Trust Board Meeting: Wednesday 11 September 2013

TB2013.112

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<td>Board Lead(s)</td>
<td>Mr Peter Ward, Committee Vice-Chairman</td>
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1. Introduction

The Quality Committee met on 14 August 2013. The main issues raised and discussed at the meeting are set out below.

2. Significant issues of interest to the Board

The following issues of interest have been highlighted for the Trust Board:

2.1. The Committee considered the process in place to review mortality data within the Trust. It was recognised that the process needed to be adopted and embedded across the Trust and the Committee asked for an update on the action plan in October 2013.

2.2. The Committee received a patient story about the experience of a user of the dialysis service. The Committee welcomed the very positive story and praised the staff for their contribution to the high quality care that was being delivered. The story highlighted the importance of positive relationships between staff and patients, particularly those with long term conditions.

2.3. An update was provided on the Keogh Review which highlighted the need for a greater focus on the quality of data and data analysis. The role of a peer review inspection regime was flagged as an important mechanism for identifying areas for improvement.

2.4. The Committee received an update on a Never Event which had occurred in the Respiratory day case unit. This involved the patient having a Thoracoscopy on the incorrect side. The patient suffered no significant harm and subsequently had the procedure undertaken on the correct side. The full report would be presented to the Committee once completed.

2.5. The Committee discussed how the Trust had aligned workforce planning with the business planning processes. This included how safe levels of staffing were identified and monitored. It was recognised that following the publication of the Francis and Keogh reviews that the Trust would need to have a renewed focus on this area and would need to develop real time monitoring of staffing levels on a shift by shift basis. Given the importance of this issue it was agreed to hold a Trust Board seminar, with the Divisional Directors, to discuss how best to develop the system.

3. Key Risks Discussed

The following risks were discussed:

3.1. The incidence of pressure ulcers and the action plan to reduce this was discussed. There had been a focus on the quality of the data collected to ensure this was accurate and mirrored that reported externally. Root cause analysis was being undertaken by the MARS division on all category 2 pressure ulcers and this approach would be rolled out across the Trust, with the aim of informing the plan to continue to reduce the incidence levels.

3.2. An update on the risk assessment of CIP schemes was received for 2012/13 and for 2013/14. The forward look for the 2013/14 CIP schemes had identified that risks related to the potential for increased complaints and decreased staff satisfaction had been noted against a number of schemes.
Key performance indicators had been developed for these schemes to monitor their impact so mitigations could be enacted if required.

3.3. The Committee considered the progress to mitigate the risks identified in relation to staffing in maternity. The risk had been identified earlier in the year and had been rated at 20 on the Corporate Risk Register. The update to the Committee described how the risk had been mitigated through the development of a business case to increase staffing levels and the subsequent recruitment to the required posts. It was recognised that whilst recruitment had not been completed to all the posts that good progress had been made and the risk to the Trust had been reduced.

4. **Key decisions taken**

The following key decisions were made:

4.1. The Committee approved the Director of Infection Prevention and Control (DIPC) Annual Report, noting that there had been improvements in antibiotic prescribing which had supported reductions in the incidence of Clostridium difficile and MRSA;

4.2. The Committee agreed its cycle of business for 2013/14;

5. **Agreed Key Actions**

The Committee agreed actions relation to:

5.1. The presentation of more balanced patient stories to future meetings;

5.2. The presentation to the Trust Board of a response to the Francis, Keogh and Berwick Reviews in September 2013;

6. **Future Business**

The Committee will be focusing on the following areas in the next three months:

- Review progress to deliver the Quality Account priorities;
- Consider the report from the Never Event (Thoracoscopy);
- Review the reporting and management of SIRI’s;
- Review the process for the revalidation of doctors;
- Consider the progress to mitigate the Risk 3.6 - Failure of accurate reporting & data quality of mortality information for discharged patients due to EPR

7. **Recommendation**

The Trust Board is asked to note the contents of this paper;

Peter Ward  
Quality Committee Vice-Chairman  
August 2013