital continued to be coded (attributed) to the acute Trust. There continued to be an issue with the identification of patients at end of life and coding for palliative care.

The Committee also heard that there were problems with the closure of serious incidents within 45 days. This was particularly prevalent within the medical directorate. The Committee heard that this directorate had met with the Women and Children Directorate which had a defined and very successful process. The Chief Nursing Officer outlined the actions that have been put into place recently including the quarterly performance reviews, training and raising awareness.

3.4 Hypoglycaemia

The Committee had invited the lead diabetologist, Dr James Young, to present in respect of managing hypoglycaemia. He outlined a number of areas that he was working and had made progress on. In particular, he outlined the work that the specialist nurses had undertaken with the general nurses on the wards. He felt that this was a major contributory factor in the care of diabetic

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patients. He reported that approximately 50% of insulin dependent patients administered their own insulin. He also outlined the national audit work he was involved in and the work undertaken to present research nationally. An example of this work is appended to this report.

The Committee commended the approach that Dr Young and his colleagues were undertaking and full assurance can be given to the Board on the management of hypoglycaemia.

3.5 Patient Experience Committee

The Chief Nurse reported on several work streams. However the Committee remained concerned about the lack of progress on the timely response to complaints, including a recent complaint in which the Trust Chairman had taken action but which did not appear to have been followed up promptly. The QGC Chair will review this specific case with the QGC Patient Representative and others to understand the process in more depth by following this specific complaint pathway and reporting back to the Trust Chairman directly.

The Clinical Commissioning Group representative reported that the Friends and Family pilot across the stroke pathway was progressing well and she praised the staff within the Trust.

3.6 Clinical Effectiveness Committee

The Associate Medical Director (AMD), Learning, Revalidation and Audit reported on the progress she is making with this area of work. She is pleased with the general engagement of clinicians and the resources issue has been addressed.

The Committee received an analysis from the AMD of delays in timely surgery for patients admitted with a fractured neck of femur. This metric remains well-below target. The AMD had the current problem, the scientific literature, and had explored barriers to timely care with the teams involved. She had then contacted neighbouring trusts with better performance to determine what interventions and processes they had found most helpful. She had a number of recommendations which were all being taken forward. The Committee commended her for an exemplary report.

3.7 Issues referred from the Trust Board

The Committee considered patient safety in A&E and were assured in respect of the measures being taken. The action plan with respect to the Royal College review will be updated quarterly and presented to the Committee.

4 Recommendation

The Board is requested to:

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Professor Julian Bion

Chair – Quality Governance Committee