

CHAIRMAN'S SUMMARY REPORT

This summary sheet is for completion by the Chair of any committee/group to accompany the minutes required by a trust level committee.

Name of Committee/Group:	Quality Governance Assurance Committee	
Report From:	Rosi Edwards	
Date:	23 November 2016	
Action Required by receiving committee/group:	<input checked="" type="checkbox"/> For Information <input type="checkbox"/> Decision <input type="checkbox"/> 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	<p><u>SUMMARY OF SIGNIFICANT ISSUES</u></p> <p>Integrated Quality and Performance Report</p> <p>Patient experience: cancelled operations much improved compared with October 2015. However RTT incomplete shows deteriorating performance, with orthodontics not the key problem. This could impact on access to STF. ED: shows a decline in performance since September but we are still on the top 25 performers. 53 people waited more than 60 minutes. RCA showed earlier escalation could have enabled better management of the high volume (31 in 2 hours) of ambulances.</p> <p>Emergency admissions via ED a continuing success story and bucking the national trend.</p> <p>Sickness absence: nearly 42% of staff have had the flu jab, well short of our target of 75% by December 2016. Will be raised at clinical directors' meeting.</p> <p>FFT: in maternity there is starting to be better and more consistent level of response, and improvements in division 2.</p> <p>Late observations: raised with matrons and accepted as a priority by Matrons .</p> <p>MRSA bacteraemia - we disagree with CCG over attribution and they are taking it to arbitration.</p> <p>Safeguarding training: we have adopted 95% as compliance threshold for mandatory training hence red rating. Level 4 children training at 50% due to two new starters (out of a cohort of 4).</p> <p>Midwives to birth ratio up to 1:31, but will reduce as new staff take up post in</p>	

November.

BAF/Trust Risk Register

F&P had challenged the scores for SR8&9, and also SR6, currently amber which they thought should be read. Agreed to discuss at Trust Board.

TRR: new red risk 4661 re communication of high risk results and evidence of receipt will stay red until ICE system set up to automate process early 2017/8.

NPSA NRLS Organisational Feedback Report

Agreed that this report gives us useful assurance about our level of reporting of incidents and that we do appear to be capturing the data.

Patient Safety Improvement Group – October

1. Use of NHS Number as Primary Identifier

Meetings had taken place to establish the practicality of using the NHS number as a primary identifier. Significant challenges would arise eg. the cataloguing of current health records should we pursue this format. Resolution not agreed therefore further work to be undertaken outside of PSIG and then to be presented at a future meeting for an agreed way forward.

2. Resuscitation Group

To improve audit results of cardiac arrest trollies, a new system is being trialled and a re-audit in January 2017 will identify its effectiveness. A rollout programme of the new system is currently happening.

3. Ward Performance Report

Reporting of falls data was challenged for accuracy therefore no assurance on this indicator was taken.

Late observations remain a challenge to sustain continuous improvement.

4. Radiology Never Event (S.I.)

This has been under investigation through the RCA process. This was for the injection of the incorrect foot.

5. Off-trial use of Hyperthermic Mitomycin C for BCG high risk non-muscle invasive bladder cancer

An update was received from the surgeon who requested to continue its use even though BCG is now available on license. A new procedure application will be made for its use as an alternative treatment where there is failure to respond to or intolerance to BCG in palliative patients. It was agreed that written consent will be required.

6. Patient Experience and Quality Safety Strategy

Arbitrary milestones (targets) had originally been included in the strategy which are unrealistic. PSIG agreed for a review of the milestones and a further report with this update will be received by PSIG at a future date.

Quality Standards Action Group – October

1. External Reviews

Currently the reports received following external reviews undertaken into services and departments within the Trust are managed through QSAG. A summary of the report with an action plan detailing actions in response to concerns raised is taken through QSAG. An update report regarding progress with respect to external reviews is presented 6 monthly to QSAG. The report presented on the 27th October 2016 was discussed and a revised process for managing external reviews was agreed as follows:

Individual Trust leads will be asked to provide a RAG rating following an external review/visit.

Trust leads will present reports relating to the external reviews to the Divisional Governance Group, confirming actions completed and closed down.

It was agreed that high risk concerns would still be brought to QSAG for confirmation regarding closure of the action.

Lower risk concerns would be managed at divisional level with assurance regarding closure presented through the integrated governance report and the divisional and quality reports.

A quarterly report to QSAG would be provided following this.

Policy will be updated accordingly and the change communicated.

2. Equalities Report (quarterly)

The report presented progress against actions currently outstanding which are being managed and monitored through the Equality Steering Group. A number of actions in the report are no longer required as they have now been superseded and it was agreed that the outstanding actions presented would be reviewed and those no longer required would be removed. Those remaining actions which are required would be prioritised according to RAG rating and legal and statutory requirements. The report would be brought back to QSAG for review.

3. Information Governance Steering Group

This report detailed a number of items. Good progress has been made with managing the IG toolkit domains. Of the 45 requirements the Trust's position is satisfactory and the Trust remains on target to report a satisfactory position at year end.

IG incidents remain a concern with there being continued high level reporting of breaches in confidentiality and to a lesser extent unauthorised access of records. There has been an on-going campaign across the Trust to heighten awareness of IG requirements generally and the high level of reported incidents may partly reflect increased awareness and reporting of incidents. Nevertheless there remains work to be done to ensure knowledge and culture of IG requirements are embedded across the organisation with a reduction in incidents both relating to confidentiality and specifically access of records.

Education, training and awareness will continue to be delivered across the organisation and this will include consequences of failing to conform to Trust policy and in particular the seriousness of deliberate unauthorised access of records.

It was also noted that data protective regulations come into force in May 2018 and the ICO are currently in the process of issuing guidance around this.

Issues for Noting

The national maternity reviews “better births” report – 2016.

This report was presented for noting and whilst the Trust is not compliant with some of the recommendations the trust staffing model is safe and the position presented in the report is not reflective of the Trust services – a position which pertains to many organisations. The group agreed that changing the Trust model may not be sustainable and would require national resource. It was agreed that assurance would be given by the maternity department regarding current practice against recommendations made in the report.

Nurse Accreditation Report

The nursing assessment and accreditation system has been set up to measure the quality of nursing care delivered in inpatient areas, starting April 2016. An internal scoring system has been designed and was presented. The information obtained through accreditation process will be triangulated with quality review visits and other information with reference to quality of care delivered in the inpatient settings.

Academy Steering Group – October

Received the report of 27 September. Mandatory training: to consider what we can do to improve take up.

Trainee nurse associates: we are confident that we will be able to secure 20.

External Reviews Registry Report

We sought further information about actions taken on two long-standing visit reports.

Complaints

Shows good progress with new process. Divisions are increasingly obtaining consent to breach when necessary and those who don't have their systems reviewed

Issues of significance for Audit Committee

Audit of effective of ICE once it has been in place for a period to see if it fills the gaps identified by previous internal audit.

Main Discussion/Action Points: Bullet point the main areas of discussion held at the committee/group meeting which need to be highlighted	
Risks Identified: Include Risk Grade (categorisation matrix/Datix number)	