

Chair's Summary Report of the Quality Governance Assurance Committee 5 November 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.

Name of Committee/Group:	Quality Governance Assurance Committee	
Report From:	Rosi Edwards - Chairperson	
Date:	October 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>Advise</p> <p>Martina Morris of NHSI West Midlands attended the meeting as an observer, to familiarise herself with the trust, as part of her role as lead with a number of West Midlands trusts. She commented that RWT's committee structure allocates detailed consideration of reports to a level below QGAC, leaving QGAC members to have a wider-ranging and deeper discussion than would be possible when a large number of papers are routinely presented.</p> <p><u>QGAC Self-assessment:</u> QGAC agreed on actions that would meet suggestions in its self-assessment review (based on F&P's questionnaire), which was considered to be positive.</p> <p><u>Mortality management report:</u> QGAC considered this report and the action plan attached to it which covers 7 areas ((Programme Management, City-wide Programme, Policy/Processes, Quality/safety of care mortality reviews, education, workforce and communication plan). QGAC asked for an additional line under Policy/processes to cover engagement with bereaved families and carers and ensuring their views help inform decisions about whether a review or investigation is needed. The recently published document "Learning from deaths: Guidance for NHS trusts on working with bereaved families and carers" from the National Quality Board" builds on earlier guidance on learning from deaths and will form the basis for RWT's plans for working with bereaved families.</p>	

	<p><u>New BAF risk: Mortality</u>: this will be reviewed to take into account the Mortality Action Plan and comments from QGAC about making the text about positive and negative evidence clearer.</p> <p><u>New format for Integrated Quality and Performance Report</u>: QGAC thought the revised layout was clearer and that the new sections covering performance issues relevant to community and primary care were helpful and a good start.</p> <p>Partial assurance</p> <p><u>Mortality Review</u> - QSIG chair reported on mortality review completions. These are subject to regular Divisional monitoring. This is being regularly reported through Divisional Quality Performance meetings and to QSIG. There is some progress but much still to complete. Additional payments to Doctors and nurses to complete SJR2 reviews has commenced and the engagement of nurses to complete training in undertaking SJR 1 reviews is planned. Division 3 has only one outstanding mortality review (for Paediatrics) being followed up.</p> <p><u>104 day harm reviews</u> – QSIG chair referred to a report received outlining the 104 day harm reviews undertaken for patients triggering during the months of June, July and Aug 2018. Forty-six patients were reviewed over the period and harm assessed according to the definitions laid out in guidance, with the outcome that no harm had been caused by the clinical progression. Between July and August seven patients were identified as potential harm and these were discussed between the Cancer Lead Consultant and the lead clinician for the specialty and no harm was concluded (with rationale in the report). The process of harm reviews and outcomes are subject to oversight by a monthly Panel chaired by the Chief Nurse and reported to QSIG monthly. QGAC asked about a reference in QSIG minutes to benchmarking. RWT is low down the national league table for compliance with the 62 days standard and as a result has a larger number of 104 day harm reviews.</p> <p>Issues to raise with Audit Committee</p> <p>There were none.</p>
<p>Risks Identified:</p> <p>Include (categorisation number) Risk Grade matrix/Datix</p>	