

**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>	June 2018	
<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>Advise</b></p> <p><u>Division 3</u> reported for the first time to QSIG. The first Division 3 Governance and Performance Quality meetings have taken place. QSIG report that <u>Creating Best Practice Programme</u> work streams have been main-streamed/reduced and will be reviewed for a future way forward.</p> <p><u>Safeguarding Adults and Children Report to QSIG</u> – A Wolverhampton CCG Quality visit due in June is expected to assess improvements since 2016 CQC inspection of safeguarding. An outstanding action from the Lampard report relates to vetting and barring processes and an approach to be finalised for the Trust.</p> <p>QGAC received the <u>Health and Safety Annual Report</u> and were pleased with its coverage and the clear way it presented progress with issues.</p> <p>QGAC considered that the updates to the <u>BAF and TRR</u> were well explained by the covering report and found the maintenance and updating of the TRR helpful and useful.</p> <p><b>Assurance</b></p> <p><u>Clinical Audit report</u> – QSIG reported positive assurance on the completion and compliance shown from clinical audit at year end. As at the end of March 2018, the completion rate for audit is 91%. Work is underway to develop a strategic plan for Clinical Audit for the next 3</p>	

years. QGAC discussed the report and were pleased with the way the clinical audit process has developed and become increasingly rigorous.

### **Partial assurance**

Cancer waiting times: QGAC received a presentation showing how detailed daily monitoring of key indicators enabled RWT to see whether progress was being made, if not why not, and what needed to be done. Focus is on: early diagnostics; reducing the time to report on diagnostic tests and fitting these in with MDTs for individual patients; early appointment offers to allow scope for patients to vary the date without breaching targets. Monitoring data shows a significant rise in referrals and patients starting on pathways, and an underlying lack of capacity.

Pressure Ulcer and Tissue Viability Report – A positive reduction in avoidable pressure injuries was reported to QSIG, with focus needed to address avoidable pressure injuries relating to discharge to Care Homes and complexities within Community Services (including completed CHC assessments)

Division 2 / Falls assessment: QSIG noted that medical engagement is the challenge. The clerking proforma to be reviewed by Divisional Medical Director to check whether there is a section for relevant points specifically for medical staff around Falls Prevention.

Medicines Management Report – Following the launch of ePMA, datix incident monitoring found 10 ePMA related incidents (for April 18). One relates to insulin not being prescribable on ePMA. To mitigate, risk systems for insulin management are implemented and audited and the redress of this is prioritised by the Medicines Management Group (MMG). Further issue identified was a window of 30 minutes between amending a prescription and revised actions appearing on ePMA. A software amendment reducing this window to 15 seconds has been installed.

Mortality: QGAC is due to receive a mortality report, and will wish to be involved in developing the mortality dashboard for reporting to the board and to be assured that reporting covers all the essential items in the national guidance on learning from deaths

### **Risks identified**

By COG: ePMA Insulin Management – Monitored via MMG

New Risk on TRR: sepsis, 5045: amber risk, reflecting the nationally high risk of sepsis and the priority for all trusts including RWT to reduce deaths from sepsis.

Increased risk: Mortality: 4734, p30 of TRR: QGAC noted in QSIG minutes, div 1 report: *JO pointed out we have the highest SHMI in the*

	<p><i>country which has attracted attention. There is significant view outside the organisation regarding the SHMI and HSMR equals excess mortality / avoidable mortality so we will need to address this way.</i></p> <p>QGAC, while sighted on the actions being taken to identify the causes of the high SHMI and to review and investigate deaths questioned whether the reputational risk should increase the risk rating.</p>
<p><b>Risks Identified:</b></p> <p><b>Include (categorisation number)</b>      <b>Risk</b>      <b>Grade matrix/Datix</b></p>	