

Chair's Report of the Quality Governance Assurance Committee 3 December 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:	November 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><u>QGAC Objectives:</u> QGAC has discussed at previous meetings having an objective on metrics for Community and primary Care. QGAC also is responsible for monitoring progress with the new BAF risk regarding mortality. In November QGAC confirmed the wording of two objectives for 2018-19.</p> <p><u>Metrics:</u> To develop metrics for Community and Primary Care which give Division 3 and the Trust assurance about the quality, effectiveness, responsiveness and value of care, using data which is as easy as possible to collect and process</p> <p><u>Mortality:</u> To understand the drivers for elevated mortality ratios To have a robust improvement plan, including target dates To be able to demonstrate that we are providing reliable care</p> <p><u>Action:</u> agreed that QGAC will receive reports at its meetings to enable it to monitor progress.</p> <p><u>Sign up to Safety:</u> COG Chair's report highlighted the report on the Sign up to Safety Team Optimisation Module (TOM). This covered ED, T&O, EPAU from Maternity, and PET. It had been intended to cover all Maternity, but this did not happen. The report summarised work outcomes and developments for each area as well as qualitative feedback. Each area has a sustainability plan and will receive support for up to 6 months. Evaluation is taking place at 3 and 6 months and</p>	

after a year, and a report will be produced. Funding for this work came from NHSLA (now NHS Resolution) and the budget is expected to break even with all funding utilised. The TOM material continues to be available to support teams within the trust. The evaluation report will help determine what resource and capacity should continue to be put into this activity within RWT, and also assist NHS Resolution to decide whether to advocate its use more widely.

Assurance

External Reviews Registry Update Report: QGAC received this report of external reviews expected and those completed, and of any actions or risks identified from these and whether the register has adequate information about how they are being progressed. There were 69 open visits listed on the database. Two indicators are amber, one has moved to green, and one - RAG rating of visits once feedback received - remains red. However the report notes that where risks are identified pre-visit, these were added to the appropriate risk register. The report had been through COG who recommended a number of reviews for closure. QGAC confirmed these (reducing the number open to 52) and noted the improved and much clearer layout of the report.

Partial assurance

Health and Safety progress report: COG Chair's report highlighted the following areas:

- Audit of risk assessments - an increase in the number of areas requiring extra support to carry out and act on risk assessments (rated red) and to maintain and sustain the actions already identified through risk assessments (rated amber); and a low response to the twice-yearly check of self-assessments (only 54% responded).
 - Reinforcement that follow up and closure of safety alert action plan is required to complete Trust assurance around safety alert implementation. Divisional process to ensure the monitoring of completion and action plan closure.
 - Health & Safety training figures for all staff = 83.6% and for managers = 67.2% - for monitoring of progress. This has been highlighted to Divisions for progression. In addition e-training is developed and bespoke training offered to areas.
- COG had referred this report to QSIG for divisional action and will require monthly reports to monitor that action is being taken.

Information Governance: QGAC considered RWT's position (reported to the board in October). It was expected that RWT will struggle to meet all the requirements of the toolkit by March 2019 and that other organisations will also find it difficult.

Mortality: QGAC received an updated action plan and went through the actions still rated red. This includes the new action on involving the bereaved, where the National Quality Board paper published in July will be used as the basis for RWT's approach. The SJR process is

coded red, but the recent decision to sample using the Guidelines on Learning from Deaths rather than review all deaths (see IQPR for details) and to apply this to the backlog will improve the likelihood both of clearing the backlog ready for the new process under the Medical Examiner and of maintaining the quality of reviews.

Cancer: QGAC considered the cancer performance report in the IQPR and noted that while still red there was some improvement in the figures this month (7 of the 8 red ratings). F&P also review the IQPR cancer performance and receive progress on the recovery plan. Given that RWT was in the bottom decile of NHS trusts, QGAC considered that, in addition to featuring in the IQPR, cancer performance should be on the TRR at least, and given the trust's strategic objective to be in the top 25% of all key performance indicators, potentially the BAF too. F&P had had a similar discussion in their November meeting. The Executives will consider and come back with proposals.

A presentation on the 104 day harm reviews will be offered to the board.

Vertical Integration Dashboard: QGAC asked for information on what was behind the dashboard and what we were hoping to demonstrate by it, e.g. HIV testing, 0-19 school nursing. QGAC agreed that this dashboard was in its early stages and we needed to be able to show how we were progressing with key measures such as support for the frail elderly to be cared for at home or in care homes, and that some of these would be shared measures developed with the CCG and LA.

Risks identified

Need to review whether risk registers adequately capture cancer performance risk and whether this risk should be escalated to TRR or BAF

Issues to raise with Audit Committee

There were none.

<p>Risks Identified:</p> <table border="1"> <thead> <tr> <th data-bbox="105 1543 316 1648">Include (categorisation number)</th> <th data-bbox="324 1543 397 1575">Risk</th> <th data-bbox="414 1543 592 1606">Grade matrix/Datix</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Include (categorisation number)	Risk	Grade matrix/Datix				
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