

Board of Directors' Meeting Report – October 29th 2014

Agenda item 325/14

Title	Quality Assurance Committee Report
Sponsoring Director	Fred Heddell NED
Author	Fred Heddell, Chair Quality Assurance Committee
Purpose	To provide assurance concerning the QAC's fulfilment of its TOR duties and objectives as an assurance sub-committee of the Board of Directors.
Previously considered at	Not applicable
Executive Summary The Quality Assurance Committee assures the Board that there is an effective system of risk management and internal control across the clinical activities of the organisation that support the organisations objectives and the Trust's ability to provide excellent care by excellent people. This report provides the Board with an update.	
Related Trust Objective	Patient Focus- Keep getting better Staff-Feel proud to work here and keep getting better Partnership-our hospital/our community Research, Education & Innovation – investing in the future
Related Risk	BAF Risk - Do we know what our patients really think (or want)? BAF Risk - Patient Safety, experience & outcomes compromised BAF Risk - Failure to deliver safe patient care as staff not attending Statutory Mandatory Training BAF Risk - Disengaged workforce Non-compliance with CQC outcome requirements which may result in enforcement action causing reputation damage and loss to the Trust.
Legal implications / regulatory requirements	Assurance of our standards for regulatory bodies as set out in the QAC TOR.
Quality assessment impact	Not applicable

Equality assessment	impact	Equality and Diversity has been considered throughout the QAC agenda and steps are being taken to ensure that issues are embedded in all quality considerations. In addition specific proposals are made to the Exec Team. However, as far as can be considered this paper has no detrimental impact for the 9 protected characteristics under the Equality Act 2010
Recommendations: The Board is asked to note this report and receive assurance and information therefrom.		

Quality Assurance Committee October 2014 Board Report

Assurance

Serious Incidents and Never Events –

The trend towards increased reporting continues. 8 new serious incidents had been reported since the last meeting, all are being investigated and immediate actions were noted. 6 serious incidents on the list had now been closed and the lessons from the reports had been disseminated to relevant parties. QAC asked that changes in processes and procedures which resulted from the learning should be highlighted.

Mortality and Morbidity Review Group

The introduction of the CRAB system which will give up to date information on the performance of both departments and individual clinicians was reported. It was agreed that the group would continue to report in detail to QAC and focus particularly on any specialisms where we might be an outlier. It was suggested that the level of reporting to Board would need to be discussed by the Board but it was proposed that detailed reports should come to QAC with summaries to the Board via the QAC report. It was recognised that although the use of the system is still very new it is already showing trends which need to be monitored. An early example is the low level of Critical Care beds which could be leading to higher mortality rates and higher costs on other wards. As a result of the CRAB analysis it has been proposed to increase the Critical care beds from 15 to 20.

QAC was assured by the timeliness, the level of detail and the accuracy which will gradually become available.

Supervisors of Midwives Annual Report.

The report showed that although our ratio of Supervisor Midwives has been lower than recommended for most of the year all the necessary standards had been achieved. It was also reported that the ratio had recently improved because extra Supervisors had completed their training. During 2013/14 at 3,794 the number of births dealt with was very similar to previous years.

Complaints Quarter 2 Report

The Trust has achieved 80% compliance with the target of responding to complaints within the agreed timescale which is below the trust target of 85%. Business units who are slow are being pressurised to deal with complaints more quickly. Overall the Committee was assured that complaints are dealt with well and lessons learnt though it would like to see a higher proportion dealt with in the agreed timescales.

VTE Compliance

Compliance with screening targets is now mostly on target.

To Note

Medical Records

It was reported that the new racking system had been installed and was now being populated though it will take some time to fully complete the process.

Clinical Audit

QAC was very concerned by the difficulties being experienced by the Clinical Audit manager in implementing his programme. It seemed that too much time is being taken up with following up routine audits which are not being completed by junior doctors and not enough time available for the valuable CQC style audits. It was suggested that the whole process of clinical audit should be reviewed by the Exec team so that it could be streamlined to concentrate on priorities. The Associate Director of Nursing agreed to discuss this with the Execs and report back.

BAF

Risks 1 and 2 were considered and referred back to the Execs concerned for further revision and better definition of the mitigating actions being taken.

Sickness Absence and Return to Work Interviews.

A review which had sampled performance in 14 work areas showed a clear correlation between good return to work interviews and low sickness levels. The learning from the review is to be disseminated throughout the Hospital and all departments encouraged to conduct a short return to work interview with all staff on return. A further review will be undertaken in due course.

Equality and Diversity

It was noted that a recent E & D committee meeting had been very positive and a number of enthusiastic proposals been made. A common theme throughout all the discussions was that the culture of the hospital needs to be improved along with better understanding. Among the suggestions are a BME awareness day which had been arranged for the 21st October and the suggestion that a session on sexual orientation and the effect in the workplace be included in a Board development day.

STAM and Performance Appraisals

It was noted that current levels of compliance are 75.2% against 64% at this time last year. QAC noted the significant improvement but also noted that we remain behind the 85% target. Steps to continue the improvement were noted.

Child Safeguarding figures

The figures available for the training were not up to date but still showed that we had not reached the required levels. It was hoped that the data due on the 20th October would show that 85% of staff had been trained.

Fred Heddell

October 20th 2014