The Royal Wolverhampton
NHS Trust

Chair of Quality Governance Assurance Committee Report
4 February 2019

Agenda Item No: 12.4

The Royal Wolverhampton NHS
NHS Trust

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:	January 2019	
Action Required by receiving committee/group:	√ For Information □ Decision □ 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	**Advise** **IQPR: Cancer** QGAC agreed that the Chairs of QGAC and F&P (both present at the meeting) would discuss with COO and Company Secretary (by email) the most appropriate way to formulate the risk concerning cancer performance and whether it should be on the BAF or TRR. **IQPR: presentation** QGAC considered both the November and December reports, concentrating on the latter. The committee asked for clarification of the way data was presented, to include actual numbers where currently only percentages were provided (examples: Safer Staffing and trust average fill rates; VTE). **BAF risk on Brexit** A high level paper will come to the public board in February. There is very close control from DoH of Trusts' response to Brexit. **Assurance** **Pressure Ulcer Report to COG** Good work continues within the Trust regarding the tissue viability agenda/project with RWT being "ahead of the curve" compared with many organisations. The majority of acquired pressure ulcer incidents are deemed unavoidable through a robust Root Cause Analysis and challenge process. Adult Community Services has not had a serious incident since 4th June 2018. New pathways and documentation	

	have been introduced, and are linked to national recommendations. There is now also a template in use for device related incidents associated with tissue viability. QGAC were told that a major performance change came through investigating ulcers at the early stages, before they progressed. **Serious Untoward Incident Report to QSIG** Good progress had been made with completion and approval of RCA investigations into SUI's. At the date of the meeting (30/11/18), there were no outstanding RCA investigations awaiting completion and/or forwarding to the CCG within 60 working days (or where extension falls within month). The backlog of SUI's for completion has now been managed. Timely reporting: achieved 100% of incidents requiring reporting to STEIS within 2 days in October. Overdue actions were being escalated and worked through, as a matter of priority. No new Never Events were reported. **New Defibrillators** Roll out of the new defibrillators is now complete. To manage the risk, areas did not receive new equipment until 75% of staff in that area had been trained in its use. The process was discussed at COG and updated position given at QGAC. The Medical Director praised the excellent work, which had proceeded without any hitches. **Partial assurance** **VTE Group** COG in November were told of a progressive improvement in complying with the target for 95% of all adult inpatients to receive a VTE risk assessment (July 91.3%, August 92.7%, September 93.2% and October 93.9%). If sustained the Trust could surpass the 95% target by March 2019. Improvements are still needed to meet the assessment targets within four hour and within 24 hours. However the IQPR records a deteriorating position in December due to a reduction in elective day case activity - these cases typically do not require VTE assessment. QGAC were concerned that the metric includes patients who don't need VTE assessment, as this obscures the actual performance, but were told this is the nationally required metric. QGAC were not assured that sufficient action had been taken to meet the requirements of the External Audit review of quality performance, raised in the two last annual reports. Chair will raise this with Audit.

Mortality
QGAC reviewed the Mortality section of the IQPR and the BAF actions. There was no separate written mortality report.

QGAC asked that the Stan Silverman report should be discussed at QGAC, though without delaying findings going swiftly to the Board.

IQPR: The medical examiner role has started, with 7 examiners. Timetabling and scheduling of their sessions to align with demand are being worked on.
The crude mortality rate has risen at RWT and nationally. A paper will go to Trust Board, and will also be discussed at the next QGAC.
No "Making it Better" alerts have yet come from SJRs, but the essence of specific reviews have been shared with relevant groups.

BAF updates: QGAC questioned why the results of the review of clinical coding and the concordance between coders and clinicians had been put back to July 2019; and about the new negative assurance - lack of assurance regarding clinical pathways in diagnostic groups with elevated mortality, where audits are being undertaken with completion date of May 2019.

Cancer
QGAC heard that the decline in performance for 2 week wait breast symptomatic referrals was due to a huge increase in demand: previously typical levels had been 350/week, now it can be 500, with no apparent end in sight. There has been a slight increase in numbers diagnosed. In an attempt to meet demand, there has been an additional middle grade doctor to help with diagnoses and biopsies and regular additional breast clinics.

Quality Review Visit – Neonatal Unit – 18th July 2018
QGAC were disappointed to see two domains scoring "requires improvement" but were informed improvements had been made. The outcome of the QRV and the ratings against the CQC domains were as follows:-

- Safe – requires improvement;
- Effective – good;
- Caring – outstanding;
- Responsive – good;
- Well led – requires improvement.

The review was led by one of the senior Patient Flow Co-ordinators. There was no medical clinician available to assist with the review. The ratings were accepted as an accurate reflection of the position at the time of the visit, and an action plan has been produced accordingly.

Resuscitation Group – Paediatric Cardiac Arrest Trolley Re-Audit of Non-Compliant Trolleys

Further to September report COG requested a re-audit of Paediatric cardiac arrest trolleys. Five of the six trolleys audited were fully compliant. A further review of the one non-compliant trolley found all necessary equipment present. The main concerns were around sustaining compliance and assurance between audit periods. The results and reinforcements were to be shared with all Divisions.

End of Life (SWAN) Steering Group - report to COG November 2019

The EOL steering group now meets monthly and has developed a draft strategy for wider consultation. Further work areas include the bereavement survey report and improved engagement with SWAN champions. Further to red outcomes reported in last year's National End of Life Audit, a progress report on actions is requested in the next report and further assurance once the latest audit is published in spring 2019. A review of OP20 Management of the Deceased Patient is due in Jan 19 to ensure consistent standards exist for care after death.

COG discussions identified the need to address membership links between MRG and EOL groups.

Quality Review Visit – Clinical Haematology Unit – 25th April 2018

QGAC were concerned to see the QSIG Chair's report of the outcome of the visit and the ratings awarded for the CQC domains. These were:

- Safe – inadequate;
- Effective – requires improvement;
- Caring – good;
- Responsive – requires improvement;
- Well led – inadequate.

QSIG held a lengthy discussion regarding the outcomes of the review, noting that the CHU had already been identified as being a "challenging" area, ahead of the visit, and a number of improvement actions had already been made within the area. A programme of improvement has been implemented to address the poor outcomes and the "historical attitudes" within the area.

QGAC were concerned that, from the minutes, it appeared some issues had been a problem for some time. In particular, whereas the Board had previously heard a positive patient's story, concerning the much improved sharing of good practice across RWT in managing and supporting patients with sickle cell anaemia, it appeared from this report that this was not always the case in CHU, which as a specialist unit could be expected to be an exemplar. QGAC were told that there had been a lot of discussion about the findings. A Quality Review revisit is planned for early 2019, and there is an external review of CHU planned.

	Matters for Audit Committee **VTE Audit by External Auditors.** Audit at their December meeting had considered QSIG's request in November for Internal Audit to look at the VTE process. Audit had declined, as there were existing recommendations from External Audit to work through. Chair and NED, both on Audit, stressed the importance of RWT being able to demonstrate that it identified all patients who required VTE assessment, and that they received the assessment at the appropriate times. Chair to seek an agenda item on this for the 12 February Audit meeting.
Risks Identified: **Include Risk Grade (categorisation matrix/Datix number)**	