

Minutes of the Quality Governance Assurance Committee 3 December 2018

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Agenda Item No: 12.7

Minutes of the Quality Governance Assurance Committee

held on the:

Date **Wednesday 24 October 2018**

Venue **Room 6, WMI**

Time **2.00pm to 4.00pm**

	Name	Role
Present:	R Edwards (RE) - Chair	Non-Executive Director
	M Arthur (MA)	Head of Governance & Legal Services
	A M Cannaby (AMC)	Chief Nursing Officer
	G Nuttall (GN)	Chief Operating Officer
	Dr J Odum (JO)	Medical Director
Attendees:	K Wilshere (KW) – via Skype	Company Secretary
	Martina Morris (MM) - Observer	Senior Clinical Manager - NHSI
Apologies:	D Loughton	Chief Executive
	J Small	Non-Executive Director

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1	<p>Apologies for absence</p> <p>Apologies were noted.</p> <p>RE welcomed MM to the meeting and introductions were made. MM advised the meeting that she was not in attendance to formally observe the committee; MM is visiting all of the Trusts in her portfolio and feels it is useful to get to know more about them.</p>	
1a	<p>Declarations of Interest</p> <p>There were no Declarations of Interest.</p>	
2	<p>Minutes of Previous Meeting - Quality Governance Assurance Committee:</p> <p>Page 5 – risk 4661 – last line – should read: <i>there have been no new incidents</i></p> <p>Page 6 – 2nd paragraph – first line – should read: <i>suggested consideration of whether there has been enough movement to warrant changing the grade</i></p> <p>Page 6 – risk 4734 remove reviewed and replace with <i>removed</i></p> <p>Page 6 – remove the name Kelly Emmerson / Kelly</p> <p>RESOLVED: Minutes of the Quality Governance Assurance Committee held on 19 September 2018 were approved as a correct record.</p>	
3	<p>Matters arising from the Minutes</p> <p>The action log was updated accordingly.</p>	
4	<p>Regular Reports</p>	
4.1	<p>Integrated Quality & Performance Report – August – AM Cannaby & G Nuttall</p> <p>AMC presented the Quality section of this report and the meeting noted the new format. The meeting was advised that AMC had met with RE, JS and Roger Dunshea to discuss the format. The current format is a work in progress and will be discussed further at the next Trust Board.</p> <p>AMC informed the meeting that the new Medical Examiner model will commence on 1 December 2018. Additional training has been given in regards to the Structured Judgement Reviews (SJRs); plans are in place to clear the backlog by 31 December 2018.</p> <p>There have been several breaches in regards to Serious Incident Reporting. Discussions have taken place with the CCG and on a weekly basis a meeting is held with AMC, JO and MA who sign off the completed reports. Good progress is being made. AMC advised the meeting that in August and September there was a lot of SUI's. Since the end of September the Trust has been working with the CCG to ensure that the Trust is complying with the guidance on reporting as this Trust is reporting a lot more than the guidance requires.</p>	

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	<p>AMC reported to the meeting that VTE Assessments are improving with a lot of work being undertaken in AMU to ensure that the VTE Assessments are completed. Work is still ongoing between the Stroke Unit and A&E due to the electronic records are different. Badgernet is still causing issues within Maternity, good progress is being made.</p> <p>Maternity C-Section rate is still high; plans are in place to audit inductions. AMC, JO & GN are meeting with the teams in November to discuss what can be done differently and how to take forward.</p> <p>GN presented the Performance section of the report to the meeting. GN advised that brief discussions took place at the Finance & Performance meeting in the morning.</p> <p>GN reported that the Trust is predicting possible failure of the 2 week wait, 2 week wait Breast Symptomatic, 31 Day First Treatment, 31 Day Sub Surgery, 31 Day Sub Radiotherapy, 62 Day wait for First Treatment, 62 Day Screening and 62 Day Consultant upgrade for September. The meeting noted that validation is on-going with the final cancer data uploaded nationally six weeks after month end. GN explained the diagnostic – 6 week wait chart and explained that the spike upwards is not good, this needs to be below the blue line for achievement. The main issue is within Endoscopy and increased referrals, GN advised the meeting that their recovery plan will probably take until the end of November. GN informed the meeting that the Trust has received £200K through Cancer Alliance to help with cancer diagnostics; a large proportion of this money has gone to Endoscopy.</p> <p>GN advised the meeting that at the earlier Finance & Performance meeting herself and Simon Evans had presented the IST Work and she was happy to share with the meeting. The meeting agreed it would be glad to see the presentation.</p> <p>The meeting discussed the Cancer recovery plan and assurances were received from the actions listed within the report.</p> <p>GN mentioned that that the IQ&P report now contains a section on Integrated Care. She said it was a start and more metrics would be developed. The meeting discussed the format of the report and agreed it was a useful example of what could be done.</p> <p>RE asked why, if HCA's were easy to recruit why was there an issue. AMC advised that when the recruitment drive commenced there were lots of HCA vacancies. These posts were filled September / October so there will be a period of induction and training before they become part of workforce. While the Trust has concentrated on the substantive workforce the Trust is now including in their focus the Bank staff, so that there is a flexible workforce.</p> <p>RE sought clarification under the item of Urgent Care on page 14, line 6, in regards to <i>Trolley waits in ED not longer than 12 hours</i>, after a brief discussion it was agreed to remove the word not.</p> <p>RE enquired about the reasoning behind the increase in cancer referrals within the 2 week wait. GN replied that the CCG are undertaking a piece of work with all Primary Care Practices around the referrals. There is a national pattern of an increase in referrals due to the new electronic referral system, ERS, slots are open for two weeks and the Trust is receiving far more referrals through this route. A piece of work is being undertaken to educate the GP's which is being led by the CCG.</p> <p>RE noted that the Delayed Transfer of Care has increased and asked if it was known as to why. GN informed the meeting that the percentage related to Wolverhampton and they are</p>	<p>GN</p> <p>GN</p>

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	<p>having issues with complex packages of care and their provider. GN assured the meeting that they are working hard and this is being monitored through the Better Care fund / programme.</p> <p>Resolved: Report was accepted</p>	
4.2	<p>Board Assurance Framework Key Issues – K Wilshere (via Skype)</p> <p>KW advised the meeting via Skype that:</p> <p>0 new risks</p> <p>0 risks closed</p> <p>4 red risks: SR1 - Workforce - Recruitment and Retention of staff across the Trust and in particular the future pipeline of nursing and medical staff. SR8 - That there is a failure to deliver recurrent CIP's. SR9 - That the underlying deficit that the Trust has (in 2017/18) is not eliminated in medium term to bring the Trust back to financial surplus.</p> <p>KW advised that SR12 will be updated the following day (25 October). JO commented that the updates will be on the action plan and the Medical Examiner role. There will be a brief update on the Independent Medical Expert; he is still gathering information. There will also be an update on Mortality Review Group and what is being done within this Group (SJR's, learning from deaths). There is no update to give on the SHMI. This will be refreshed in November / December. The meeting discussed this risk. It was pointed out that it needs tidying up to move material that appears in "controls" into assurances; and the negative assurances did not describe the negative issues but went straight to the measures to deal with them. KW and JO assured the meeting that these matters would be part of the updating which will be made by the next report.</p> <p>Since the paper has been circulated, the following risks have been updated:</p> <p>SR1 (23/10/18) SR6b (23/10/18) SR8 (23/10/18) SR9 (18/10/18) SR11 (18/10/18)</p> <p>The above risks have been discussed at Finance & Performance and or Workforce Committee. GN confirmed that Finance & Performance discussed SR6b and SR8 earlier.</p> <p>KW advised that SR12 will be updated on Thursday morning. JO commented that the updates will be on the action plan and the Medical Examiner role. There will be a brief update on the Independent Medical Expert as he is still gathering information. There will also be an update on Mortality Review Group and what is being done within this Group (SJR's, learning from deaths). There is no update to give on the SHMI and will be refreshed in November / December. The meeting discussed this risk and assurances were received from JO and updates will be made by the next report.</p> <p>The meeting commented that the document was shorter, easier to read and a much better report.</p>	

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	<p>Trust Risk Register – M Arthur</p> <p>MA presented the above and advised the meeting of the following:</p> <p>2 new risks:</p> <p>5031 - Potential Non Compliance with The Fetal Anomaly, Paediatric Hips, Downs Patau's, Edwards screening standards (COO) - this risk has been fully populated and all of the actions are within date. This risk is currently graded as amber.</p> <p>5083 - Lack of Trust wide dysphagia framework (COO) – there are a couple of actions which are currently under way for the risk. The policy will be going to Policy Group in November and there is work around rolling out the care pathway. The Governance Manager will liaise with the Directorate at the next update in regards to audit. This risk is currently graded as amber. MA advised that this will be a sample audit.</p> <p>4 risks removed:</p> <p>5012 - External/temporary pacing boxes (COO) – deescalated and will be monitored locally.</p> <p>4718 - Safeguarding Team Staffing. (CNO) – staffing issues have been resolved by recruitment. Deescalated and will be monitored locally.</p> <p>5017 - Unable to achieve the activity levels (CFO) – forecasts are now aligning better with the Commissioning incomes – deescalated for local monitoring.</p> <p>4734 - Elevated Mortality Statistics (MD) – closed – escalated to BAF.</p> <p>5 red risks: MA confirmed that the five red risks have all been reviewed.</p> <p>2080 - Risk to quality of patient care: reduced manpower (COO) – no changes made following the review.</p> <p>4661 - Lack of robust system for review and communication of test results (MD) – updates made to the controls, assurances and actions around the reporting of test results. Some results have been reported where this month for the first time the system has been able to produce some audit figures. There is still some work around getting the reports to be filed so they can be audited. JO explained to the meeting that the results should be filed in the month that they have been requested. JO gave an overall review of the process. The Trust is currently 20% complaint. JO to update to this meeting on a regular basis. This is a red risk. RE asked what the problem was: was the software hard or time-consuming to use? JO said the results had to be reviewed and also filed in order to be audited. This was not difficult to do but was time consuming, especially if there was a large volume of results, which was the case for some consultants. It might take anything upwards of half an hour to complete. Each service area should have an SOP for filing results. Some areas and some consultants were very good at completing this task, others were not. There had been some push-back over the time commitment. Discussions were planned over the next few days over how to manage the review and filing.</p>	

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4.3	<p>4472 - Delays in Cubicle Assessment and Triage (COO) – no changes made following the review.</p> <p>4113 - Division 1 failure to achieve CIP target (COO) – this has been updated with a single action. All of the actions are in date. GN advised that a discussion took place at Finance & Performance in regards to this risk and it was noted that the Trust is not meeting its CIP target and GN asked if this risk could be extended to apply to all Divisions.</p> <p>4903 - Risk of non-compliance with Thoracic Service Specification (COO) – GN advised that this should not have been graded at 4 x 5 = 20 red risk. MA to ask the Healthcare Governance Manager to review this risk. The meeting agreed that this was a risk but not at this grade.</p> <p>Mortality – A M Cannaby</p> <p>AMC presented the above progress report on Mortality Management.</p> <p>The meeting was informed that due to the efforts of JO’s team an action plan has been created and is comprehensive. The plan is currently split into seven areas:</p> <ul style="list-style-type: none"> • Programme Management • City wide programme • Policy / Processes • Quality / Safety of Care Mortality Reviews • Education • Workforce • Communication Plan <p>AMC advised the meeting that in the next couple of weeks David Loughton will be chairing a Programme Board, this will ensure that he is happy with progress and holds the Executives to account.</p> <p>The Trust is working alongside the CCG, who are aware of our issues, around End of Life Care across the whole pathway. There are also issues with nursing homes and admissions from nursing homes.</p> <p>The Medical Examiner interviews have taken place and the role will commence from the 1 December 2018. Nurses have been trained to undertake some of the backlog of SJR 1’s. Work is also ongoing in regards to what Clinicians write and how this affects coding. The work will see if things can be written differently. JO feels that this Trust does not complete the notes any different from other Trusts and wonders if the issue is in regards to capturing.</p> <p>The meeting discussed the action plan in-depth. AMC advised the meeting that the Trust is looking to recruit some more senior Nurses to drive the Sepsis work.</p> <p>RE asked how the Trust involves the relatives / carers of the deceased with the decision to do a review. JO advised that this Trust does not do that systematically but it is something that will need to be implemented. Following the death review if it is a SUI then the family will be advised that a SUI will be undertaken. The review of the death is done in the Directorate and escalation is done on the basis of the level of care provided according to the review. RE asked that an additional action be included in the action plan, to cover the need to have a system for involving the bereaved in decisions about investigations in line with the Learning from Deaths Guidance. MM said further guidance on how this could be done had been issued</p>	MA

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5.4	<p>Compliance Oversight Group minutes – September 2018</p> <p>The meeting accepted the minutes from the September meeting.</p>	
6	<p><u>Assurance Reporting / Themed Reviews</u></p>	
6.1	<p>QGAC Draft Objectives – R Edwards</p> <p>A brief discussion was held in regards to the QGAC draft objectives. It was agreed that CE would circulate the paper and comments to be sent to CE and collated for next month.</p>	CE / ALL
6.2	<p>QGAC Self-Assessment – R Edwards</p> <p>The meeting commented that the feedback from the self-assessment was positive and will be included in the annual report.</p>	
7	<p>Issues of Significance for the Trust Board</p> <p>Advise</p> <p>Martina Morris of NHSI West Midlands attended the meeting as an observer, to familiarise herself with the Trust, as part of her role as lead with a number of West Midlands Trusts. She commented that RWT’s committee structure allocates detailed consideration of reports to a level below QGAC, leaving QGAC members to have a wider-ranging and deeper discussion than would be possible when a large number of papers are routinely presented.</p> <p>QGAC Self-assessment Mortality management report New BAF risk: Mortality New format for Integrated Quality and Performance Report</p> <p>Partial assurance</p> <p>Mortality Review 104 day harm reviews</p> <p>Issues to raise with Audit Committee</p> <p>There were none.</p>	
8	<p>Evaluation of Meeting – ALL</p> <p>Good, align to what is needed. MM advised the meeting that she thinks it is interesting as every meeting she attends is slightly different. AMC explained to MM how COG and QSIG work and fit into the meeting structure of the Trust.</p> <p>MM commented that RWT’s committee structure allocated detailed consideration of reports to a level below QGAC, leaving QGAC members to have a wider ranging and deeper discussion than would be possible when a large number of papers are routinely presented.</p>	

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9	Any Other Business – ALL MA advised the meeting that the schedule is under review and to be brought back to a future meeting.	
10	<u>Date and time of Next Meeting:</u> Wednesday 21 November 2018, 2pm to 4pm, Room 6, WMI	

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COMMITTEES ACTION SUMMARY REPORT

ITEM	Action to be taken raised from the meeting	Lead	Committee Date	Review date	Update
4.1 / 24.10.18	GN advised the meeting that at the earlier Finance & Performance meeting herself and Simon Evans had presented the IST Work and she was happy to share with the meeting.	GN	24.10.18	21.11.18	
4.1 / 24.10.18	RE sought clarification under the item of Urgent Care on page 14, line 6, in regards to <i>Trolley waits in ED not longer than 12 hours</i> , after a brief discussion it was agreed to remove the word not .	GN	24.10.18	21.11.18	
4.2 / 24.10.18	4903 - Risk of non-compliance with Thoracic Service Specification (COO) – GN advised that this should not have been graded at 4 x 5 = 20 red risk. MA to ask the Healthcare Governance Manager to review this risk.	MA	24.10.18	21.11.18	
4.3 / 24.10.18	MM said further guidance on how this could be done had been issued in July by the National Quality Board. She would forward this to QGAC.	MM	24.10.18	21.11.18	Completed
6.1 / 24.10.18	QGAC Draft Objectives – R Edwards A brief discussion was held in regards to the QGAC draft objectives. It was agreed that CE would circulate the paper and comments to be sent to CE and collated for next month.	CE / ALL	24.10.18	21.11.18	
4.3 / 19.09.18	4528 – JS asked if the datix had been updated as it has been on for a long time. GN to chase for an update.	GN	19.09.18	24.10.18	GN advised that this risk had still not been updated – GN to chase for an update and bring forward to the November meeting.

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				21.11.18	
6.1 / 19.09.18	AMC referred to the requirements of LeDeR (Learning Disabilities Mortality Review) report and would circulate it to the Committee.	AMC	19.09.18	24.10.18 21.11.18	MA advised that Safeguarding was discussed once a year at this meeting. AMC to ask Safeguarding team for a report for next month's meeting.

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Closed Agenda Items – To be removed at the next meeting

ITEM	Action to be taken raised from the meeting	Lead	Carried forward from	Committee Review date	Update
4.3 / 19.09.18	4706 – RE asked what else we can do with the Theatres. GN confirmed that action is being undertaken and not reflected in the risk. Estates are planning to undertake further work within Theatres that is linked to this risk. The risk needs to be updated.	GN	19.09.18	24.10.18	GN reported that this risk had been updated – agreed to close action. RE commented that the action does not relate to the risk. GN explained that the actions related to risk 3 – fire safety and 6 storage rather than 1 sewage ingress. Actions require renumbering.
4.3 / 19.09.18	5012 – JS asked if this was an internal or supplier issue and if it is what are the Trust doing to alert suppliers. AMC advised that there has been an issue around training which has been resolved; an issue around wires and this has been resolved. Maintenance has also been resolved. AMC contacted (Healthcare Governance Manager – Division 2) to ask if this risk could be de-escalated, advised that she would take back to the Division for approval. MA to forward the risk update to QGAC members,	MA	19.09.18	24.10.18	MA replied that this risk had been updated and had now been deescalated - CLOSED
5.4 / 19.09.18	RE referred to the QRV Community 6 month report, item 6.2 and asked when Skyguard had been introduced. AMC offered to find out more and inform the meeting.	AMC	19.09.18	24.10.18	AMC replied to this action via e-mail – agreed to close

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				24.10.18	There are no incidents noted for this risk. Head of Midwifery confirmed to GN that there were no incidents. CLOSE
5.2 / 25.04.18	1713 – JS asked GN about the business case for recording electronic tool to assist with job planning. GN replied that an update paper went to the Executives, GN to add a revised date to this risk.	GN	25.04.18	30.05.18 20.06.18 25.07.18 19.09.18 24.10.18	GN reported that she had had a conversation with Brian McKaig regarding conducting a complete review of the job planning risk. Brian McKaig will be reporting to the Audit Committee in August. Bring forward to the next meeting. GN confirmed that she had spoken to Brian McKaig who agreed to update the risk; however, this will now be done in readiness for the Audit Committee in August. Bring forward to the next meeting. GN confirmed that this risk is not yet been updated but is being prepared for Audit Committee – bring forward to September meeting. GN confirmed that this will be discussed at the Audit Committee on Monday and will be updated verbally. Agreed to leave open until October meeting. RE advised the meeting that this risk was raised at Audit Committee. RE reported that the Committee was advised that it was a culture change issue and the software that is being looked at is very expensive however, there is another set of software being looked at which is cheaper. The idea for software had been approved at Board level. GN mentioned that the risk has not yet been updated but she has asked a member of the HR team to update. CLOSE

