

Chair's Report of the Quality Governance and Assurance Committee (QGAC) May 2019

4 June 2019

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Agenda Item No: 7.2

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:	May 2019	
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>QGAC Chair's report May 2019</p> <p>Advise</p> <p><u>Circulation of relevant Internal Audit report</u> The recent (7 May 2019) report by Internal Audit of the BAF Audit will be circulated to all GQAC members and included as an agenda item at the June meeting.</p> <p><u>BAF Cancer Risk under development</u> A new BAF risk on Cancer performance has been drafted and will, after formatting by the Company Secretary, be sent to chairs of F&P and QGAC for any comment. The risk will be allocated to QGAC to oversee.</p> <p><u>Governance: Divisional Highlight Reports to QSIG</u> QSIG Chair reported on the progress and good use of Divisional highlight reports presented to QSIG. Reports gave a broad and relevant coverage of safety performance with focus on risk and redress of any compliance deficits.</p> <p>Assurance</p> <p><u>Patient Falls</u> QSIG Chair reported that the reduction seen in falls with serious harm has been sustained across the divisions.</p>	

NHSI Review of Maternity Services

QGAC noted from the QSIG minutes that Midwifery Services have had a self-initiated service review from NHSI on the 19th-21st March 2019. The service has been commended for their ongoing work for quality improvement. The review was extremely positive with NHSI feeding back that they had observed some exceptional midwifery practice, innovation and some unique models of care that they have encouraged the Trust to share with the NMC, Maternal and Neonatal Health Safety Collaborative and National Professional Midwifery advocate programme for Midlands East.

National Reporting and Learning System (NRLS) 6 monthly report

This showed no evidence of under-reporting at RWT. A slight increase in reported incidents per 100 bed days (500 extra incidents) correlates with an increase in service activity. Governance is taking several actions forward, including additional resources for QA checks which should also reduce the number of incidents categorised as “other” and as a result not included in the NRLS analysis.

Partial Assurance

Human Tissue Authority (HTA) Inspection of Mortuary

QSIG discussed a draft report received from HTA following an inspection within the Mortuary in February which showed: 14 critical findings, 15 major findings and 27 minor findings. Work is on-going within the action plan to rectify the issues. There were no critical / major findings within Theatre. QGAC were told that a final update and response to the HTA would be sent by 24 May.

Local Clinical Procedures

QSIG chair reported that work to establish governance arrangements for the management of local procedures is progressing well. Lists of local procedures have been returned by all 3 divisions (100% Div 3, 70% Div 1 and 50% Div 2). Areas outstanding will be followed up and lists received will be populated into Health Assure to enable reporting.

Nursing Vacancies

QSIG Chair reported that Divisions have made good progress in reducing nursing vacancies. Nurse vacancies have reduced from 250 to 100. International recruitment is planned over coming weeks to assist in filling remaining gaps.

SUI Actions

QSIG Chair reported that the numbers of overdue SUI actions continue to reduce.

VTE

QSIG chair reported that focused monitoring of VTE compliance continues within Divisions. As a result, RWT is very close to meeting the standard. Divisions have identified their areas for targeted improvement and those with good performance to share good practice. Division 3 have requested a progress and assurance report

from Paediatrics around their VTE improvement plans.

Nutrition Support Steering Group Report - incorrect MUST scores

There are issues with incorrect MUST (Malnutrition Universal Screening Tool) scores being recorded to patients due to the lack of a measured weight (ie weights are estimated, patient- advised or unmeasurable). This impacts two of the 3 MUST steps ie % weight change and BMI. In some areas bed weighing scales are unavailable/broken. QGAC heard that accurate weighing is vital for renal and cardiac patients, in order to measure fluid retention, and for accurate calculation of medication by pharmacy. QGAC discussed the benefits in terms of harm prevention and nursing time saved of available high-tech solutions.

Concerns were raised regarding training for nutrition, hydration and dysphagia. Level 1 training is at 79% and level 2 at 75% for role specific requirements. The head of Nutrition and Dietetics is to discuss this further with Education and Training.

Royal College of Obstetrics and Gynaecology Report Update

COG chair reported on an update of progress on the action plan addressing the recommendations of the RCOG invited review in May 2018. The action plan is broken down into 7 sections in line with the recommendations and terms of reference.

With respect to the first 6 terms of reference good progress has been made in completing or being close to completing the recommendations made by the reviewers. 2 actions recommended by the reviewers will be difficult to implement with current clinical service reconfiguration and these relate to the availability of interventional radiology service and the ability to perform vascular surgery (for example, internal iliac artery ligation) in emergency situations which may not be possible given the current service arrangements across the Black Country.

Service weaknesses relating to shortage of middle grade doctors and consultant labour ward cover have been/are being addressed. Four additional consultant obstetrician appointments have been made and will support and enhance the consultant labour ward cover. A business case is developed to increase middle grade doctors to allow creation of a two tier middle grade rota.

NCEPOD Failure to Function Acute Heart Failure

COG Chair reported on a summary of the NCEPOD report detailing, through retrospective casenote reviews, the management of patients presenting with acute heart failure. The report makes a number of recommendations which RWT must progress to ensure optimisation of outcomes for patients with acute heart failure. These are being actively managed through the Cardiac Directorate in conjunction with other relevant consultants and specialties across the organisation. This is an important report that has widespread implications nationally. The local actions extend through to delivery by end of 2019.

	<p><u>Mortality: Learning from Deaths Report</u> QGAC discussed the May report. 10 diagnosis groups have a higher than expected SHMI, or are close to being classed as that. QGAC were interested in the deaths within 30 days of discharge, and what is known about the care given to those who died at home.</p> <p>The diagnosis groups which are currently showing a higher than expected SHMI remain influenza, Chronic Renal Failure, Chronic Ulcer of the Skin, Senility, Chronic Obstructive Pulmonary Disease (COPD) and Respiratory Distress Syndrome. Improvements are noted for Pneumonia, now with a SHMI within expected limits. A clinical review of case notes has been requested for COPD, and the report included a summary of the data review for COPD.</p> <p>No assurance</p> <p><u>IQPR: Cancer Performance</u> Cancer performance was also discussed at F&P, which also received the Cancer Action Plan update. Performance for breast cancer 2 week waits has reduced to 3.77%, with average waits now at 34 days (April: 24 days). This puts achievement of the 62 day target at risk, and exceeds the 28 day target for diagnosis which is the norm for other forms of cancer. A meeting of the STP on cancer performance revealed other trusts under pressure, but a possible way to ease the pressure on RWT will be to flex the boundaries for GP referrals.</p> <p>The greatly increased number of referrals is yielding the same percentage of diagnoses, showing that referrals are appropriate. This may indicate that referrals are being made earlier, with the possibility of improved outcomes overall.</p> <p>The breast team is working at weekends, at a level which is hard to sustain, and it is not possible to state when the performance will recover.</p> <p>Matters for Audit Committee</p> <p>There were none</p>
<p>Risks Identified:</p> <p>Include Risk Grade (categorisation matrix/Datix number)</p>	