

**APPENDIX 2 – ASSURANCE/ESCALATION Report template [SUB COMMITTEE > TRUST BOARD]**

<b>PREPARED BY</b>	Chairman of Quality Governance Assurance Group	
<b>DATE PREPARED</b>	1 <sup>st</sup> October 2013	
<b>SUBJECT</b>	Chairman’s Summary Report	
<b>PURPOSE</b>	To provide assurance to the Board in relation to all delegated responsibilities of the [QUALITY GOVERNANCE ASSURANCE COMMITTEE]	
<b>STRATEGIC OBJECTIVE</b>		
<b>OVERVIEW OF ASSURANCE THEMES/INDICATORS HIGHLIGHTED IN THE REPORT Please adjust to the report themes/indicators for your committee</b>	CQC STANDARDS	
	NHSLA	
	OTHER REGULATORY STANDARDS eg HSE	
	NATIONAL GUIDANCE/NATIONAL AUDITS	
	EXTERNAL REVIEWS	
	INTERNAL REVIEWS	
	CLINICAL OUTCOMES	x
	TRENDS/RECURRENT THEMES	
	CLINICAL EFFECTIVENESS	
BAF/RISK REGISTERS	x	

**1. Current report - Emerging issues for report (summarise issues or information impacting on the area/compliance/indicator)**

Assurance Theme/Indicator	Specific Item/issue Reviewed	Summary of Assurance (internal or External)		Outcome and any on-going risk
		Positive	Negative	
BAF/Risk register	2917 – Potential loss of savings if NHSLA assessment not achieved	Achievement of Level 3 NHSLA assessment .		Achieved Level 3 assessment 50/50 Sept 2013. Risk to be reviewed in context of sustainability.
	1862 – Consent Audit compliance	Achievement of Level 3 assessment for NHSLA		Action following consent audit is to review policy – risk to be reviewed in this context.
	2898 – Patient wait in ambulance off load area to be seen in A&E	Risk states CDU open 24 hours per day.	Walk round results – advised that CDU is open 18 hours	Clarify which is correct and if 18 hours – clarification sought as to what happens for hours that CDU is closed.

Assurance Theme/Indicator	Specific Item/issue Reviewed	Summary of Assurance (internal or External)		Outcome and any on-going risk
		Positive	Negative	
Clinical outcomes	Pressure Ulcers	Pressure Ulcer incident data demonstrates decreasing trend of avoidable PUs	Point prevalence indicator of PU shows slight increase in August 2013 of PUs	
	UTI's	0 (Zero) UTIs in patients with catheters in August.	Increase in CDiff (regionally) in under 65s	IP – tracking back to identify whether any of the positive CDiff patients attended <u>any</u> A&E.
	Neo-Natal Unit	RWT – have HPV'd A&E department.  Good reporting culture of NNU admissions within RWT	Increase in unexpected admissions to NNU	Currently no benchmark available with other trusts.
	Comparative Data (generally)		No comparative data included in the Integrated Quality & Performance Report	Where comparative data is not available consider the value of the indicator, Trust then to agree confidence levels.
	Complaints		Timetable for responding not being met adequately Themes of complaints/PALs concerns not clear from report	
	Friends and Family	[Trust has generally been achieving target response rate and score – check, is this correct?]	Performance across the Trust is patchy	Possibility of failure to achieve targets is real

**Provide Details of further actions for mitigation of above issues/risks:**

Specific item/Issue	Action	Lead	Due Date	Status *
Increase in admissions of full term babies to NNU	<p>Clarification requested around the criteria of babies admitted (i.e. are all babies being ventilated?)</p> <p>During the meeting D Loughton advised that he is the Chairman of the Neonatal Network and he had asked for the standardisation criteria in relation to admission of full term babies to NNU.</p>	<p>C Etches</p> <p>D Loughton</p>		
Opening times of CDU	Clarification of opening hours as disparity between risk register and safety walk round	G Nuttall		
Inclusion of comparative data where possible into the Integrated Quality & Performance Report	Establish resource required, data available and include where possible comparative data.	C Etches		
Themes of complaints/PALs enquiries and where ombudsman complaints are upheld are not clear from the IQPR	Separate report to be provided to QGAC .	C Etches		

Friends and Family	Consider how lessons from well-performing part of the Trust can be disseminated	C Etches		
Response Times for Complaints, as concern expressed to the CQC at their public meeting	Already closely monitored. Some recent glitches. Close watching brief	C Etches		

**Status \***

Action not yet initiated	Action In Progress but not on target or target has expired	Action in progress and on target	Action Completed
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**2. Previous report progress update:**

Specific item/Issue	Action	Lead	Due Date	Status *

**3. Chairman final summary/conclusion/recommendation**

The Committee has now met twice. Some important matters requiring further reports are noted above. As we go forward the Committee will try to focus on key issues of quality, governance and risk more strategically and in greater depth, having due regard to the work already carried out by subcommittees.