

**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.*

<b>Name of Committee/Group:</b>	Quality Governance Assurance Committee	
<b>Report From:</b>	Rosi Edwards	
<b>Date:</b>	22 February 2017	
<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</b></p> <p><u>Falls:</u> rate of falls has increased for both acute and community care settings. Ward C24 is the pilot ward for the Falls Colaborative. The revised policy includes an “arm’s length nursing” approach, which has been successful in ward A8 for high risk patients, and involves staff staying at arm’s length whenever such patients are mobilised.</p> <p><u>Complaints:</u> steady reduction in breaches without consent response times. Future reports will provide more information about actions taken locally in response to complaints.</p> <p><u>FFT:</u> still having difficulties reconciling level of responses given to the contractor with the level they include in their report, though this is improving and the move to a higher proportion of text responses should help.</p> <p><u>Safety thermometer:</u> increased this month and close to target due to reductions in falls and VTEs.</p> <p><u>Pressure injuries:</u> Joint work with CCG analysing trends and best practice. RWT actions include assessment of equivalent barrier creams for best patient experience.</p> <p><u>C Diff:</u> target for the year exceeded but trend shows reduction in cases from July/August peak. Focus will be on cleaning of commodes.</p>	

Medication errors: incidents in December totalled 120, rather than 80, as 40 incidents were reported after the December figures had been compiled. The incident previously reported as causing moderate harm in fact caused no harm but was assessed as having the potential to cause moderate harm.

RTT: improving slowly. Breaches of RRTs overall are due to our reducing the number of patients waiting longer.

ED waiting times: performance in January was at 77%, and we went from being typically among the top 30 performers to around 40-45th nationally. Ambulance conveyances at 4142 were higher than December and January 2016. This, on top of delays in transferring patients due to social care difficulties especially in Staffordshire resulted in outliers and difficulties finding beds.

Admissions via emergency department: shows a rise in percentage terms this month, but the actual number admitted is around 150 lower than the same period last year.

#### **BAF and TRR**

#### **BAF Key Issues**

No new risks.

5 red risks:

SR1 - Workforce - Recruitment and Retention of staff across the Trust and in particular the future pipeline of nursing and medical staff

SR4 - Risk of adverse impact on the Trust following service transfer in November 2014 due to underlying financial gap of £6million

SR8 - That there is a failure to deliver recurrent CIP's.

SR9 - That the deficit plan for 2016 is not achieved and the medium term financial plan fails to bring the Trust back to surplus.

SR10 - That the Trust fails to generate sufficient cash to pay for its commitments.

#### **Trust Risk Register Key Issues**

1 new risk:

4596 - QS104 - Gallstone Disease (COO)

3 risks removed:

4308 - Emergency Buzzer Security (COO) – Closed outright

4466 - Ward B8 Shower Improvements (COO)

535 - Infection Control (Trust Compliance) (CNO)

4 red risks:

4161 - Shortage of Qualified Nurses across the Division (COO)

2080 - Risk to quality of patient care: reduced manpower (COO)

4661 - Lack of robust system for review and communication of test results (MD)

4472 - Delays in Cubicle Assessment and Triage (COO). This risk

should reduce shortly when 15 additional staff recently recruited take up post in ED.

#### **PSIG Chair's report of the meeting on 20 January 2017**

Safer Surgical Checklist: a qualitative audit is being introduced to provide some assurance that the spirit of the checklist is being implemented. This is in addition to the work the Trust is doing to implement NATSSIPs (National Safety Standards for Invasive Procedures).

VTE Compliance: good work by the Thrombosis VTE Group developing a multifaceted approach has resulted in improvement in the % of VTE assessments over the past 3 months.

#### **QSAG Chair's report: meeting 26 January 2017**

SWAN Steering Group: the SWAN project continues to be successfully rolled out across the organisation with very positive feedback from the staff and relatives.

#### Confidential Inquiry into the premature deaths of people with learning disabilities (CIPOLD) Report:

The CIPOLD report was published in 2013 and a gap analysis of RWT compliance against it was presented. The full organisational gap analysis is currently graded amber. The scope of work required to achieve full compliance is extensive and the on-going support required to implement and manage the requirements for people with learning disabilities is also significant. Funding to support the staffing of posts to deliver on this agenda has not been supported by the CCG and is currently under review within RWT. The key risks relating to the agenda are:

Learning disabilities (datix number 4112) – current risk rating 9 (Amber).

Mental capacity at compliance and DOLS (datix number 4111) current risk rating 6 (yellow).

#### Safeguarding Update Report – RWT:

RWT is currently rated as amber risk in relation to current investigations (SERS, Safeguarding Adult Reviews and Homicide Reviews). Actions and work to provide assurance to the LA and CCG was overseen by the RWT Safeguarding Strategic Group. A working group is addressing the outstanding actions in the organisation as a result of current/outstanding SER/SAR/DHR action plans.

A safeguarding dataset is presented to CQRM each month. The Trust will be subject to a quality visit in 2017 through the CCG to gain further assurance. RWT were subject to a CQC inspection of safeguarding and LAC services in July 2016. Compliance against the actions sits

	<p>on the Trust Risk Register graded amber.</p> <p><u>Internal Quality Review Visit – B8 Cardiothoracic:</u> the overall assessment of the visit was that care provided to the patients was excellent. The Chair of QSAG was asked to write a letter of congratulations to the team involved.</p> <p><u>Leadership Walkabout Report:</u> a summary of the leadership walkabouts identified common themes. Feedback and outcomes to be discussed at a forthcoming board development session to review and refine the model if necessary.</p> <p><b>Mortality Themed Review</b></p> <p>Verbal report from Dr Odum. A review will go to MoRAG, and then to Trust Board in February.</p> <p><b>Items for Audit Committee:</b> none identified.</p>
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<p><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>	
<p><b>Risks Identified:</b></p> <p><b>Include Risk Grade (categorisation matrix/Datix number)</b></p>	