

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.

Name of Committee/Group:	Quality Governance Assurance Committee	
Report From:	Rosi Edwards - Chairperson	
Date:	July 2018	
Action Required by receiving committee/group:	<input checked="" type="checkbox"/> For Information <input type="checkbox"/> Decision <input type="checkbox"/> Other	
Aims of Committee: Bullet point aims of the reporting committee (from Terms of Reference)	To review and oversee the management of risk across the Trust.	
Drivers: 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.	
Main Discussion/Action Points: Bullet point the main areas of discussion held at the committee/group meeting which need to be highlighted	<p>Advise</p> <p><u>Issue: evaluation of new COG/QSIG meeting structure</u></p> <p>A meeting was held with the chairs of the new COG (Jonathan Odum) and QSIG meetings (Ann-Marie Cannaby) to evaluate the operation of the group functions to date. The outcomes discussed were:</p> <ol style="list-style-type: none"> 1. The new meeting format allows for better focus on quality and safety performance detail with Divisions. 2. Information transfer from COG to QSIG (where appropriate) has been helpful 3. Divisional highlight report population is progressing to ensure actions update across all reported items 4. Use of all elements of the data pack is evolving eg. Divisions reminded to include Mortality content in highlight reports 5. Dashboard and data pack provision is timely and dashboards now report on the preceding completed month's data <p>NEDs at QGAC confirmed they feel they are receiving adequate information/levels of assurance via the chairs' reports as opposed to former attendance at the previous group (QSAG, PSIG) meetings.</p> <p>It was agreed to:</p> <ol style="list-style-type: none"> 1. Add prompts to Divisional highlight report template to ensure all content is covered 	

2. Consideration needed on the Trust level of risk review (whether at QSIG or a separate meeting)
3. Ask divisions for their views.

Issue: format of Integrated Quality and Performance Report:

QGAC agreed with the proposal to provide a dashboard summary of key issues and reporting by exception, providing more text on what the issues are and what actions are planned. QGAC also wished to have means to retain an overview of things that are going well, to give a sense of balance and allow sharing of good practice. The changes to the format will be an iterative process.

Issue: End of Life (inc. SWAN) Steering Group Report to COG

The SWAN Steering Group is now renamed as 'End of Life' Steering Group. A draft strategy is to be produced for EOL Care in Q3.

The national audit for care of End of Life will review 80 deaths with the submission date being October 2018. The EOL steering group is networking with other organisations RWT (including SaTH and Compton Care) to share best practice.

There was a lengthy discussion regarding the use of Gold Standards Framework to identify EOL patients in the community and that different groups are reviewing processes and services that might help keep patients in their preferred place of death outside the hospital setting, improving experience for both the patient and family/carers.

This is a priority pathway of care for the Wolverhampton Health Economy with a significant work plan.

It was also acknowledged that the Trust should work to having an office for registration of deaths onsite

Assurance

Issue: Sign Up to Safety Group Report to COG

At the time of the report 291 staff have been trained in PCM. The Trust has four PCM trainers.

In the three targeted areas the highest uptake is in Maternity followed by Trauma and Orthopaedics. Release of staff from the Emergency Department has been hindered due to clinical time commitments.

Feedback from those trained is positive and of high quality. NHSLA is satisfied with the progress being made. The Trust is in year 2 of the programme (set for 3 – 5 years) with a 'non-recurrent' budget. There may need to be discussions regarding continuation of delivering the programme and required funding, with review of outputs from the programme.

Issue: Clinical & Theatre Products Evaluation Group Report to COG

Good progress is being made with the new process to manage changes to alternative clinical products. This involves using clinical experts from RWT being involved in the decision as to which products to review and replace. The clinical and theatre products evaluation group (C/TPEG) manage the process and communication of change is disseminated widely across the organisation.

Issue: reporting on falls and pressure injuries: reporting changes have been agreed with the CCG. Only those falls where omission in care resulted in harm will be reported. This means that the accountability meetings will be held first to determine omission and harm and then reported to STEIS as appropriate. Only avoidable PIs will be reported on STEIS. This stems from work by Governance to make sure the Trust doesn't report everything, but focuses on what the guidance requires to be reported.

Partial assurance

Issue: Radiation Safety Group Report to COG

Significant issues are changes in Radiation safety regulations from January 2018. These have been managed through RWT, but with some challenges. Implementation not yet fully embedded in certain areas.

The Trust has additional cover to comply with ARSAC (Administration of Radioactive Substances Advisory Committee) currently from an UHCW Consultant. ARSAC In house RWT Consultants are being trained to provide extra cover.

There remains a backlog in reporting of MR and CT scans which is currently being managed both in house and with outsourcing.

Issue: Emergency Caesarian Section rate: QGAC received a report on this, in view of this rate being red (>16%) since November 2017. This high rate is associated with a high induction rate. The Trust at present has no written guidelines on induction related to reduced fetal movement and the outcome of an AFFIRM study on this may help in determining good practice.

Issue: Integrated Quality and Performance Report: VTE: reporting rates have declined since the new system was instituted. Various ways to improve compliance are being explored. VTE assessment before patients leave their point of entry to the trust is one way forward. There is also a focus on junior doctor induction, and increased information to divisions.

Issue: reporting mortality and avoidable deaths: QGAC considered the dashboard report in the IQPR on mortality, and agreed that it provided the information needed to assess the extent of the reviews being done in the trust and the outcomes. QGAC noted that there was

	<p>a backlog, which would require resource to clear, and that it was expected that appointing to a Medical Examiner role would provide more focussed and better targeted reviews.</p> <p>Issues for Audit Committee</p> <p>There were none</p> <p>No assurance</p>
<p>Risks Identified:</p> <p>Include Risk Grade (categorisation matrix/Datix number)</p>	