The Royal Wolverhampton NHS
NHS Trust

Trust Board

Name of Committee/Group:	Quality Governance Assurance Committee	
Report From:	Dr Janet Anderson	
Date:	22 July 2015	
Action Required by receiving committee/group:	X For Information □ Decision □Other	

Aims of Committee: Bullet point aims of the reporting committee (from Terms of Reference)	To review and oversee the management of risk across the Trust.
Drivers: 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.
Main Discussion/Action Points: Bullet point the main areas of discussion held at the committee/group meeting which need to be highlighted	**SUMMARY OF SIGNIFICANT ISSUES** **Integrated Quality and Performance Report** • Improved response to complaints this month but still problems with getting timely consent to breach. Policy (PHSO) review recommends response time be unified at 30 days. Standards will continue to be monitored by CNO • Cancelled operations met target for quarter 1 • Slight increase in avoidable pressure ulcers. Heel boots now available (Help to Heel campaign) • Falls higher this month. New policy being audited. NHS England being asked to come and review practice. • C. difficile continues over target. Being fully reviewed through IPPG. Ward decanting for deep cleans has begun. • Obstetric directorate being asked to come to October QGAC to discuss numbers of 3rd and 4th degree perineal tears and admission of full term babies to NNU for level 3 care. • Improvement in reaching targets for discharge summaries with further improvements being expected by September **Board Assurance Frame work and Trust Risk Register** • New BAF format continues to be embedded. 3 red risks all being reviewed by F&P as are other risks on the BAF (total 10) • No reds on TRR. • Never Events being monitored at directorate level. • 043051 Noted discharge delays for social care have increased in last 8 months. Further discussions around winter pressures to be discussed. • 042680 Overspend in interpreting services of concern. Alternative management systems to be investigated.

	• 041862 New consent process being rolled out **Patient Safety Improvement Group** • VTE. Change to lead clinician. Recorded compliance remains an issue. Task and Finish group to investigate gaps in assurance where assessment done and treatment given but not documented. • Safer surgical checklists indicate some directorates do not always meet internal target of 100%. Divisions to manage in first instance. • Sharing lessons across the trust triggered by incident or external event being strengthened by a number of methods. **Quality Standards Action Group** • Clwyd Hart report reformatted for Trust use. Improved handling of complaints being rolled • Further work required regarding radiation safety; mandatory training required for all who order X-rays. • CIPOLD report requires urgent action to ensure all staff are able to recognise those with learning disability and /or lack capacity to ensure their clinical needs (and other needs) are fully met. • Internal quality visit to OPD 1 very positive. **Claims & Litigation Report** • Increase in new claims received in last financial year (156 cf 129) however size of organisation has grown considerably during tear. Diagnosis claims highest in ED, O&G highest in Surgery and treatment categories. Lessons learnt from claims are circulated to directorates and divisions. • Increase in personal injury claims mostly slips trips and falls and needle stick injuries mostly from Estates and Facilities. However needle stick have reduced due to change in type of needles used and the 'Sharp's policy' has been reviewed. • Only two coroners inquest resulted in verdicts of neglect (total 19).

Action point:	
Risks Identified: **Include Risk Grade (categorisation matrix/Datix number)**	