

# Chairs Report of the Quality Governance and Assurance Committee (QGAC) of 20 March 2019 1 April 2019

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Agenda Item No: 12.4

## 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.*

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| <b>Name of Committee/Group:</b>   | Quality Governance Assurance Committee  |  |
| <b>Report From:</b>   | Rosi Edwards - Chairperson  |  |
| <b>Date:</b>  | March 2019  |  |
| <b>Action Required by receiving committee/group:</b>  | <input checked="" type="checkbox"/> For Information<br><input type="checkbox"/> Decision<br><input type="checkbox"/> Other  |  |
| <b>Aims of Committee:</b><br>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><br>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><br>Bullet point the main areas of discussion held at the committee/group meeting which need to be highlighted | <p><b>QGAC Chair's report March 2019</b></p> <p><b>Advise</b></p> <p><u>BAF:</u> QGAC discussed the updated BAF and noted that F&amp;P in considering the two risks they oversee, SR8 and SR9, would like the board to reflect on how it is managing risks that have been red a long time and whose target is a (lower) red, and whether mitigation measures are sufficient. To clarify what these are and how they are progressing, F&amp;P have asked that the controls and mitigations are made more specific, eg breaking CM 6 'pay and Agency spend" into component parts.</p> <p>SR12: new positive assurance PA11: QGAC agreed that the commissioning and receipt of an external expert's report was a positive assurance but that issues raised in the report requiring action should feature in the negative assurances.</p> <p><u>Revised TOR</u> were agreed and will go to the Board in April.</p> <p><b>Assurance</b></p> <p><u>Organ Donation Group</u></p> <p>For a 6 month period 01/08/2018 – 31/01/2019 the Trust has achieved 100% referral rate for suitable deceased brain and cardiac death donors, with 3 DBD donors having 12 organs retrieved and transplanted in 12 recipients, and 5 DCD donors having 9 organs retrieved being successfully transplanted in 9 recipients. These are the best figures for RWT to date. This performance is recognised nationally and the Trust is the only one in the Midlands region achieving 100% referral rate.</p> <p>This excellent performance is result of the leadership and team working</p> |  |

within the organ donation group and is excellent news for the recipients and the transplant programme.

### **Partial Assurance**

Clinical Audit: QGAC considered that while the Trust are able to demonstrate good systems to manage the programme of clinical audit, systems to identify audits which reveal practices and standards which could impact on strategic objectives (eg being in top 25% of performance) are not in place. This means that QGAC are not able to look at the implications of audit findings for quality of care on a prioritised basis. Governance to consider in discussion with Clinical Audit lead what might be done to identify such audits.

Mortality: QGAC received two reports, an update and a summary report and reviewed BAF risk SR12.

The Medical Examiner role is going well and families seem to have welcomed being contacted by them.

With the two Sepsis Nurses in place, actions including triage and training are progressing.

Mortality case note reviews presented to MRG in February and March for 1) Influenza and 2) Fluid and Electrolyte Disorder revealed high co-morbidities and no avoidable deaths. In the case of 2) , 35% could have had a more appropriate diagnosis.

Clinical pathway reviews being undertaken for diagnoses with high SHMI scores - including Cardio vascular disease, Acute Kidney Disease, Pneumonia and Sepsis, and a review of the care received from arrival in ED.

Linked to this, and the Silverman Report, QGAC have asked for reports on Sepsis and on Stroke Services for future meetings.

Cancer performance: was discussed in detail at F&P, who received the latest action plan. Involvement by the Intensive Support team continues. Breast 14 day wait symptomatic referrals is 23.81%. This means in practice waits of 16-18 days. To divert staff from eg surgery to get back within the 14 day standard could affect the rest of the pathway including 62 day standard. The impact of this decision will be audited. Referrals have continued at a far higher level, and that appears to be a national phenomenon. The proportion of diagnoses is unchanged, indicating that these were valid referrals and that greater capacity is needed. The team have worked every Saturday since December to deal with demand.

Caesarian Section Audit: QGAC received a report of an audit into caesarian section rates, looking at 687 cases between 1/5 and 30/11 2018. While RWT is not an outlier for caesarian section rates in total, its average emergency C-section rate is 17.7% compared with (new, raised) national average of 16%. The report proposes a number of recommendations, including an annual audit of C-section rates. QGAC asked if further work could be done to look at class, age, health of mothers, and this will be done in a 2019/20 audit. QGAC also asked if the impact of full participation on an RWT pathway could be included in the audit.

Patient Experience Q3 Report to COG: The national maternity survey 2018 published 29/01/2019 saw a total of 353 questionnaires returned (response rate 35%). RWT scored in the top 20% of Trusts nationally for one question and in the bottom 20% of Trusts for 22 questions. The more recent local maternity survey was generally positive for the 16 questions answered (N=52).

Further analysis of this information is being undertaken within the obstetric

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|   | <p>department.</p> <p><u>TRR New Red Risk: 5182: Cardiac and Aortic Services not co-located with vascular services:</u> this stems from the decision some years ago to move vascular services to Dudley. The new Aortic service specification requires co-location. QGAC asked for the risks and evidence to be made clearer, and discussed the difficulties of the current service location and the need for a solution that meets the needs of the Black Country.</p> <p><u>TRR new red risk 5190: ePMA system freezing, affecting drug prescription.</u> QGAC asked about the experience of other trusts and whether MHRA needed to know.</p> <p><u>COG Chair's report on Point of Care Testing:</u> There have been issues with incomplete transfer of blood gas results to the ICE system in Pathology. Following installation of a new computer on the 11th February 2019, all results should now transfer. QGAC asked how long it took to identify the fault and whether the results that didn't transfer are now on the system.</p> <p><u>Information Governance:</u> QGAC approved a report which said that RWT were not meeting 14 of the 100 hospital standards and were unlikely to achieve 100% by the submission deadline of the end of March. RWT will be looking to achieve a status of "standards not met (improvement plan)" which will mean that an agreed action plan will be submitted for approval by NHS Digital. At present we don't know the position of other trusts.</p> <p><b>Matters for Audit Committee</b></p> <p><u>Venous Thrombo Embolism (VTE) Assessment:</u> QGAC received a report on the April 2018 external audit recommendations and subsequent actions. The report outlined the range of information sources used to compile data, and the steps taken to improve data systems. The systems used and data have been discussed with external auditors. They appear to be satisfied with the efforts made to provide reliable data. The target of 95% VTE assessments being made within the timeframe may not be met by March 2019, but the accuracy of the data should enable RWT to monitor performance effectively. This may satisfy External Audit in their Quality Audit 2018/19.</p> <p>QGAC has asked Governance to find a way to identify clinical audits whose findings could indicate a risk to RWT's strategic objectives, eg being in top 25% of performance. While there is a robust system for managing the audit process which has developed and been refined over several years, there is no systematic way to pick out those clinical audits which indicate gaps in assurance or positive assurances and whose action plan may need to be more closely monitored and followed up.</p> |
| <p><b>Risks Identified:</b></p> <p><b>Include Risk Grade<br/>(categorisation matrix/Datix number)</b></p> |  |