

# Chair's Report of QGAC 1 July 2019

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Agenda Item No: 7.4

**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.*

<b>Name of Committee/Group:</b>	Quality Governance Assurance Committee	
<b>Report From:</b>	Rosi Edwards - Chairperson	
<b>Date:</b>	June 2019	
<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>QGAC Chair's report June 2019</b></p> <p><b>Advise</b></p> <p>QGAC approved the Quality Account 2018/19. It will now be published. (Deadline 30 June 2019)</p> <p>QGAC agreed the new BAF risk SR13, "Cancer performance metrics place RWT in the bottom quartile nationally"</p> <p>QGAC approved the Risk Management Assurance Strategy Review. This contained amendments and updates but no fundamental changes.</p> <p>QSIG wishes to see Pathology Service information included in the Division 1 report to QSIG. Discussions are underway within Pathology regarding creating a dashboard which will go through the Black Country Partnership reporting structure.</p> <p><u>Smoke Free RWT Hospital Grounds</u></p> <p>A smoke free steering group has been convened, chaired by Dr Kate Warren, Public Health Consultant, with the intention of achieving full smoke free status across the Trust by October 2020. A staged approach is to be used which includes adopting a nicotine withdrawal management policy (with advice), NRT provision and an e-cigarette friendly approach. COG was reassured regarding the plan, communications intention and progress to date</p>	

**Assurance**

Health and Safety Annual Report

QGAC received this report, which covered achievements and performance in 2018/19 and priorities for 2019/20. QGAC heard how areas with outstanding audits would be followed up, and how resources would be targeted according to the level of risk and were assured.

**Partial Assurance**

Mortality

QGAC reviewed BAF risk SR12, mortality rates, reputational risk, and considered the Learning from Deaths update report.

The national SHMI dataset has not been updated since the last report (May 2019) and therefore the Trust SHMI remains at 121 (Jan 2018-Dec 2018).

The Mortality Review Group has taken presentations from Learning Disabilities and Neonatal services this month. In both cases deaths are reviewed at a system wide level (e.g. Wolverhampton agencies and referring hospital). There are no concerns about the care of individual cases but particularly in the case of learning disabilities further work is required to improve the adherence to national guidance on communication, family engagement and recognition and completion of documentation. The Learning Disability team have been tasked with expanding on their current action plan.

Further understanding of performance against clinical pathways (particularly in ED) is presented. ED is working alongside the CQI team to identify the reasons for variability with the intention to trial change via PDSA methodology. A dashboard of metrics has been developed which will be used to monitor progress.

In response to the many reviews of case notes where discrepancies in actual diagnosis compared to that coded have been evident the Trust has set up a series of education opportunities with coders and clinicians with the aim of improving the coding accuracy. This month 2 sessions have been held between the coding department and external support from PWC. Three times weekly meetings between AMU clinicians and coders have commenced to review specific case notes. Trust wide education sessions have been advertised for clinicians, specialist nurses and AHPs.

Mortality Reviewers have started in post and we therefore expect all outstanding SJR2 reviews to be completed in the coming month.

RTT

There has been a reduction in waiting list initiatives (WLIs) due to the impact of recent changes in taxation of pensions, and this is likely to limit the scope to get RTTs back to target levels.

Medicines Management Group report to Compliance Oversight Group

Following a number of medication incidents involving Transdermal medication patches a draft observational chart has been designed and is awaiting final approval for roll out across the Trust. The next report to COG will include Opioids incidents, and cover prescribing within the Trust, including the VI Practices. It was agreed that COG needs to have an oversight on Opioids and the Medicine Management Group will report to this group every three months instead of six months.

EPMA roll out across the Trust is completed with the exception of Paediatrics which remains under review. Monitoring of issues with implementation continues to be managed through the EPMA steering group and the operational group.

Trauma Governance Committee

The Trauma Audit and Research Network (TARN) reports continue to show poor compliance with the proportion of directly admitted patients to ED receiving CT scanning within 60 minutes of arrival at the Trust. This requires a formal process to be established to ensure compliance and will be reported back to COG in due course. There continues to also be issues with documentation in the ED record regarding extent of injury and management plan which will also be addressed.

**No assurance**

Cancer

The two week wait for breast symptomatic referrals was met for only 1.10% of patients. The average waiting time is now 42 days. At Walsall it is 14 days and at Dudley 13 days. Agreement has been reached via the STP to share the load: these hospitals will offer support to RWT by accepting patients from GP practices reasonably close to them, who will be offered the opportunity to go to one of them. This should help reduce the average waiting time for patients at RWT, while increasing the wait at neighbouring trusts.

**Matters for Audit Committee**

Internal Audit's reports on the BAF (7 May 2019) and Risk Management (24 April 2019) were discussed.

Concerning the recommendation "Discussion/explanation of key changes to the BAF should be reflected in the minutes of sub-committee meetings": QGAC considers that the chairs and secretaries of all the board committees should get together with the company

	secretary to agree the level of detail required to achieve this.
<b>Risks Identified:</b>  Include Risk Grade (categorisation matrix/Datix number)	