

# Chair's Report QGAC 7 April 2020

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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.*

<b>Name of Committee/Group:</b>	Quality Governance Assurance Committee	
<b>Report From:</b>	Rosi Edwards - Chairperson	
<b>Date:</b>	March 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 March 2020</b></p> <p><b>Advise</b></p> <p>QGAC did not hold even a virtual meeting, as there was no requirement to approve the IG Toolkit submission, delegated to QGAC by the Board, as this has been deferred nationally until the Autumn. Instead, QGAC agreed to receive reports on Diligent and to comment by email.</p> <p><b>BAF:</b> QGAC accepted the update to SR12 and noted that SR13 had not been updated since the previous meeting but noted the detail on cancer performance in the IQPR.</p> <p>Board may need to consider whether there are two more strategic risks: regarding impact on RWT of fragility of neighbouring trusts; and longer term impact of Covid-19 and trust's ability to respond to pandemics.</p> <p><b>IQPR:</b> the NEDs noted the comment on P4 that it had not been possible to provide prevalence data on performance on sepsis and late observations due to pressures from the Covid-19 pandemic.</p> <p><b>QGAC TOR:</b> nearly ready to come to Board - needs update to appendix 2 describing quality reporting structure.</p>	

	<p><b>Assure</b></p> <p>From QSIG Chair's report</p> <ul style="list-style-type: none"> <li>• Autonomic Dysreflexia Working Group – good progress has been made.</li> <li>• Head &amp; Neck Internal Quality Review Visit – recognition that this was positive visit.</li> </ul> <p><b>Partial assurance</b></p> <p>From QSIG Chair's report:</p> <ul style="list-style-type: none"> <li>• Work being undertaken to reduce the Histopathology backlog.</li> <li>• VTE performance to be improved across all three Divisions.</li> <li>• Audit completion to be improved across all three Divisions</li> </ul> <p><b>Mortality:</b> Strengthened mechanism to feedback to Directorates – COG discussed the route for reporting Mortality review outcomes which is via Mortality leads presenting feedback to Mortality Review Group (MRG) and feedback to Directorate Morbidity and Mortality (M&amp;M) meetings. Where there is inconsistent attendance by some Directorate Mortality leads at MRG and variable arrangements for reporting review outcomes to Directorates, this presents a potential gap in the reporting/feedback loop. This is to be addressed by MRG and within the Mortality Improvement plan. The issue of engagement of Directorates Mortality Leads is also to be escalated to the Quality and Safety Intelligence group for Divisional attention.</p> <p><b>HPV testing:</b> COG received a report on Cervical Cancer screening indicating good performance against all indicators with the exception of HPV testing. This has been adversely impacted by an increase in working coming from Birmingham and Stoke Laboratories. A risk log has been developed and support offered from Governance to review and score risks, adding mitigation controls and actions including a trajectory for the backlog. These risks are to be added to the risk register.</p> <p><b>Clinical Audit reports</b> – COG discussed audits where there were significant non-compliance reported and requested assurance around actions and re-audit results. Divisions were asked to report update on such audits to QSIG via their monthly highlight reports.</p> <p>No assurance</p> <p><b>Matters for Audit Committee</b></p> <p>There were none</p>
<p><b>Risks Identified:</b></p>	

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