

Chairs Report of the Quality Governance and Assurance Committee (QGAC) of 24 April 2019

13 May 2019

Three wavy lines in blue, green, and pink/magenta colors that sweep across the bottom of the page.

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:	April 2019	
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>QGAC Chair's report April 2019</p> <p>Advise</p> <p><u>Issue: Red risks on TRR not featuring on BAF under BAF risks</u></p> <p>Following an Internal Audit report recommendation, QGAC went through the Company Secretary's report on TRR red risks that were not listed under strategic risks on the BAF, and considered whether they should be part of an existing BAF risk, or should have a new BAF risk created to comprise the TRR risk/risks, or could appropriately be managed on the TRR. As a result no new BAF risks were created, but the possibility was agreed of creating a new one depending on the outcome of discussions on two TRR risks.</p> <p>A new BAF risk for cancer treatment waits is being worked on by COO.</p> <p>Assurance</p> <p><u>Issue: Quality Review Visits - good and outstanding</u></p> <p>QRV to cardiac theatres resulting in ratings of good for all domains bar well-led which was rated outstanding.</p>	

QRV to Beynon Theatres resulted in ratings of good for all domains, bar caring which was rated outstanding.

Partial Assurance

Issue: Outcome of National Maternity Survey (patient experience) 2018 and subsequent national and local surveys

Division 1 reported to QSIG that there was a 35% response rate with five questions indicating a 5% improvement and 17 questions indicating a 5% worsening score when compared to the previous year's results. It was noted that many questions within this survey are subjective.

The national survey has been undertaken again during February 2019, these results are not expected to be available until later this year (approx. September 2019).

A local survey has also been undertaken by PALS which incorporated all the questions from the 2018 national survey. The local survey has demonstrated a significant improvement in all of the questions that demonstrated a worsening score in comparison to the national 2018 survey.

Progress continues with implementation of continuity of care in alignment with the national ambition for better births. A prospective continual audit is being performed to audit against UNICEF Baby Friendly Initiative (BFI). A re-assessment against the national standard will be undertaken in October 2019. Mobility in labour is also being addressed via a relaunch of the high risk model of care; a recent review by NHSI has commended the innovative work that is being done to address mobility in labour.

Issue: Report from Resuscitation Group to COG

COG noted that in December/January the Trust had replaced over 180 defibrillators, which was a significant piece of work. Consequently the adult cardiac arrest trolley audit was not undertaken in January. It was also noted that face to face training for BLS had been reduced as a result of the rollout. Additional sessions had been put in place to ensure mandatory training numbers are achieved. Requested that a further report to QSIG in May 2019 to provide assurance on the required action.

Issue: Report to COG on Critically Ill and Injured Child

The report focused on the recent West Midlands Quality Review Service visit. A lot of good practice was noted, however, there were some issues to resolve. An action plan has been developed. The

	<p>concerns raised related to nursing numbers on shifts who had advanced paediatric life support training, an issue about colour of arrest trollies (standardisation), access to 24hr report on CT scans and a lack of operational escalation policies on Paediatric Assessment Unit (PAU). There was some concern in QSIG about the timeframe and delivery of the plan, and it was requested that there was a further report in 3 months' time to ensure the action plan is being implemented.</p> <p><u>Issue: cancer performance</u></p> <p>QGAC noted the further decline in 2 week waits for breast cancer, with the standard met in only 5.61% of cases, and the average wait now being 24 days. Capacity is being discussed at an STP-level meeting: RWT is not alone in seeing a sharp increase in demand for diagnosis. The conversion rate remains the same as before, showing that these are appropriate referrals.</p> <p>RWT has offered itself up to any help and assistance in resigning and streamlining pathways, and specialties remain keen to manage the workload in the most effective way available.</p> <p><u>Issue: Mortality report</u></p> <p>QGAC received a detailed report on progress with the mortality action plan, which showed steady progress.</p> <p><u>Issue: Quality review visit - requires improvement</u></p> <p>QRV to ICCU resulted in ratings of good for all domains bar safe and well-led, which were rated as requires improvement. This was a revisit which confirmed the ratings from a previous visit in October 2017. QSIG were told that there was new leadership in place which needed time to have effect, and that things were moving in the right direction, with Nurse Education supporting new B5s.</p> <p>Items for Audit Committee</p> <p>QGAC and Audit held a joint meeting shortly before QGAC on 26 April 2019. An item raised at the joint meeting concerned the appendices to the Quality Account and the way clinical audits were assessed as fully compliant/minor non-compliant, etc. The issue prompting the item was resolved subsequently by email.</p>
<p>Risks Identified:</p> <p>Include Risk Grade (categorisation matrix/Datix)</p>	



number)	
---------	--