

Part 1 Agenda item 3iii

Report to:	Board of Directors	Date: 6th December 2018
Report from:	Chair of the Quality & Risk Committee	
Principal Objective/ Strategy and Title	GOVERNANCE: To update the Board on discussions at the Quality & Risk Committee meeting dated 20th November 2018	
Board Assurance Framework Entries		
Regulatory Requirement		
Equality Considerations	Equality has been considered but none believed to apply	
Key Risks	Non-compliance resulting in financial penalties	
For:	Information	

Chairman's Report Part 1

1. The Trust continues to provide safe and high quality care as judged from the leading indicators that we monitor: medication incidents, patient falls and pressure ulcers. This achievement is not to be underestimated given the problems that we have had with nurse staffing. Staff are to be congratulated.
2. Within the Quality Reports I have noticed VTEs to show a slight upward trend over the last few months. The Chief Nurse will look into this but at present we need not be too concerned.
3. A significant item of discussion was around Mortality Case Record Reviews, in particular the Rapid Case Review (RCR). It seemed that given the excellent reporting culture within the Trust, this RCR process was yet another burden on the staff, but it was now mandated as an integral part of the review process required after hospital deaths. The figure of 17 of completed reviews out of 76 deaths between 1 April and 23 October this year did not show the Trust up in a good light but in fact, through other processes, most if not all of them had been placed under scrutiny in one form or another. The figure therefore belies the actual scrutiny of hospital deaths. I have suggested that in the report we should include all the deaths that had been reviewed not just those undertaken by the RCR process.
4. We heard from Mr David Jenkins about the new prioritisation criteria that had been approved by surgeons for the elective urgent waiting list. Until this point different surgeons were working under different criteria. The standardisation will help both

the RTT position and improve the use of beds. I have asked for a baseline audit, for KPIs to be developed and for a repeat audit in 6 months so that we can determine that improvement has in fact occurred.

5. Once again I draw to the Board's attention the very high quality of the Serious Incident Executive Reviews. They are thorough and thoughtful and the Trust should be proud of how teams undertake this very important activity.
6. A draft Quality Strategy was presented. This appeared to me to have included all the main elements required of the Trust. I have asked that the progress on the positive aspects of embedding quality and safety into all the Trust's structure, organisation and processes should be the subject of a twice yearly discussion at the Board. This is to complement our monthly scrutiny of quality through PIPR which by and large seeks to look at the negative aspect of safety and quality.

Chairman's Report Part 2

1. I reported at the last meeting in September of our concerns about the Radiology service. At the recent mock CQC inspection further concerns were raised over internal organisational structure, including hidden backlogs of reporting.
2. I have therefore at this meeting agreed with the Medical Director that there should be a formal review of the service and that the Board should be given a report on the review procedure and be provided with a regular update on this matter.

Ron Zimmern
Chair of the Quality & Risk Committee
30th November 2018

Recommendation

The Board of Directors is asked to note the contents of this report.