

Chair's Report QGAC 2 December 2019

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Agenda Item No: 9.3

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:	November 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 November 2019</p> <p>Advise</p> <p>TRR QGAC were informed of additional updates to the TRR which will be included in the version presented to the board. QGAC was pleased to hear of these further updates and reassessments of TRR risks, in addition to those already included in the report it received.</p> <p>Two new risks: <u>5243</u> Breast service: recognises the fragility of the breast service and the risk of harm to patients if national standards are not met and of harm to staff if the pace of work is excessive. <u>5308</u> WLI/pensions: recognises the impact on waiting lists and hence on patients, and also on trust income, of the nationwide pensions issue.</p> <p><u>4523</u> heater cooler units: a new unit has been tested, the case for new units has been to the Capital Review Group and 6 units ordered. They should be with the trust in a matter of weeks, when it should be possible to remove this risk.</p> <p>BAF QGAC reviewed the two BAF risks assigned to it, SR12 and SR13.</p> <p><u>SR12, Mortality</u>: QGAC agreed the updates made. Noting the comment in GC16 regarding the Silverman Report which states that</p>	

“each gap now addressed individually in Action plan with RAG rated Mortality Action Plan” QGAC again asked for it to be made explicit in the Mortality Action Plan which of the table of actions appended to the report also comprised actions arising from the Silverman Report.

SR13, Cancer: QGAC agreed with the updates made and was pleased with the progress on CM11, breast referrals 2 week wait, and the fact that on PA6 from November all specialties are booking within the two week standard, although noting that the service is still fragile, dependent on demand. CM10 states that pathology turnaround times are reported to QSIG and STP cancer board. (see below on BCPS). Backlog of cases for 104 days harm reviews: the reviews are recommencing later in November with the new cancer lead. QGAC agreed that the report on the Cancer Action Plan which goes to F&P will also come to QGAC for information.

Black Country Pathology Service and Governance

QGAC discussed where reports on the performance of BCPS were being reviewed, noting from SR13, CM10 that QSIG were seeing reports on pathology turnaround times, though not having noted any discussion in the minutes. F&P had been informed that turnaround times for histopathology had declined for RWT while they had improved for other trusts whose turnaround times had been poor before BCPS was set up. QGAC was informed that turnaround times in pathology were not a root cause of delays in the 62 day pathway, and that other diagnostic procedures were they key issue, but that consideration will be given to whether metrics on BCPS should be added to IQPR.

Learning From Deaths Report

QGAC asked about the role of the Medical Examiner now that the reviewers were in place. The Medical Examiners will continue to look at every death and contact the families and escalate any cases where they have concerns. The reviewers will, in addition to reviewing those cases referred to them by the ME, review all those cases falling within the criteria for review.

Partial assurance

IQPR: late observations

M Morris, M Martin and R Edwards had a meeting just prior to QGAC in which M Morris explained in some detail the work being done to understand the figures for late observations. Work she and V Whatley had done seem to confirm that the rise in late observations observed since the changes to VitalPak are due to changes in the way the system now handles data, and represents an accurate picture of observations. Attempts to benchmark with other trusts have not been easy - but they will be visiting UHCW to find out if they have issues and how they deal with them. NEWS2 sets more demanding requirements for observations, leading to more patients under observation. Some work is underway to use features of Vitalpak to better represent the status of patients, and a CQI project is underway

on the huddle, to review patients' need for observations more rapidly.

Sepsis

While performance in ED was 100%, on wards performance has plateau'd at around 50%, although QSIG minutes show surgical directorate is doing well due to a CQI Project. CQI work is taking place across a number of wards, and Sepsis Nurses conduct weekly ward rounds.

Duty of Candour

QGAC discussed the one incident in October. This stemmed from the Spinal block never event, and was a failure to meet the second stage deadline, due in October. QGAC agreed that as these duty of candour events were relatively rare for directorates, a system of reminders would be worth instituting. The fine was the standard one of £10,000.

National Reporting and Learning System (NRLS) Organisational Feedback Report: October 2018-March 2019

Trusts provide information on incidents that occur in the trust to NPSA who format it and analyse it to provide benchmarking data. QGAC considered what the value of this was to the trust and agreed that, providing the data was accurate, it gave us some indication of what our reporting culture is. The report showed no evidence of under-reporting at RWT, however QGAC agreed that the table showing the degree of harm caused by incidents did not accord with the committee's recollections of SUIs reported on during that period. Governance are already reviewing the figures for serious harm and death, comparing them with data from other sources and checking on staff's understanding of the guidance on assigning incidents to the categories. There will be a new national reporting system in the near future.

Security and violent incidents

Leadership Walkabout Q2 report to QSIG: Matters raised include violence and aggression within AMU and Elderly Medicine – a working group has been set up. QGAC discussed this, and whether there was enough security staff available to attend to all incidents in time. QGAC were told that additional security has been put into ED and AMU. RWT senior managers were attending a conference on Managing Violence and Aggression.

Delays in completing RCAs

QSIG was advised that there is an issue with staff undertaking RCA's due to time commitments, resulting in RCA's being delayed. QGAC discussed this: staff try to fit RCAs around their normal work. The spike in the number of RCAs required in September has added to the pressure. RWT does not have a designated team carrying out RCAs whereas some trusts do.

Staffing levels

QSIG at the meeting on 31 October heard that in:

Division 1: Recruitment is being undertaken within T&O and

additional beds are being opened. Assured that staffing is much improved within T&O.

Division 2: Staffing levels saw 32 breaches and the meeting was advised of vacancies on C16, C24, C25 and C19 are a particular area of concern. For assurance there is a Divisional action plan which has been agreed by the Executives.

QGAC heard that there are significant numbers of nursing staff in the pipeline and that this should have an impact on staffing levels and breaches.

Health and Safety Steering Group: Ligature risk assessments

CQC had raised concerns regarding the Trusts Ligature risk assessments and COG was assured that all departments (including Outpatients) now have ligature assessments and management plans. These are currently being reviewed by H&S officers for quality assurance. The “Management of Ligature Risk Policy” was launched in July 2019. High risk areas have been prioritised.

Red RAG rated areas for risk assessments, reported in previous reports to COG and QGAC have all improved to a position of ‘amber’ or ‘green’. All amber rated areas are reported to Division with escalation to Directorates/Departmental Managers regarding compliance.

NCEPOD (National Confidential Enquiry into Patient Outcome and Death)

Dr Raghavan presented to COG on the above report which gives complex guidelines which require Surgery, Anaesthetics and Diabetes to work together to support Diabetic patients prior to their procedures. The report highlights the need for Diabetic patients to be managed appropriately pre, peri and postoperatively and an “action plan” has been submitted to Division one governance to support proposals to facilitate service provision as described in the report. All Wolverhampton patients with Diabetes are flagged on PAS and Portal; however those patients out of area are not. An electronic system identifying all Diabetic patients would require Trust support. An updated report detailing progression of discussions through Divisions one and two will be presented in March 2020.

Critically Ill & Injured Child Steering Group

COG was informed that regarding up to date nursing compliance with advanced resuscitation skills there is an issue both in the Paediatric ward/PAU and Children’s Emergency Department Services. COG was informed that two courses undertaking the training had both been cancelled at short notice, and since then attendance on additional courses for nursing staff is booked for November, December and January (2020). The resuscitation department at RWT will be accredited to become an EPALS (European Paediatric Advanced Life Support) provider with the first course in January 2020 and a second in June 2020. Assurance was given to COG that on each shift there is always a Doctor with appropriate resuscitation skills.

	<p>COG was also informed that there are delays in reporting of Radiological images of Critically Ill children and a discussion is planned between the Radiology and Paediatric Clinical Directors to resolve this issue.</p> <p>Matters for Audit Committee</p> <p>No matters were identified.</p>
<p>Risks Identified:</p> <p>Include Risk Grade (categorisation matrix/Datix number)</p>	