

# Quality Governance Assurance Committee Chair's Report of the meeting on 21 March 2018

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Agenda Item No: 12.3

**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 - Chairperson	
<b>Date:</b>	March 2018	
<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>Assurance</b></p> <p><b>Issue: NatSSips audit – Obstetrics and Gynecology</b> Audit results presented to PSIG from the Local SSIPs were very positive. Summary of results are:</p> <p><b>Obstetric:</b> Normal birth - 100% Fetal blood samples - 92% (October and November, 100% December) (Instrumental delivery checklists were missing in some areas) Instrumental delivery - 100%</p> <p><b>Gynecology:</b> Colposcopy – 100% Hysteroscopy/Biopsy and insertion of IUD – 100%</p> <p>This is the best directorate data so far across all directorates.</p> <p><b>Issue: Sign Up 2 Safety (SU2S)</b></p> <p>The Early Pregnancy Assessment Unit worked with the Trust SU2S team to review the department's philosophy, processes and objectives. A technique called Team Optimisation Model (TOM) was implemented and made a notable improvement to the culture and team working</p> <p>There is still external funding for a further 10 months of SU2S project work within the organisation</p>	

**Issue: Cervical Cancer Audit Performance Report 2017**

QSAG gained assurance from this report overall across the performance in 2017. Exceptions were:

Percentage of high grade samples was slightly lower than the national standard (0.8 – 1.7%) at 0.7% in Quarter 2 – overall for the year it is 0.82%.

DNA rates for Quarter 1 and Quarter 3 for colposcopy follow-up appointments, were 19% and 20%, the target is <15%. Text reminders are sent to patients.

Attendance of colposcopists at MDT meetings only 3 out of 9 of colposcopists met the 50% attendance target. Scheduling of robotic sessions will be amended to prevent coincidence with MDT meetings.

**Partial assurance**

**Issue: Ward Performance**

Division 1 – PSIG noted that there had been an increase in medication errors in month.

SCU/General Surgery was rated red, the first red ward since April 2017.

A5 had taken part in a Pressure Injury Collaborative and trailed the use of heel balm applicators and female urinals successfully.

Division 2 – The key indicator of concern for this Division is late observations. A full Divisional review will be conducted and an action plan produced, which will be presented to the CCG at their request.

**Issue: Quality Review Visit (QRV) – revisit to A6**

The initial visit took place in April 2015 and revisited in November 2017. An action plan had been implemented. There had been an improvement in 2 domains (effective and well-led). Overall the rating is 'Requires Improvement'. A further revisit will take place in March 2018. QGAC noted that this shows the QRV assessment being applied robustly.

**Issue: TRR Risk 4862 neonatal cots**

20 additional staff agreed to be needed. NNU staffing business case agreed in principle, is to be presented at Business Forum, and as this is such an urgent matter recruitment has been started in anticipation.

**Issue: TRR Risk 4472 - long waits for assessment in ED cubicles (p27):**

Business case for capital to increase cubicles included in 2018/19 capital programme.

**Alert**

**Issue: IQPR - Maternity (page 24) Emergency C-Section rate:**

This went red in November 2017, has been steadily rising since then and now stands at 20.6%. QGAC has requested a report into the reasons for this rise and any actions the Trust is taking or can take.

**Issue: accuracy of IQPR data page 26:**

12 hour decision to admit target should show 2 breaches:

Patient 1 - condition was too unstable to move from department, eventually moved onto ITU

Patient 2 - paediatric patient awaiting a bed - tried to secure a bed outside of the Trust without success.

**Issue: TRR Risk 4661 communication of high risk/abnormal test results (P 31):**

ICE now largely rolled out, and QGAC seek to know at what point an evaluation of its effectiveness will begin.

**Advise**

**Issue: new structure for groups reporting to QGAC**

The first cycle of the new meetings which are intended to replace PSIG and QSAG have been held. In future Compliance Oversight Group will take place 2 weeks before Quality and Safety Intelligence Group. Divisions liked the new format, and the information pack, and felt it gave a better view of quality and performance. QGAC will be seeking a review of the effectiveness of the new structure later in 2018/19.

**Issue: Quality Review Visit (QRV)**

Nursing Audit Standards (NAAs) and Leadership Walkabouts –

Following a presentation of NAAs results QSAG agreed that a review of QRV, NAAs and Leadership Walkabouts should take place for evidence of effectiveness and assurance levels.

	<p><b>Issue: TRR updating:</b></p> <p>QGAC asked for updating of a number of risks including:</p> <p>4288 Diabetes Best Practice Tariff (p3) to put the update into the correct format and reconcile/ remove superseded evidence.</p> <p>4706 maintenance issues in theatres (p34): insect ingress route has previously been reported as resolved, so this item of evidence should be updated.</p> <p>1714 discharge process (p5) - in view of improvements in performance by LAs since November risk owner to consider re-rating and returning to divisional risk register.</p> <p>Risks now yellow should automatically be removed from TRR and put back on the divisional register and a note of the reason given in the covering paper (risk 4711, gas cylinders, risk 4718 shortage of staff in safeguarding team - QGAC were pleased to see this issue largely resolved as shown in the report to QGAC in February)</p> <p><b>Issue for Audit Committee</b></p> <p>Potential need for audit of effectiveness of ICE in reducing the risk of delayed or missed high risk/abnormal/unexpected test results (TRR 4661) now ICE is in operation.</p>
<p><b>Risks Identified:</b></p> <p><b>Include Risk Grade</b>  <b>(categorisation matrix/Datix number)</b></p>	