

Chair's Report – QGAC

7 October 2019

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Agenda Item No: 6.3

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.

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| Name of Committee/Group: | Quality Governance Assurance Committee | |
| Report From: | Rosi Edwards - Chairperson | |
| Date: | September 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 September 2019</p> <p>Advise</p> <p>QGAC received reports from the chairs on the July and August meetings of QSIG and the July and August meetings of COG.</p> <p>It received a report on Mortality and considered the Internal Audit report on Learning from Deaths.</p> <p>It received a report on Clinical Negligence and Liabilities to Third Parties claims.</p> <p>IQPR data presentation</p> <p>The August IQPR performance data had been re-presented to show trends, with a summary given on the performance dashboard. F&P and QGAC would give feedback on this new approach, which replaces the RAG rating. This approach will, subject to feedback, be extended to the quality dashboard, and will probably (given the work involved) be presented in the January IQPR. This development follows on from the NHSI presentation at the BDS in July demonstrating the power of using statistical process control to present data.</p> <p>BAF</p> <p>QGAC considered SR 12 and 13.</p> | |

SR12, Mortality: this has been updated. QGAC noted that GC16 stated that each gap identified in the Silverman report was addressed individually in the RAG rated Mortality Action Plan and asked that this be made apparent in the summary spreadsheet, e.g. by annotating the existing actions accordingly. QGAC were pleased to note the amendment to GC16 that there would be an update to the board in December 2019, following a revisit by Mr Silverman to review the progress made.

SR13, Cancer: this has been extensively updated. QGAC were pleased to see the update to CM3, that the Intensive Support Team will revisit the Trust in December 2019; and CM11 - that the Trust from September 2019 is itself diverting breast referrals to Dudley and Walsall, rather than relying solely on GPs to have this conversation and refer to these trusts.

CG9: the business case for additional MRI/CT/Aseptics and radio pharmacy will be presented to Trust Board in November. The complexity of the business case and the strategic issues involved including taking a 10 year view have required a longer time to complete the process.

Assure

Wolverhampton CCG Announced Quality Visit: this took place on 17 July 2019 to gain assurance around Duty of Candour processes and Datix incidents logging and closure process. The team reported y letter that they were pleased “that all governance systems and processes were well-embedded and robust.” They saw “clear evidence of good reporting, monitoring and escalation matrix in place through excellent use of Datix systems.”

QRV revisit at CHU March 2019 – noted an improvement from the previous QRV visit in April 2018. Safe has moved from red to amber, Effective from amber to green, caring remains at green, responsive remains at amber and well-led has moved from red to green.

AMU QRV visit report – acknowledgement of the good work that is happening. Safe and effective rated as good, caring, responsive and well led rated as outstanding. It was noted that CAHMS work has increased in AMU.

Partial assurance

Deteriorating Patient Group – QSIG were informed at their July meeting of IT issues affecting the further roll out of Vital Pac in Emergency Department, Obstetrics, West Park and Paediatrics. A separate meeting is to be held to resolve these issues.

Serious Untoward Incident themes – QSIG received this report at their July meeting. 2018/19 SUI themes causes include:
Non-compliance with policy/procedure - 35 investigations

Human error/failures - 23 investigations
 Communication - 21 investigations
 Cognitive Bias

Recommendations included:

Re Non-compliance with policy/procedure – deeper use of the ‘5 why’ questions in investigations to differentiate individual practice, system issues or other issues leading to policy non-compliance. Consider publication and access to procedural guidance and a software solution for testing understanding of Policy content.

Human factor/Human error/failures - Develop a business case proposal to deliver human factors and related training. Human Factors options paper will be brought to QSIG.

Communication - Review communication in essential exchanges (including effective use of tools e.g. SBAR, WHO, escalation). Scoping work and survey commenced to understand various forms of handover.

Cognitive Bias - Examples of repeated themes of cognitive bias included a tendency to fixate upon the first verbal or visual cue and to bias perception towards already available/obvious information for decision making rather than alternative plausible explanations. Action: to raise awareness of Cognitive bias (and de-biasing techniques) via mainstream training subjects (including RCA).

Cancer

Breast: the trust’s performance for breast 2 week wait is still very poor. The original approach to sharing the referrals across the STP (with Dudley and Walsall) via GP referrals had little impact: the backlog was at over 500 and RWT were booking on day 55. Since agreement was obtained for RWT to divert RWT referrals to Dudley and Walsall the backlog has reduced to 153 and RWT is booking at day 40. This has resulted in Walsall booking outside the standard. The STP is resolved to deal with this as an STP-wide issue.

In the Division 2 highlight report, QSIG was informed of the Durnall action plans: these follow 2 process mapping exercises on Durnall Unit. They include a business case for developing patient pathways and improved triage and a business case to expand the Acute Oncology Service with points linking to Durnall. Completed improvement actions will also be tested during a QRV on Durnall Unit planned for Sept 19.

Mortality and Learning from Deaths

QGAC considered the Learning from Deaths Report and the actions arising from the Internal Audit report. QGAC was informed that the dates agreed in the action plan were achievable, and it was agreed to have a report on progress in April 2020. QGAC also wished to have an objective external view as to how far the trust was meeting the requirements in the Learning from Deaths Guidance on supporting the

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| | <p>bereaved in identifying the need for and in participating in investigations. This might be more appropriate for Internal Audit to carry out as a follow-on to the recent audit.</p> <p>Late observations: the Trust is reporting over 20% of observations being recorded late. Late observations have risen sharply since the update of VitalPac. Various changes including removal of a built-in rule which removed any observation more than 15 minutes late from the system have resulted in a much lower level of compliance - which represents an accurate picture. There are a variety of different work streams which need to be undertaken. Heads of nursing are meeting weekly to share good practice, as some wards with high levels of observations are able to meet the standard. RWT is also seeking suitable trusts to benchmark performance and actions.</p> <p>Health & Safety Steering Group report to COG, August meeting</p> <p>QGAC noted the chair's report that mobile workers were reporting upper limb injury due to the use of mobile devices with no supporting equipment for their use. QGAC asked for an update on this: how many people, what actions had been taken, were the injuries reportable under RIDDOR.</p> <p>No assurance</p> <p>There were none, as the actions being taken with regard to breast cancer are now resulting in an improving position.</p> <p>Matters for Audit Committee</p> <p>QGAC has asked Governance to assist QSIG in using the existing RAG ratings for external reviews to identify those reviews where there were significant issues which might inform the development of the Internal Audit plan. This process will be aligned with the timetable for developing the plan.</p> <p>Internal Audit Report: Learning from Deaths: a report on progress with the action plan will come to QGAC in April 2020. QGAC also wished to have an objective external view as to how far the trust was meeting the requirements in the Learning from Deaths Guidance on supporting the bereaved in identifying the need for and in participating in investigations. This might be more appropriate for Internal Audit to carry out as a follow-on to the recent audit.</p> |
| <p>Risks Identified:</p> <p>Include Risk Grade (categorisation matrix/Datix number)</p> | |

