The Royal Wolverhampton NHS Trust

Trust Board Report

Meeting Date:	1 June 2015
Title:	Board Assurance Committee / Quality Governance Assurance Committee 2014/15 Update
Executive Summary:	To update the Trust Board on the review of QGAC's work during 2014/15.
Action Requested:	Approval
Report of:	Chair of Quality Governance Assurance Committee
Author: **Contact Details:**	Tel 01902 695116
Links to Trust Strategic Objectives	
Resource Implications:	
Risks: BAF/ TRR **(describe risk and current risk score)**	
Public or Private: **(with reasons if private)**	Public Session
References: **(e.g. from/to other committees)**	Reviewed by: Joint Audit Committee – 22 April 2015
Appendices / **References /** **Background Reading**	
NHS Constitution: **(How it impacts on any decision-making)**	In determining this matter, the Board should have regard to the Core principles contained in the Constitution of: - Equality of treatment and access to services - High standards of excellence and professionalism - Service user preferences - Cross community working - Best Value - Accountability through local influence and scrutiny

THE ROYAL WOLVERHAMPTON NHS

BOARD ASSURANCE /QUALITY GOVERNANCE ASSURANCE COMMITTEE ANNUAL SUMMARY REPORT 2014/2015

Non-Executive Director
Chairman
April 2015

1.0 Purpose of the Quality Governance Assurance Committee (QGAC)

The Trust has established the QGAC to assure the Board of the effective functioning of risk management systems through a reporting framework. The framework reviews care standards/targets, monitors quality and safety performance, identifies risks and escalates as appropriate to the Board.
This report informs on the work activities undertaken by the QGAC in 2014/2015 and future work development in 2015/2016.

1.1 Board Assurance arrangements in 2014/2015

Within the reporting year period 14/15 the Trust has continued to embed the functions of the new Committee and subgroup structure, taking on the previous Price Waterhouse Cooper recommendation to enable a more granular review of report detail at the base of the structure with assurance, exception and deep dive reporting at the top of the structure. Other areas of development included the review of terms of reference for all subgroups to focus on key indicators and deliverables, the development of a guided report template for subgroups to prompt necessary information reporting, and the provision of training via reporting workshops (described further below).

The Trust Risk Management Assurance strategy has been reviewed in year and contains the trust wide risk management systems, processes and arrangements that deliver assurance to the Trust Board.

1.2 Work Activity 2014/2015

The QGAC have reviewed the following reports:

Report	Frequency	Issues	Key outputs/actions
Board Assurance Framework (BAF)	Monthly	Need to strengthen controls and assurance	New format BAF in place since Mar 14 – work progressed to revise controls and assurances. Further work on new BAF risks planned as strategic risks change this year. Oversight of specific BAF risks to be allocated to board committees who will monitor progress in greater depth, but QGAC will continue to monitor all risks.
Trust Risk Register (TRR)	Monthly	As above	Principles of measurable controls and evidence based assurance cascaded to Divisions and Directorates. Numbering added to Datix TRR to align controls and assurance outcomes.
Integrated Quality and Performance Report	Monthly	New monitoring measures added for SUI and Duty of Candour (DoC) targets. Medication Incidents require data cleanse.	New monitoring systems show improved performance with SUI reporting and investigation and DoC. Local process to QA and re-categorise medication incidents commenced.
NICE Compliance	6 Monthly	A number of partially met guidance reported within the period	Focused work to complete actions/follow up decisions to closure.

National Guidance Compliance	6 Monthly	Some gaps in reports for review and follow up in the year period	Check done to review appropriate reports. Some reports/action are overdue for completion – follow up in place.
External review Compliance	6 Monthly	Individual concerns/risks reviewed	Action plans in place for visits Risk assigned to local registers as appropriate
CQC Compliance	6 Monthly	Self-assessment against old outcomes showed compliance gaps in Consent, care and Welfare, co-operating with other providers (Transfer), Safeguarding adults, safety and suitability of equipment.	Action leads and follows up in place for all outcomes. Trust plans to move from a purely self assessed approach of compliance monitoring to one that includes KPI's and peer review visits.
Litigation and Inquests	6 Monthly Annual themed review	Trust was above National and regional average for PI claims for the majority of the year period.	Q3 saw the 1st reduction of PI claims within NHSLA trajectory. Focused work in progress to target high volume claims e.g. Sharps, STFs.
Clinical Audit	6 Monthly Annual themed review	Improved monitoring and completion of audit plan	Focus to be placed on follow up of audit action.
Annual Governance statement	Annual	Nil	Nil
Mortality	Monthly in Q&P report Annual themed review	? HMSR and SHMI (Mortality rates) have seen a consistent improvement year on year on all main indicators.	The diagnosis groups previously showing higher mortality have improved consistently over the last year .Mortality Review Group (MRG) continues to monitor all mortality indicators and co-ordinates audits and investigations. Mortality Policy to be reviewed.
Complaints (Patient experience)	Annual themed review	High number of complaints where timescale for response breached this year, but reduction in February's figures.	Reduction in February's reported figures. Consent to breach needs to be improved Further review and full Implementation of Clwyd Hart findings required.
Health & Safety	Annual themed review	Improved H&S audit scores over the period	Future focus on risk areas to include Safe site, safe plant, safe worker.
SUI themes	Annual themed review	High levels of compliance with SUI reporting, RCA completion timescales. Top SUI themes were Pressure Ulcers (majority unavoidable), STF (C of E) and an increased in IG SUI's.	Scrutiny meetings in place for PU and Fall RCA, actions and lessons fed back to areas. Re-categorisation of IG SUIs
Safeguarding	Annual	Children - Resources	Business case developed

	themed review	needed to increase medical and nursing provision for Looked – after children services Adults - Trust to implement Statutory changes from April 2015.	Multiple action plans in place from Serious Case Reviews and Domestic Homicide Reviews Changes to deprivation of liberty procedures following high court judgement

The Committee maintains links with the Audit Committee through a standing agenda item ('issues of significance from Audit Committee') which ensures a two way feed of information between the committees. There is also an overlap in terms of attendance by a non-executive director to both committees.

To inform the Committee, the PSIG and QSAG sub groups have conducted detailed reviews of compliance and risk status on the following key areas:

- Compliance with the use of the safer surgical checklist
- Policy audit reports e.g. Transfer, Discharge, Risk management and integrated Governance strategy, Being open, Complaints, Legal services
- Safety alert compliance NPSA, MHRA, MDA
- SUI management (process, investigation outcomes and action tracking)
- Essential Standards for Quality and Safety (ESQS) and Registration Compliance
- National Clinical guidelines/standards e.g. NICE, NCE, Royal College reports
- National and Local audit performance for a number of clinical services
- External assessment and Validation for a number of clinical services
- Health and Safety Management
- Approval and review of new [clinical] procedure applications
- Safeguarding performance
- Radiation protection
- Information Governance
- Organ Donation
- Medicines management
- Patient and Staff survey reports

The non- exhaustive list above is factored into an annual plan of work for the QSAG/PSIG subgroups with upward reporting to QGAC through chairman reports and minutes.

NB. The Academy steering group (which covers Education and Training for all staff) provides a 6 monthly report to the Quality Governance Assurance Committee. Last presented in November 14.

Meeting attendance

Attendance compliance is shown in Appendix 1 below.

Significant Quality Assurance events 2014/15

The Trust acquired services from Mid Staffordshire Foundation Trust in November 14. The pre transfer planning was largely successful with no significant risks and few gaps in risk management process. Interim arrangements in place for system transfer e.g. Safeguard to Datix have maintained the necessary reporting requirements.

The Trust achieved the highest level of compliance (level 3) with the NHS Litigation Authority risk management standards in September 2013 and have worked to main compliance with the Policy/Practice/Performance framework. Some areas of deterioration in NHSLA compliance found during recent annual audit. An update on performance is requested through QSAG.

The Trust has taken part in the NHS England Sign up to Safety Campaign submitting pledges to improve Quality and Safety in priority areas such as falls, pressure ulcers, medicines management etc. The NHSLA in support of the sign up to safety campaign have offered a one off payment of up to 10% of 15/16 annual premium to support harm and claims reduction over the next 3 years. The Trust was one of the 67 successful bids (of the total 243 bids) made to the NHSLA gaining an award of £32,404.10 ring fenced to deliver a plan to reduce harm incidents and claims.

1.3 Risk Registers and Board Assurance Framework

During 14/15the Trust maintained risk registers at 3 levels:

- Operational risk registers – Division and Directorates
- Trust Risk Register (TRR) – Operational risks escalated to Trust level under an Executive Director
- Board Assurance framework (BAF) – Risks affecting the Trust Strategic objectives

The Integrated Governance strategy directs that risk registers are to be reviewed at least quarterly and the 2014 Risk Management audit showed 100% of Clinical Directorates and 99% corporate areas reviewed risk registers at these intervals. There was a significant improvement in the timeliness of risk escalation to Trust level (TRR/BAF) and risks once escalated to BAF/TRR, were reviewed monthly by an Executive Director.

As stated in section 1.2 above the BAF and TRR have been subject to further refinement of the recordings of controls, assurances and actions to address gaps in assurances. Guidance provided from examples from other Trusts, latest KPMG BAF survey/guidance as well as Internal audit review against 9 principles of good Governance have informed further changes planned with the introduction of the new Trust Strategic objectives and mapping of corresponding BAF risks. The principles of measurable controls and evidence based assurance have been cascaded to the TRR, Divisional and Directorate risk registers.

New Strategic objectives agreed are:

- Be in the top quartile for all performance indicators
- Proactively seek opportunities to develop services
- To have an effective and well integrated organisation that operates efficiently
- Maintains financial health – appropriate investment enhancements to patients services
- Attain, retain and develop staff and improve employee engagement

- Create a culture of compassion, safety and quality

1.4 Assurance Priorities 2015/2016

- Embed a new system for BAF review/management
- Develop minimum KPI's for subgroups to enable a dashboard report for PSIG/QSAG and QGAC
- Develop Quality review visits to monitor compliance with Fundamental standards of care (and Health and Social Care regulations)
- Develop KPI's against CQC key lines of inquiries and the Fundamental Standards of care

1.5 Challenges 2015/2016

The challenges for the next year will be to further develop a reliable internal assurance framework (and early warning system) having regard to new areas of service transferred (and inherent uncertainties).

All work must be maintained within the challenging expectations of greater efficiency savings, at the same time ensuring that patient experience and safety remains the driving priority.

Appendix 1

QUALITY GOVERNANCE ASSURANCE COMMITTEE – Apr 14 to Mar 15

QUORUM April 14 to Mar 15

4 members must be present: 2 Exec Directors and 2 Non-Executive Directors.

MEMBERS	April 2014	May 2014	June 2014	July 2014	Aug 2014	Sept 2014	Oct 2014	Nov 2014	Dec 2014	Jan 2015	Feb 2015	March 2015
Dr J Anderson	A	A	✔	✔		✔	✔	✔		✔	✔	✔
R Edwards	✔	✔	✔	✔		✔	A	✔		✔	✔	✔
Professor Kelly												
J Vanes	Part	✔	✔	✔		A		A		✔	✔	A
M Arthur	✔	A	✔	✔		✔	✔	✔		✔	R	✔
C Etches	✔	✔	✔	✔		✔	✔	✔		R	✔	A
D Loughton	✔	A	A	A		A	✔	A		✔	✔	✔
G Nuttall	A	✔	✔	✔		R	✔	✔		✔	✔	Part
Dr J Odum	✔	✔	✔	✔		R	A	A		A	✔	Part
Quorum achieved	Yes - part	Yes	Yes	Yes		Yes	No	Yes		Yes	Yes	Yes - part

A = Apologies

✔ = Attended
R = Representative attended

Grey Shade = No meeting