

Report to:	Public Board of Directors	Agenda item:	11
Date of Meeting:	6 March 2024		
Title of Report:	Alert, Advise and Assure Report from the Quality Governance Committee		
Status:	For discussion		
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Key Discussion Points and Matters to be escalated from the meetings held on 18th January 2024 and 21st February 2024.

ALERT: Alert to matters that require the board's attention or action, e.g. non-compliance, safety or a threat to the Trust's strategy

- None

ADVISE: Advise of areas of ongoing monitoring or development or where there is negative assurance

January

- The Committee received a paper from the Deputy Chief Medical Officer which described the hospital's review of the waiting list and quality impact assessments. There were some inconsistencies of the work being done across specialties and it was proposed to move to a different model of contacting people to establish clinical harm. This work would be monitored through the divisional governance processes and return to the Committee in 6 months' time.
- An update was provided to the committee on the progress relating to the regulation 28 action plan. A significant amount of work had been undertaken and this was evident in the key patient safety and quality metrics. Close monitoring is ongoing led by the Divisional Management Team.

February

- Committee members received a presentation on the Patient Safety Incident Response Plan (PSIRP) which describes the way in which the Trust intends to respond to patient safety events from April 2024 to April 2025. The Committee would continue to monitor the progress of the implementation of PSIRF and recognised the opportunities for the Trust to work differently.
- The number of falls and pressure ulcers were an ongoing area of concern. A mitigating programme of improvement delivery by teams would continue to be monitored by the Committee.
- As part of the Performance Report, the Committee understood that the quality improvement project for Postpartum haemorrhage (PPH) in maternity continued to support a decline in rate.
- The Committee reviewed the Quarter 2 2023-2024 Incident Report. The report detailed that there were three never events during quarter 2. This has previously been reported to the Board of Directors by the Chief Nursing

Officer. All incidents related to wrong-site surgery where an incorrect skin lesion has been removed. All incidents have been reviewed thematically and a number of actions are in place to prevent reoccurrence. An update paper is scheduled to report to the Trust Quality and Safety Group and further assurance will be provided to the Quality Governance Committee in April 2024.

- The Committee received a paper on the Quality Management System (QMS) that outlined the overarching plan to improve governance at the RUH by the introduction of a robust Quality Management System. A review undertaken by Aqua identified a number of high-level themes that would be prioritised and form an integral part of the QMS Implementation Plan. The implementation of a new system would take 12-18 months and the committee discussed the capacity and capability of the divisions to implement a new system which was a risk to delivery. The Committee would continue to receive updates.
- The Committee are aware that there has been updated guidance on decision making and consent nationally. In particular it should be an ongoing process focused on a meaningful dialogue between medical professional and patient. It should be patient focussed and tailored accordingly. Given the recent themes escalated to the committee which might indicate issues with consent processes within the Trust, the Committee suggested an audit of current consent processes in key areas within the RUH which could identify areas of improvement.

ASSURE: Inform the board where positive assurance has been achieved

January

- The Committee received a quarterly update from the Director of Pharmacy focusing on Medicines Management and noted that the Trust continued to see improvement on the rates in terms of barcode scanning.
- The Thrombosis Group would be established in February and would provide oversight regarding VTE risk assessments and hospital acquired thrombosis.
- The Committee received assurance focusing on the actions taken in response to alleged events on Midford Ward in 2023. They noted the actions taken in response, providing assurance that risks had been mitigated and all actions had been closed or now formed part of wider Trust wide initiatives. The Chief Nurse was commended for her close liaison and collaboration with external stakeholders maintained throughout the response. This included the ICB, CQC and Local Authority Safeguarding Team.
- The Committee noted a number of learning points following a recent KPMG audit of the controls for infection control. All actions had been addressed since the audit report was published.
- A revised and updated Patient Experience Strategy (2024-2027) which would set out the Trust's ambitions and key objectives to further improve patient experience at the Trust over the next three years was currently being developed. The strategy would act as a strong foundation to ensure that a

focus on patient experience is at the core of every aspect of our activity in real and measurable ways. The Committee looked forward to receiving the strat

- To strengthen the governance within the Patient Experience Team, a Patient Experience Strategy Group would be established. This would enable a dedicated meeting to address patient experience and ensure a link with other connected workstreams i.e. volunteering, chaplaincy and spiritual care and oversight and assurance of their respective workplans. The Patient Experience Strategy Group would provide a comprehensive report to the Quality Governance Committee quarterly.

February

- The Committee received the risks relating to the Quality Governance Committee and steps being taken to mitigate the risks.
- Improving the overall number and proportion of commercially sponsored clinical trials on the RUH portfolio is a major driver for 2023/24 for the Research and Development Division.
- Committee members noted that the number of litigation claims had reduced with the Trust being lower than the national benchmarking average. Only obstetric claims were higher; discussions with maternity governance leads was taking place and the committee would seek a further update at the next meeting.

RISK: Advise the board which risks were discussed and if any new risks were identified.

- There were no new risks identified.

CELEBRATING OUTSTANDING: Share any practice, innovation or action that the committee considers to be outstanding

- The Committee received an update from the Research and Development Division that highlighted that research led by RUH funded by external research grant awards continued to be a key success, with a significant and growing number of collaborative grant applications being made year on year.
- Five RUH staff and projects shortlisted for the NIHR Clinical Research Network awards during the reporting period. The Trust had two research award winners as follows in regional research awards: Chief PD and Emily Henderson – “Study of the Year”, and HARMONIE trial – “Collaboration in research”.

APPROVALS: Decisions and Approvals made by the Committee

- There were no approvals or decisions made by the Committee.

The Board is asked to NOTE the content of the report.