

Quality Governance Assurance Committee Chair's Report January 2018

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Agenda Item No: 12.2

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 – Chairperson	
Date:	January 2018	
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>Assured</p> <p><u>Issue: Quality Review Visits - QSAG challenge to QRV team's assessment.</u></p> <p>Following a visit to the Nucleus theatres in August 2017, 4 domains were rated good with Caring outstanding. QSAG raised concerns about the environment, which is outside the control of theatre staff, and is known about and in hand, but for which there is no quick solution. In addition some of the detail in the report would indicate that the Safe domain should be graded as "requires improvement." The discussion exemplified the role of QSAG as providing oversight of the consistency of judgments reached by QRV teams.</p> <p>Partially Assured</p> <p><u>Issue: NATSSIP (National Standards for safety in Invasive Procedures) Audit reports and WHO surgical checklist</u></p> <p>PSIG received reports of compliance against standards from Endoscopy Unit (New Cross and Cannock) and Theatres. The audits are observational and focused on process, not outcome. Some elements of the audit cross-reference with completion of the WHO surgical checklist.</p> <p>In Endoscopy there are 14 actions with regards to invasive procedure standards. In theatres compliance with standards relating to scheduling are only partial. It was agreed to undertake a safety culture</p>	

audit in theatres to support the work around WHO checklists and recent never events.

Issue: TRR Risk 4523: potential of heater cooler units used in cardiac surgery to harbour mycobacterium chimaera

Two machines were confirmed as infected in November and December 2017, affecting 3 patients. All patients are informed of the risk as part of the consent process, and machines have been subject to stringent disinfection and testing procedures, and would not be used if they test positive. This is an international problem and the manufacturer replaces free of charge all machines which test positive. They have loaned us a new machine to replace the infected machines.

A new disinfectant will be available in tablet form in Q2, and a modification to the machine will mean that even if the coolant becomes infected it won't escape and affect the patient. If this device modification proves effective it will be possible to downgrade the risk.

Not assured

Issue: provision of special beds for patients in the community with very limited mobility at risk of pressure injuries.

RWT had made a case to the CCG for special beds to be provided for patients in the community at risk of pressure ulcers because of their inability to change position. The beds, known as TOTO, do this automatically. They are expensive, don't suit everyone, but are effective. The CCG does not at present feel able to fund these beds, and is proposing a night turning service whereby a two person team would visit the patient's home up to twice a night to turn them in bed. QGAC is concerned that this would not be effective, with the potential of increased likelihood of pressure injuries, affecting patient health and incurring greater treatment costs. A meeting with CCG is scheduled.

Issue: Urgent Care provision at New Cross under-performing against 4 hour target for time spent in emergency department

The Integrated Quality and performance Report shows the Urgent Care unit at New Cross run by Vocare under-performing by comparison with the Walk-in Centre and Cannock MIU which consistently achieve 100%. Vocare has been below 100% but above 95% in Q2, but throughout Q3 it fell below the 95% target. On one night in January the unit had to close due to lack of staff. The purpose of the unit was to relieve pressure on the Emergency Department but it currently takes around 6% of people attending New Cross, rather than the **40%** planned. New Cross ED works closely with Vocare to seek to make the system run as smoothly as possible, e.g. carrying out joint triage, but is unable to resolve the underlying problems presented by the Vocare model.

<p>Risks Identified:</p> <p>Include Risk Grade (categorisation matrix/Datix number)</p>	
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