

<b>Name of Committee/Group:</b>	Quality Governance Assurance Committee	
<b>Report From:</b>	Dr Janet Anderson	
<b>Date:</b>	20 January 2016	
<b>Action Required by receiving committee/group:</b>	<input checked="" type="checkbox"/> For Information <input type="checkbox"/> Decision <input type="checkbox"/> Other	
<b>Aims of Committee:</b> Bullet point aims of the reporting committee (from Terms of Reference)	To review and oversee the management of risk across the Trust.	
<b>Drivers:</b> Are there any links with Care Quality Commission/Health & Safety/NHSLA/Trust Policy/Patient Experience etc.	To receive reports, reviewing and ensuring compliance with national, regional and local standards to ensure high quality service provision and to ensure compliance with regulatory authorities.	
<b>Main Discussion/Action Points:</b> Bullet point the main areas of discussion held at the committee/group meeting which need to be highlighted	<p><b><u>SUMMARY OF SIGNIFICANT ISSUES</u></b></p> <p><b>Integrated Quality and Performance Report December 2015</b></p> <ul style="list-style-type: none"> <li>• Significant increase in ED attendances since new ED opened. 15.63% increase in January 2016 so far compared with January 2015. Ambulance conveyance has increased by 50% from Staffordshire in December 2015. Work on pre-hospital conveyance needed as % admissions have reduced as medical model has had an impact. Pathway for GP referrals has been sent to CCG as has not been clear.</li> <li>• Continuing concern re transfer of care. PWC focusing on 6 wards to identify areas for improvement.</li> <li>• Concern re sickness absence levels and staff turnover, leading to concerns in delivery of services.(BAF –red)</li> <li>• Consent breaches for complaints considerably lower, but delayed response and reopened complaints continues to be an issue, although below average rate compared with other Trusts. FTT still not at desired level.</li> <li>• Overall reduction in PUs especially avoidable.</li> <li>• Number of falls with harm reduced, but further work to be undertaken to ensure risk assessments are carried out on bed rails and falls in patients on day due to go home.</li> <li>• Safety thermometer improved in month but VTE numbers have increased</li> <li>• Midwife to birth ratio good but maternity metrics still need further descriptors. Number of mothers smoking at delivery considerably increased in December.</li> </ul> <p><b>Board Assurance Framework and Trust Risk Register</b></p> <ul style="list-style-type: none"> <li>• Long discussion on how the BAF indicators (managed risks) are helping to achieve our six strategic objectives. Format still difficult to navigate. More work to be done on its framework to ensure that Trust is on course</li> <li>• 3 red risks remain on BAF.</li> <li>• Staff shortages, turn over and sickness absence a concern (SR1)</li> <li>• Suggest convert SR 12 under COO.</li> <li>• TRR has a new red risk escalated from Divisions concerning the possibility of reduced quality of care due to reduced manpower.</li> <li>• Second red risk (4161) also concerning shortage of qualified nurses.</li> </ul>	

	<p>A second visit to the Philippines planned end of January 2016.</p> <ul style="list-style-type: none"> <li>• Three risks downgraded (2780, 3431, 4101)</li> <li>• A new risk around the paediatric diabetes service not meeting its 14 mandatory criteria due to insufficient staff. Potential financial loss of £400,000.</li> <li>• 4163 --concern for patients with acute renal failure to receive timely treatment due to inability to admit to specialist wards and lack of available beds elsewhere. To be critically reviewed.</li> </ul> <p><b>Patient Safety Improvement Group (November &amp; December 2015)</b></p> <ul style="list-style-type: none"> <li>• New role for 2 non-registered staff to administer influenza vaccines</li> <li>• Internal audit rated Trust red for evidence of closure of actions around SUIs. Relates to lack of assurance and wider learning from these events.</li> <li>• Deteriorating Patient Group has new chair—Dr Yat Li, Sepsis group to be aligned to this group.</li> <li>• Problems perceived with the speed of new Vitalpac upgrade potentially leading to incomplete VTE assessments.</li> </ul> <p><b>Quality Standards Action Group ( November &amp; December 2015)</b></p> <ul style="list-style-type: none"> <li>• Action plan developed following RCA into attempted suicide in line with the National Report into Suicide and Homicide.</li> <li>• Further action plans around dying with dignity after benchmarking against the Ombudsman Report had revealed some areas of poor care which are being addressed.</li> <li>• Positive internal quality review of A14 (CQC type visit) resulted in recommendations to drive up the quality of care further and viewed favourably. Similar visits have been made to Sexual Health/ GUM/Fowler centre and Ward 2 at West Park</li> <li>• Concerns that RWT's submissions to the TARN database were incomplete following Trauma review by WM Trauma network.</li> <li>• MBRACE report reported that the review of perinatal data identified that the adjusted neonatal mortality rate is 10% higher than the national mean. However all deaths are fully investigated and are externally reviewed by the Network. This report is to be discussed at the next Mortality meeting.</li> </ul> <p><b>CLIP Meeting update</b></p> <ul style="list-style-type: none"> <li>• This report was discussed at PSIG in December but will now be received at QGAC quarterly in future.</li> <li>• Highlighted need to address trends seen within medication incidents and improved lessons to be learnt from SUI RCAs.</li> </ul> <p>In period July to September increasing Clinical negligence claims, decrease in personal injury claims and increase in new inquests. Late diagnosis of test results has improved. These are to be taken forward by new Patient Experience Lead.</p>
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<b>Action point:</b>	
<b>Risks Identified:</b>	
<b>Include Risk Grade (categorisation matrix/Datix number)</b>	