

# Chair's Report – QGAC

## 6 November 2019

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Agenda Item No: 11.3

**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.*

<b>Name of Committee/Group:</b>	Quality Governance Assurance Committee	
<b>Report From:</b>	Rosi Edwards - Chairperson	
<b>Date:</b>	October 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 October 2019</b></p> <p><b>Advise</b></p> <p>QGAC discussed the following:</p> <p><u>Continuous Quality Improvement.</u> Presentation by Dr Dowson of Q2 report. QGAC discussed the ward huddle tool, now being rolled out, and the Long Length of Stay ward reviews launched in Division 2, with Division 1 wishing to join in. Work on sepsis continues, with sustained improvements in ED. Nursing QI initiatives in Fair oak on falls were particularly noted. Resources: all the team (8) have passed the QSIR assessment process and are now qualified to train others. A nursing secondment ends in December and QGAC were keen for this post to be filled.</p> <p><u>Learning from Deaths Report</u> Presentation by Dr Odum. The Trust's crude mortality shows a decreasing trend. The national SHMI dataset shows the most recent score for RWT of 1.15 (June 2018 to May 2019). The next update is due in December. PwC anticipate a further reduction. Mortality reviewers have been in post for 2 months and the rate of SJR completion is showing an improvement. In future SJRs will not be divided into SJR 1 and 2. The SJR will be completed by a person not involved in the case and findings will be presented to the directorate. If the directorate disagrees with the findings a further independent SJR will be carried out. QGAC considered the need for external independence in some cases and it was agreed that this trust should seek arrangements with another trust to carry out independent</p>	

reviews for one another.

IQPR - presentations by G Nuttall and Prof Cannaby. Performance: time in ED: RWT is not meeting the target but its performance is in the top 40 nationally. RTT: endoscopy has not been hitting targets due to an increase in referrals, but the recovery plan should see it back in line in December. Quality: an ambitious falls project is underway, with CQI team support.

#### BAF

Updates to SR12 and SR13 were discussed and agreed.

SR12: GC2 and 3 removed and combined with GC6, which notes progress towards the trust being within normal parameters. A review of the rating was considered, and it was agreed to wait until more data points and evidence had been obtained.

SR13: GC2 particularly noted: RWT direct divert to Walsall has now ended, as RWT 2 week waits for breast referrals has now improved significantly (24 days when SR13 was updated, now 14 days). The principle of equalisation of waiting times across the STP and mutual support between trusts remains.

TRR: QGAC sought clarification on a number of updates of risks and asked about actions being taken.

#### Well Led Report

This report contains the actions arising from CQC inspections prior to the latest inspection which concluded in September 2019. QGAC agreed to the closure of one action relating to ED, and 4 in radiology. The few remaining issues related to GP practices inspected in 2018 and late 2019. On receipt of the CQC report for the most recent inspection a combined action will be drawn up.

#### **Assure**

##### Organ Donation Group

This reported to COG that last year the Trust performed to a very high standard with all patients suitable for donation being screened with 14 patients consented for donation with 9 becoming successful organ donors. This current year has been relatively quiet and to date two from four potential patients have gone on to be donors. The group was reassured that the systems and processes in place are well established and there have been no missed potential referrals. The organ donation group was commended for its excellent work.

##### Safeguarding Group Report

The Trusts Safeguarding lead presented the quarter one report to COG. The Trust is fully compliant with attending the Safeguarding Board and it was noted that this meeting would now be called "Wolverhampton Together".

The Trust is compliant with work in regards to serious case reviews. The Trust's Prevent training is compliant and work continues to ensure training is up to date with respect to the MCA and DoLs process. It is noteworthy that the Trust is the third highest reporting for DoLs in the West Midlands. QGAC considered while the current performance on safeguarding is good, this is a very complex area and there is much more to do regarding the way the trust deals with mental health issues. Board development sessions on this are planned in 2020.

Governance: Black Country Pathology Service (BCPS)

QSIG heard that work was ongoing in regard to standardising and embedding governance arrangements across BCPS partner site and the new cytology service. A management and Governance reporting structure is in place and includes a Quality meeting with all BCPS stakeholder members. A draft Risk Management strategy is to be consulted on with BCPS partners and contains arrangements for reporting and assurance expectations.

**Partial assurance**

Falls Prevention Group

This reported to COG that since January 2019 Falls are reducing and remain below the national bench mark to July 2019. A number of CQI projects are being facilitated and shared learning across ward areas is successful. The group was informed of two falls (February and May 2019) that had been referred to the coroner. One has concluded with a narrative verdict and the second inquest remains in process.

NCEPOD – On the Right Course

This report relates to teenagers/young adults receiving systemic anti-cancer therapy. A broad range of recommendations relating to consent, end of life care, documentation, policies and procedures is contained within the report.

Of the 16 recommendations, 7 had been completed although there were some discrepancies between performance in Haematology compared with Oncology. A request was made for separate reports to be prepared for Oncology and Haematology to ensure that both are compliant and this will be re-presented to COG in December 2019.

Cancer

The STP plan for sharing demand for appointments for breast symptomatic patients has been successful and direct referrals by RWT to other trusts has now ended. The benefit to patients of the reduction in waiting times is not evident in the dashboard. Page 15 of the IQPR indicates the successful actions taken - recruiting 6 additional radiographers, new Head and Neck and Breast Consultant now in place, and successful recruitment of Colorectal Cancer Advanced Practitioner in Radiotherapy - which should help to improve performance.

	<p>A summary of the actions taken in the Cancer Recovery Plan will be provided to F&amp;P and QGAC.</p> <p><u>104 day harm report</u>                  QSIG received this report. The 104 day harm review has been formatted to show review outcomes as avoidable or unavoidable delays. Where delays are avoidable the table details whether the delay is due to the hospital, patient preference or a complex pathway. For July and August there were no harms detected within the cases reviewed. Themes causing avoidable delay for the period were:</p> <ul style="list-style-type: none"> <li>- robotic surgery delay (RALP) - in July, 14 out of 17 and in August, 7 out of 15 were due to this.</li> <li>- slow pathway cardiac/anesthetic assessment.</li> </ul> <p>QSIG requested that findings and learnings from 104d harm reviews are also reported to divisional meetings. 62d harm reviews are already reported to operational areas. A recent RCA resulting from a 104d harm review will have a Making It Better alert to highlight avoidable delays.</p> <p>Harm reviews have not taken place in September and October due to the resignation of the Cancer Lead. They will resume under the new lead who started on 1 October.</p> <p><b>No assurance</b></p> <p>There were none</p> <p><b>Matters for Audit Committee</b></p> <p>There were none.</p>
<p><b>Risks Identified:</b></p> <p><b>Include Risk Grade (categorisation matrix/Datix number)</b></p>	