

Chair's Report Quality Governance Assurance Committee 5 August 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.

Name of Committee/Group:	Quality Governance Assurance Committee	
Report From:	Rosi Edwards - Chairperson	
Date:	July 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 July 2019</p> <p>Advise</p> <p><u>BAF</u> QGAC received the BAF report and noted and accepted the updates to the two risks it oversees</p> <p>SR12 mortality: Dr Odum and K Wilshere to meet and update further.</p> <p>SR 13 cancer: updated extensively. The Intensive Support team have finished their work, but they will be returning to the trust in December 2019 and January 2020 to see if changes have been embedded.</p> <p>Assurance</p> <p><u>Continuous Quality Improvement Q1 update report</u> QGAC received this report for information. The report gave an update on the CQI programme since it began in April 2019, including the development of the priorities for the team, practitioner training programme and an update on GIRFT. It included the gap analysis against the CQC criteria for assessing the approach to quality improvement in provider organisations.</p> <p>All national reporting and action plans for GIRFT have been completed and submitted. Three GIRFT visits are planned for the next quarter. Quality Service Improvement and Redesign (QSIR) training has been completed by all members of the team. Final assessments</p>	

take place in October. On successful completion the Trust will become a recognised teaching facility for the QSIR programme.

The CQI work programme is being developed alongside the Divisions. Major projects supporting mortality and patient flow are already underway.

A significant programme of CQI training is being developed to cover all levels and areas of the trust. This will require operational support to ensure attendance.

The team has been to Nottingham who have 6 years' experience of CQI. They had benefitted from involving patients more in quality improvements.

QGAC liked the report format, were pleased to see the involvement of the team in key areas of improvement for the trust - sepsis, falls, patient flows, end of life care - and agreed that while reporting on these particular issues would come via QSIG and COG, it was good to be informed of the level of involvement of the CQI team through this report.

One of the actions, following on from the NHSI presentation on data presentation to the board and the benefits of Statistical Process Control, is for the Company Secretary to review all reports presented to Trust Board to ensure that data is presented in a way which enables an understanding of variation.

Pathology Services report to QSIG

The Black Country Pathology Services (BCPS) report outlined the Management and Governance structures in place to implement the BCPS integration. Reporting arrangements had been established from partner organisations via an internal quality meeting which then reported into the Division 1 management structure. A Risk Management Strategy was to be developed between partner organisation to agree arrangement that would align to Trust processes e.g. risk escalation, incident reporting, audit and compliance reporting. All of the laboratories are accredited with the exception of blood sciences at Walsall Healthcare Trust. A gap analysis is completed and actions are being progressed to secure accreditation for the Walsall Chemistry and Haematology blood science service.

Quality Review Visit - QRV: Report to QSIG

Very positive findings reported following the Quality Review Visit to Nucleus Theatres (3 x good and 2 x outstanding ratings). Many useful recommendations were made to strengthen safety and clinical practice including consideration of comfort breaks for anaesthetists during long cases, clarity of policy for theatre drug cabinets. QGAC asked for more information about how long lists with a single anaesthetist are managed.

Partial Assurance

Annual Clinical Audit Report

QGAC received this report for information. The overall adjusted audit completion rate was 78% (2017/18 80%) and with national audits removed, a 91% completion rate. Of re-audits, 41% demonstrated an improvement in compliance against standards, 29% remained the same and 30% showed a decline. For any audits with less than full compliance, directorates have to produce an action plan. QGAC asked for more information about the 30% of audits showing a decline: how many of the failures to comply were significant, and how does this figure compare with previous years?

To improve engagement by Clinical Audit leads with the Clinical Audit Group, meetings of this group will include more audit presentations.

Information Governance Annual Report

QGAC received this report for information. The Board has already been informed about the outcome of the 2018/9 submission - that we achieved 96 of the 100 mandatory requirements in the Trust, and all 52 of the requirements for GP practices. QGAC were told about progress with the action plan on the four areas where standards were declared not met. For 2019/20, the trust has to meet 116 mandatory evidence items, 50% of which are different from last year. For GPs, the mandatory requirements have reduced to 42 but these also are different.

Learning from Deaths Update Report

QGAC received this report for information. The national SHMI dataset shows the most recent score for RWT to be 119 (March 2018-Feb 2019) a slight improvement on recent scores. The trust remains an outlier. The dataset will be monitored for a consistent change in trend. The report shows an improvement in sepsis performance against clinical pathways in ED. ED is working alongside the CQI team to identify the reasons for variability with the intention to trial change using PDSA methodology. A dashboard of metrics has been developed which will be used to monitor progress.

The Trust is beginning to see improvement in coding depth in the significant area of Charlson co-morbidity scores. Three education sessions with senior clinical staff have been delivered with a fourth planned for the end of July. Two coding policies are crucial to this: one is in place, and concerns the capture of pre-existing co-morbidities; another is in development and includes ensuring the correct diagnosis of a condition which would have existed at the time of admission and is determined subsequently is recorded. This policy will be developed from work done by PwC, and a form of words is awaited from them. The policy will then be signed off corporately.

Mortality reviewers have started in post and it is expected that outstanding SRJ2s will be completed next month.

WMQRS Care of the Critically Ill & Injured Child Quality Review – September 2018 Report to COG

A summary of the WMQRS review was provided to COG. Important issues were as follows:

Non-compliance for PLS (Paediatric Life Support) and EPALS (Emergency Paediatric Advanced Life Support) in the Emergency department. An action plan to have all relevant staff trained is currently in progress. The due date for completion was the 31st March 2020 and COG requested this date to be brought forward.

Lack of indemnity insurance for RWT staff to undertake time-critical transfers for children has now been resolved.

Periodic non availability of reporting for MRI scans and sometimes CT scans at weekends and holidays remains an issue.

A business case for the provision of four level 2 high dependency paediatric beds has been prepared and the West Midlands Paediatric Critical Care Network have submitted a report supporting the Trusts capability to provide this level of care, to the specialist commissioners. A response is currently awaited.

Overall the report was received positively.

NCEPOD: Each and Every Need report to COG

The above report is a review of the quality of care provided to patients aged 0-25 years old with chronic neuro disability, including cerebral palsies. The report highlights the requirements needed to care for and manage this patient population and there are 35 recommendations for NHS organisations to consider and become compliant with.

RWT has variable compliance with these recommendations, and one major issue nationwide is the capture of patients with neuro disability and classification of the severity is very imprecise using the current coding system and does not allow disability to be accurately quantified on a population/Trust basis.

This is an important area for the Trust to focus on and the actions presented against each of the recommendations will need to be taken forward with the respective groups. This is a complex area which may require involvement of the CQI team.

No assurance

Cancer

Breast cancer: two week wait breast symptomatic: the standard was

	<p>met for only 3.82% of patients - though this is better than April and May. The STP-level solution, of GPs offering patients appointments at Walsall and Russells Hall is resulting in some patients from South Staffordshire and Cannock practices going to Walsall. QGAC asked if these trusts would continue to take RWT patients if their own performance went out of target and were told STP level targets are becoming more important.</p> <p>The 2 week wait for all cancer referrals is being affected by performance on breast cancer. Dermatology has been out of target but is improving and is now booking at 15-16 days. The 2 week performance for breast cancer is having an impact on the 62 day target.</p> <p>Matters for Audit Committee</p> <p>There were none</p>
<p>Risks Identified:</p> <p>Include Risk Grade (categorisation matrix/Datix number)</p>	