The Royal Wolverhampton
NHS Trust

Quality Governance Assurance Committee
1 October 2018

Agenda Item No: 12.4

The Royal Wolverhampton NHS
NHS Trust

CHAIRMAN'S SUMMARY REPORT

Name of Committee/Group:	Quality Governance Assurance Committee	
Report From:	Rosi Edwards - Chairperson	
Date:	September 2018	
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** <u>Issue: Evaluation of new meeting structure</u> – As part of the 3 month evaluation of the new meeting structure, QGAC requested Divisional input/feedback. A short survey from Divisional QSIG members (9 issued, 5 returned) was discussed at QSIG and it was agreed that three months was too early to evaluate the meetings. It was acknowledged that the reports from the 3 divisions and the information provided to the QSIG meeting were good. The divisions would seek to reduce duplication of information produced for QSIG and TMC. <u>Issue: New format for BAF</u> - QGAC liked the new layout and thought it presented information more clearly. The intention now is to review the presentation of all the BAF risks so that information is correctly categorised in terms of evidence, controls, etc, which QGAC welcomed. <u>Issue: QGAC review of effectiveness</u>: QGAC secretary had collated responses to the questionnaire and produced a paper for this meeting. Chair will write to members reflecting on suggestions made, for discussion at the next meeting, **Assurance** <u>Issue: SUI outstanding actions</u> – QSIG found that improvements have been made across all Divisions in reducing the number of overdue SUI actions.	

	Issue: Division 1 – Investigation into increased medication incidents confirmed to QSIG that there are no concerns, no harm was associated with these incidents and it is indicative of positive reporting. Issue: Pleural Services Group: Six monthly report by AS, stating one of the best reports since 2013. No SUI's and 2 Datix. Policy CP60 is due for review in January 2019. Overall, service running well with good progress being made. **Partial assurance** Issue: Mortality - new BAF risk and mortality report: QGAC discussed the new BAF risk, and agreed it should go to the Board on 1 October as it was. Work would be needed to review and update it to ensure it was fully cross-linked with all the actions in the action plan outlined in the Mortality Report and as it was developed further. QGAC welcomed the Mortality Report and the action plan and considered the NHSI presentation at the Board Development Session on 17 September supported it and offered further possible areas of work. QGAC considered that the aim of the action plan should be to understand as far as possible the causes of the elevated SHMI, to identify areas requiring exploration and ensure that patient care is and can be shown to be good. Issue: IQPR Cancer waiting times: to reduce the backlog, if referrals remain static at 1500 at least 105 patients need to be treated. This level was achieved in August, but referrals are such that in September the patients treated figure will have to be rebased to 118. This will be a challenge to some specialities. The Intensive Support Team is still at RWT, and the Cancer Alliance is reviewing pathways. The Cancer Team administrative support has been increased, with temporary funding from Cancer Alliance, so that tracking and chasing of actions can be more effective. These additional staff started in September. It was noted that Urology had treated more patients than ever. Issue: 104 Day Harm Review – QSIG received a report on the new process for reviewing patients waiting 104 days or more for their first Cancer treatment. The process involved the review by the Cancer Clinical lead of all patients that have gone over the 104 day wait, the review is liaised with Clinicians and the MDT leads in determining whether harm has been caused. A monthly meeting is chaired by the Chief nurse along with Cancer lead specialists (nursing and medical), CCG, Governance (and GP to join shortly) to discuss decisions on harm that is then reported to QSIG. Currently the 104 Day Harm Review was mandatory and it was agreed that the report would come to QSIG for the next couple of months and then review. QGAC were told that the June review showed no harm had resulted, the July review is part-way through.

	Issue: Pressure Ulcer and Tissue Viability Update to August COG: good progress regarding avoidable pressure injuries. Adult Community Services had not reported an avoidable stage 4 PU since September 2017, and no avoidable Stage 3 since April 2018. There has also been a significant reduction in pressure injury incidents per 1000 bed days this financial year. From October 2018 the trust will be reporting pressure ulcers according to the Pressure Ulcer Consensus. The terms "avoidable" and "unavoidable" will no longer be used, and "omissions in care" will continue to be identified. QGAC was told that the changes in definition may lead to a rise in reported numbers. There have been 3 retained dressing incidents which revealed similar learning outcomes. A cavity wound care log has been introduced to reduce the possibility of not identifying cavity dressings and audits of compliance recommended for discussion at QSIG. Issue: VTE performance: QGAC discussed the issue raised at COG concerning the dip in weekly VTE performance since April 2018. The Trust is required to report on VTE within 4 hours and then a second within 24 hours. Any assessment after 24 hours does not count toward the performance metric. There are challenges with additional areas to count (CDU) and also with IT – Vital Pac. Options to improve the assessment were discussed, including not moving patients from the emergency portals. This will be held in reserve, while the success of other measures being implemented can be assessed - August shows an improvement. COG confirmed RCA process for all patients who had no VTE, to identify if any harm. Issue: Point of Care Testing (POCT) VI practices: some VI practices are not compliant with the Trust's POCT policy and are working towards partial compliance by December 2018. The issue is with the governance arrangements at the VI practices, e.g.: quality control, external quality assurance, training, competency records, etc. Issue: RWT Cervical Screening Programme - July 2017>June 2018: In April 2018 a screening quality assurance visit to RWT was largely positive although number of recommendations were made. Among these was the issue of colposcopists attending MDTs. The standard is that each colposcopist should attend at least 50% of MDTs. From January-July 2018 only 6 of 11 colposcopists achieved this. This was in part due to robotic surgery coinciding with the MDT. The issue has been referred to the directorate for action. Issue: National Emergency Laparotomy Audit reported to COG on fifth year of collecting data, (December 2015 – November 2016). Trust mortality was 9.6%, just less than the national average. Work required in using a pre-operative risk prediction score.

	Issue: Infection and Prevention Control Report: Six month annual report presented to COG for 2018/19. The Trust was at July 2018 below the internal C Diff target. Challenge in meeting MSSA and MRSA bacteraemia and MRSA acquisition. Deep clean programme has commenced. Business Case to support CPE testing to be presented to TMC (approved in July 2018). Issue: NICE implementation Report: COG noted good progress being made by the NICE group. NICE policy OP56 is now a standard operating procedure. Currently a gap between Primary Care teams and NICE guidance assessment, which is being worked on. Issue: QRV annual evaluation report – A comprehensive evaluation of QRVs undertaken between April 17 to March 18 reported that Caring had three 'outstanding' and no 'requires improvement' ratings. Safe domain had the most ratings of 'requires improvement' and all areas revisited have shown an improvement. Concerns were discussed about the number of red actions overdue follow QRV. These were to be escalated for local action and for Divisional monitoring. CCG had been represented on 2 of the 12 QRVs. The 2018/19 programme has commenced, however, there are still some challenges in identifying medical staff to support forthcoming visits. All inpatient wards except for AMU have or will have received a visit by the end of financial year 2018/19. Other areas included this year are Theatres and Outpatients Issue: delays in completion of RCAs:– QSIG noted that: - not all staff trained to undertake an RCA will agree to undertake/lead an RCA. - often same staff frequently asked to lead RCAs - acknowledged that conducting an RCA investigating was time consuming and not incorporated in job plans. The issue of identifying adequate staff and time to complete RCA was to be considered by Divisions. A central role to support the RCA process is being but will still require Divisional RCA investigators. QGAC informed that incentives for leading RCAs were being considered. Issue: Sonography Service: Division 1 reported to QSIG a high amber risk to be taken to Division in September. This related to the Sonography Service being compromised due to high sickness levels and vacancy. The risk is to be approved and considered for the risk register/TRR. **Issues for Audit Committee** QGAC identified none at this meeting.