

# Chair's Report QGAC 4 February 2020

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Agenda Item No: 8.3

**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>	January 2020	
<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 January 2020</b></p> <p><b>Advise</b></p> <p><b>CQI Report:</b> QGAC received the report from the Continuous Quality Improvement team. The CQI team undertook the QSIR assessment process and all team members graduated to the QSIR Academy. This will allow the CQI team to deliver the course to Trust colleagues. Links have been made with the CQI team at Walsall Healthcare Trust. QGAC considered that this report showed a balanced and proportionate level of activity focused on key risks.</p> <p><b>TRR:</b> QGAC went through the TRR in some detail, questioning whether some positive assurances really were positive and looking at risks which had been on the register for some time without much action being taken or planned, and seeking removal of actions and assurances which were outdated. QGAC also asked for some risk ratings to be reviewed in view of progress made including 5243 Breast Cancer Service Recruitment risk.</p> <p><b>BAF:</b> QGAC considered the two risks allocated to it, SR12, Mortality and SR13, Cancer.</p> <p><b>SR12:</b> QGAC noted the updates and the reduction in the SHMI, and the comment in CM14: "When the SHMI remains within the expected limits for 2+ consecutive data points (months) then the risk score will be revised." It considered when a review would be appropriate: while a confirmed trend is required in order to be assured that the score</p>	

represents a true picture, would 2+ months be sufficient in view of the steadily declining graph and the accurate predictions of PwC, or should more data points be established? QGAC also noted that the SHMI score was only one aspect of a large programme of work; and that the second Silverman Report and Mr Silverman's presentation to the Board the February Board should also be taken into account.

SR13: QGAC noted the updates and were pleased that the two week standard was being met in all specialties, including breast, from November. The 62 day standard was not being met. 104 day harm reviews have resumed and no patients with harm from the wait have been identified (September & October: there were 36 patients in September and 26 patients in October who were reviewed). QGAC agreed that it may be appropriate to consider reducing the red risk from 20 to 16 and the risk owner will consider this.

**CQC Report:** this report and the Trust's challenges should have been considered by CQC on 22 January.

#### **Assurance**

Quality review visits: QGAC noted two visits reported to QSIG:

Urology OPD Visit: ratings were four goods and one outstanding (care within the department). Feedback was very positive, staff were complimented on their attitude on the day, how friendly the department was and patient feedback was excellent.

WPH Ward 1 re-visit: the revisit showed a good overall rating. Two elements maintaining outstanding and with very good positive feedback showing good improvements.

Learning Framework Proposal: this was presented to COG and discussed at QGAC. The idea is to provide a more systematic and managed approach to sharing and facilitating learning across the trust. It will combine Making it Better alerts, Risky Business and there will be learning logs for complaints and for Learning from Deaths. A webpage has already been developed and is accessible. Contributors to the page are Governance, Legal Services, Medical Safety Officer, Complaints, Safeguarding and Infection Prevention.

CQC Compliance Internal Self-Assessment Report: this was presented to COG and raised at QGAC. This six-monthly self-assessment considers the CQC core service ratings. COG noted that "requires improvement" assessments had reduced from 18 in April to 8 in September. COG considered the process was robust, and that it allowed the trust to identify areas which require improvement.

#### **Partial Assurance**

Late observations: Vitals reporting module: this is not working properly so in order to monitor the timeliness of observations the Trust is collecting data manually. Various anomalies in the reporting module

have been discovered and identifying and rectifying the causes will be complex.

ED 4 hour target: the trust had a 12 hour breach in December, due to unavailability of medical beds. This was associated with an unprecedented influx of ambulance from Shrewsbury and Telford. The Trust's performance in December while well below the 95% target was still in the top 40 nationally.

Cancer: more indicators are green and there are signs of improvement. The Intensive Support Team returned to the trust to ensure that all actions remain embedded in the organisation. The formal feedback is awaited, however all actions from their original recommendations have been completed. From an RWT perspective, one observed meeting is likely to require additional action and another unannounced review. (within 4-6 weeks)

Staffing levels: In Division 1: staffing levels continue to be a concern, though most Directorates are now reporting a slight increase. The Trust is seeing the new recruits from the overseas nurses come through the necessary training and appearing on e-roster. In Div 2 there has been a significant decrease in agreed staffing levels breaches from 32 in September to 9 in October.

Transfusion Training: Training is showing red for assessment (94%), however the report that was recently released by Training and Education the training had hit the 95% target and the next report will be green. The compliance with competence falls within Medics more than any other staff group but this tends to happen with the turnover of staff. The main issue is within Paediatrics and the Hospital Transfusion Practitioner has written to the area and asked if training could be included in the local induction.

Risk Management Annual Audit: COG was made aware of the five amber actions within the audit and assurances were received. The Action plan position was also presented and offers of support were received from the Medical Director and Chief Nursing Officer should any Directorates not respond.

External Reviews Report: COG raised this at QGAC. Governance are seeking to get improved notification from directorates of pre-visit gap analyses, action plans and RAG ratings, which are important if External Reviews are to be used to identify issues of significance to feed into the development of the Internal Audit programme. The RAG rating is undertaken by the Directorates and not by Governance. Meeting noted that a lot of work goes into this report by the Governance team who sometimes receive zero updates from the Directorates.

**Matters for Audit Committee**

No matters were identified.

<b>Risks Identified:</b>  <b>Include Risk Grade (categorisation matrix/Datix number)</b>	