

# Minutes of the Quality Governance Assurance Committee 21 November 2018 4 February 2019



Agenda Item No: 12.10

**Minutes of the Quality Governance Assurance Committee**

held on the:

**Date**                      **Wednesday 21 November 2018**

**Venue**                     **Room 6, WMI**

**Time**                      **2.00pm to 4.00pm**

	<b>Name</b>	<b>Role</b>
<b>Present:</b>	R Edwards <b>(RE)</b> - Chair	Non-Executive Director
	P Archer <b>(PA)</b>	Patient Safety & Shared Learning Associate
	A M Cannaby <b>(AMC)</b>	Chief Nursing Officer
	D Hickman <b>(DH)</b>	Deputy Chief Nursing Officer
	G Nuttall <b>(GN)</b>	Chief Operating Officer
	Dr J Odum <b>(JO)</b>	Medical Director
	J Small <b>(JS)</b>	Non-Executive Director
<b>Attendees:</b>	K Wilshere <b>(KW)</b>	Company Secretary
<b>Apologies:</b>	D Loughton	Chief Executive
	J Vanes	Chairman - RWT

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1	<p><b>Apologies for absence</b></p> <p>Apologies were noted.</p>	
1a	<p><b>Declarations of Interest</b></p> <p>There were no Declarations of Interest.</p>	
2	<p><b>Minutes of Previous Meeting - Quality Governance Assurance Committee:</b></p> <p><b>RESOLVED: Minutes of the Quality Governance Assurance Committee held on 24 October 2018 were approved as a correct record.</b></p>	
3	<p><b>Matters arising from the Minutes</b></p> <p>The action log was updated accordingly.</p> <p><b>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.</b></p> <p>In the absence of MA, PA updated the meeting that the risk has been reassessed since the last meeting. PA advised that the Division concerned have kept the risk as red but have applied two further positive assurances. A locum is now in post and their contract has been extended for a further six months and the department continues to approach other Trusts for assistance. JO advised the meeting that Thoracic Service Specification should be doing 150 procedures for cancer per year; currently we do about 80 to 90 per year. The Trust is currently looking at how the target of 150 can be achieved. The Trust is looking at Walsall Healthcare (who currently send their patients to Birmingham). Discussions are also underway with Worcester to send their patients to this Trust.</p>	
4	<p><b>Regular Reports</b></p>	
4.1	<p><b>Integrated Quality &amp; Performance Report – October – AM Cannaby / D Hickman &amp; G Nuttall</b></p> <p>DH and AMC presented the Quality report to the meeting.</p> <p>The meeting noted that Mortality is a major focus of the Trust Board. On Monday 3 December 2018 the Medical Examiner process starts and the new Bereavement Suite will open. Revised criteria for the initial SJR's have been agreed to help sharpen the focus of the Trust's learning and resource. Instead of looking at all deaths, the Trust will use the Learning from Deaths criteria, selecting those involving Learning Disability, Mental Health, Datix incidents or complaints and Elective admissions, and in addition a random selection of 10% of all other deaths. Deaths picked up following the initial scrutiny of the Medical Examiner will also be subject to a SJR. RE asked if it would be possible to go through the backlog to apply the new criteria. AMC and JO confirmed that this had been done. DH advised the meeting that the plan is to clear as much of the backlog before the Medical Examiner role commences and following training of medic and non-medic this will be achieved.</p>	

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	<p>The new SHMI data will be published in December.</p> <p>DH mentioned that Late Moves were an issue and advised the meeting that Creating Best Practice were revisiting the work stream to review the objectives etc.</p> <p>Serious Incident reporting over 60 days, numbers decreased in October. The meeting was assured by DH when she advised that there are weekly Serious Incident meetings. AMC mentioned that the list has halved since the weekly meetings have commenced. The meeting agreed that this was a positive piece of work.</p> <p>VTE's are continuing to improve monthly and the teams are continuing to working on the compliance figures.</p> <p>AMC advised the meeting that the teams are working well on Friends and Family Test. The figures are showing an increase and are being sustained. It was noted that the Trust figures are better than the England rate.</p> <p>JS asked about the increase in Emergency C-Section rates. Following a brief discussion AMC mentioned that more intel was required on why the figures are increasing. JS mentioned that when this figure was discussed earlier in the year, Dr T Vanner attended the meeting and did a presentation.</p> <p>RE queried the increase in medication errors which had increased to 1.88% from 1.51% in September. DH assured the meeting that following investigations there was no increase in prescribing, administration etc there was nothing out of the ordinary. AMC advised that medication has been removed from the report as it is not an exemption or something that the Trust must report on.</p> <p>RE asked that the colour on <i>Care hours per patient – registered nursing &amp; midwifery staff actual</i> be changed to green as the Trust has hit the target.</p> <p>GN presented the Performance report to the meeting.</p> <p>GN advised the meeting that a brief discussion was held at Finance &amp; Performance meeting earlier in the day in regards to risks to be escalated to the BAF, this is in relation to RWT being one of 16 Trusts that had not achieved any of the performance metrics for 12 months. GN confirmed that this was factually accurate. GN mentioned that Mary Martin (NED who chaires Finance &amp; Performance) felt that in the light of the strategic objective "to be in the top 25% for performance metrics", this failure should be escalated. GN assured the meeting that in terms of performance nationally for RTT and ED the Trust is in the top quartile. The Trust is in the bottom quartile for the cancer 62 day performance metric. RE mentioned that QGAC had noted that in the previous QSIG minutes a discussion had taken place about those waiting over 104 days and we were one of the worse / lowest performing Trusts in the country and the reply was it was for the 62 day wait which then impacts on 104 day. AMC mentioned that they have asked Dr Simon Grummet to attend Trust Board and explain how the 104 day harm reviews are carried out. This will offer assurance to the Board and the public in attendance. GN agreed to consider the need for cancer performance to be included on the BAF or TRR.</p> <p>GN mentioned that a discussion was held in regards to ambulance conveyances. The increases are local (Wolverhampton and a small piece of Walsall). The increase does not include Shrewsbury and Telford at this moment. There is a Trust risk in regards to waiting times in Emergency Department.</p>	<p><b>GN</b></p>

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	<p>There has been a 23% increase in referrals to 2-week wait. The Trust recovery plan is based on 2-week referrals of 1500 per month. The meeting noted that it was breast awareness month in October and this has generated a 50% increase in referrals. GN advised the meeting that with the number of referrals it is currently receiving the Trust's recovery plan does not accommodate the increase. There was also a significant increase in referrals to Endoscopy in July. This is affecting diagnostic performance as the failure in diagnostics is all related to Endoscopy. RE reminded the meeting that Endoscopy has received some extra funding. GN agreed and at present Endoscopy are in recovery phase and there is a recovery plan which does involve the private sector which the Trust has not used before but we are now due to the volumes. The extra funding is paying for the private sector work and is helping with waiting times without causing a cost pressure. The recovery plan for Endoscopy is scheduled to be achieved by the end of December. GN confirmed that this is on track, however if referrals continue the use of the private sector may continue longer.</p> <p>JS sought clarity in regards to the Integrated Care dashboard in regards to some of the definitions around the targeting for the % of appropriate patients offered HIV tests. Also 0-19 School Nursing reported – both figures were in the green in August (99% and 98%) however in September the figures were 0.00% and 1.69%. After a brief discussion, GN agreed to review and report back. JS asked for a brief description on what the Trust is measuring in regards to HIV tests offered, and RE asked if a note could be provided on each of the metrics, to understand what the issues are and what the metrics are designed to tell us.</p> <p>GN informed the meeting that Kate Shaw, Deputy Chief Operating Officer – Division 3, attended the Finance &amp; Performance meeting earlier to present the first six month review. Financially Division 3 is red; discussions were held at the Finance &amp; Performance meeting in regards to some of the issues faced by Division 3.</p> <p><b>Resolved: Report was accepted</b></p>	GN
4.2	<p><b>Board Assurance Framework Key Issues – K Wilshere</b></p> <p>KW advised the meeting that:</p> <p>0 new risks</p> <p>2 risks closed</p> <p><b>SR6b</b> (23/10/18) – Black Country or Staffordshire STP has an adverse impact on RWT income or services.</p> <p><b>SR11</b> (18/10/18) – Condition of the existing Estate – quality and flexibility.</p> <p>4 red risks:</p> <p><b>SR1</b> - Workforce - Recruitment and Retention of staff across the Trust and in particular the future pipeline of nursing and medical staff</p> <p><b>SR8</b> - That there is a failure to deliver recurrent CIP's.</p> <p><b>SR9</b> - 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>	

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	<p><b>SR12</b> – Mortality rates – reputational risk.</p> <p>Updates to <b>SR1</b> (13/11/18), <b>SR8</b> (13/11/18), SR9 (14/11/18), and <b>SR12</b> (12/11/18) discussed at following Finance and Performance Committee and Quality Governance Assurance Committee.</p> <p>The meeting noted that the BAF report is getting smaller and agreed that this was positivity.</p> <p>RE asked KW if the format of SR12 could have the positive assurance listed as other risks listed. Following a brief discussion it was agreed that RE would e-mail KW with her ask.</p> <p><b>Trust Risk Register – P Archer</b></p> <p>PA presented the above and advised the meeting of the following:</p> <p><b>1 new risks:</b></p> <p><b>4916</b> - Dietetic Staffing (COO) – in relation to 2.5 staff vacant posts within the Paediatric Diabetes Service.</p> <p><b>0 risks removed.</b></p> <p><b>5 red risks:</b></p> <p>2080 - Risk to quality of patient care: reduced manpower (COO)</p> <p>4661 - Lack of robust system for review and communication of test results (MD)</p> <p>4472 - Delays in Cubicle Assessment and Triage (COO)</p> <p>4113 - Division 1 failure to achieve CIP target (COO)</p> <p>4903 - Risk of non-compliance with Thoracic Service Specification (COO)</p> <p>RE and JS raised queries on the following risks:</p> <p><b>2719</b> – RE asked for an update. GN reported that the business case was not agreed and it will be part of next year’s cost pressures. GN to update prior to the January meeting.</p> <p>GN advised the meeting that she had signed off a number of risks yesterday; therefore the January Trust Risk Register will be updated.</p> <p><b>4596</b> – GN confirmed that this risk has been updated on 20 November.</p> <p><b>4599</b> – RE asked about the impact of the Matron being off sick. GN confirmed that Matron has returned on a phased return.</p> <p><b>4761</b> – RE noted that the information in the column "evidence that it is working" bore no relation to the actual risk, and seemed to hark back to a previous risk concerning infection risk from equipment failure, and was perhaps a cut-and-paste error. After a brief discussion it was agreed that PA would investigate.</p>	<p><b>RE</b></p> <p><b>GN</b></p> <p><b>PA</b></p>

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	<p><b>1713</b> – RE advised that this risk had not been updated as it was due to go to the Audit Committee. GN confirmed that the risk had been updated and would be available on the next TRR report.</p> <p><b>4528</b> – RE mentioned that datix 185209 has been investigated since March 2018. GN reported that the risk had had a brief update. GN confirmed that this risk had been discussed at Division 1 and their view is it is still at that level of risk; however the risk has not yet been updated. RE asked what had happened with the datix investigation and what the position on datix 186645 is. A brief discussion took place and RE stressed that she would like to see an update on this risk. AMC asked PA for an update and circulate within the week if not too sensitive.</p> <p><b>5031</b> – RE asked if there was a wider Trust issue in regards ultra sound. RE advised of an incident on Ward C17 where a patient had waited 5 days for an ultra sound and the patient was upset about the delay. RE wondered whether waiting for ultrasound scans was leading to longer stays than necessary - was the Trust aware of a problem. GN advised the length of wait for inpatients to have an ultra sound scan should be picked up daily on the ward huddles and any patient waiting a while as noted above should have been escalated sooner. Dr Dowson is picking up the wait for scans. GN agreed that there should be an escalation process if not picked up in ward huddles. AMC mentioned that Sonographer shortage is a national problem.</p> <p><b>Resolved: Reports were accepted</b></p>	<b>PA</b>
<p><b>4.3</b></p>	<p><b>NPSA NRLS Organisational Feedback Report</b></p> <p>The meeting was advised that there was no data available and the report would be deferred to the January 2019 meeting.</p>	
<p><b>4.4</b></p>	<p><b>Mortality – A M Cannaby &amp; Dr J Odum</b></p> <p>JO and AMC presented the above report to the meeting.</p> <p>The meeting agreed that an additional column should be added to the report indicating what has been updated.</p> <p>It was noted that the Trust Mortality Strategy would be signed off by the next meeting.</p> <p>It was noted that most of the Programme Management was now green with the exception of the dashboard; however, this is close to being completed.</p> <p>AMC advised that the End of Life Care Pathways and the in reach to Care / Nursing Homes by Care of the Elderly teams. Plans are currently in place to decide which areas need to be concentrated on. The plans include identifying patients who do not need to be admitted to hospital to pass away,</p> <p>A brief overview of the reds on the action plan was given to the meeting with assurance received from JO and AMC that the Trust is working to reduce the in-hospital mortality rate.</p> <p>JO gave an example of how coding on admission may not be the cause of death and this could affect the figures. Work is on-going between the Coding Department and Clinicians. JO confirmed that the Coders have been doing their job correctly and with additional support the Coders are ensuring that the job is done better, while ensuring that they are not stepping outside the Coders' Rules.</p>	

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	<p>JS thanked JO and AMC for going through the key points of the report and asked if the objectives highlighted in red could have a report. AMC confirmed that at Trust Board a front sheet will be attached to the report.</p> <p><b>Resolved: Report was accepted</b></p>	
5	<b>Sub Group Reports</b>	
5.1	<p><b>Chairman's Report – Quality &amp; Safety Intelligence Group (QSIG) – October 2018 – A M Cannaby</b></p> <p>The key points noted from the QSIG Chair's report are:</p> <p><b>Clinical Audit Programmes</b>  <b>VTE Performance</b>  <b>Mortality Reviews</b>  <b>Internal QRV – Cardiac Theatres</b></p> <p><b>Resolved: Report was accepted.</b></p>	
5.2	<p><b>Quality &amp; Safety Intelligence Group minutes – October 2018</b></p> <p>The meeting accepted the minutes from the October meeting.</p>	
5.3	<p><b>Chairman's Report – Compliance Oversight Group (COG) – October 2018 – A M Cannaby</b></p> <p>The key points noted from the COG Chair's report are:</p> <p><b>Hospital Transfusion Group report</b>  <b>Health and Safety Steering Group report</b>  <b>Sign up to Safety Steering Group report</b> – PA advised that even though the funding has finished the Trust is still offering support to the 4 areas.  <b>Information Governance Steering Group report</b> – RE mentioned that she has recently completed her IG Mandatory Training and noted that there was no reference to the recent introduction of GDPR. JO confirmed that the Trust did a one off GDPR mandatory training and agreed that they should be integrated.</p> <p><b>Resolved: Report was accepted.</b></p>	
5.4	<p><b>Compliance Oversight Group minutes – October 2018</b></p> <p>The meeting accepted the minutes from the October meeting.</p>	
6	<p><b><u>Assurance Reporting / Themed Reviews</u></b></p>	
6.1	<p><b>External Reviews Register – P Archer</b></p> <p>PA presented the above report and the following key points to the meeting:</p> <ul style="list-style-type: none"> <li>• There are presently 69 open visits listed on the External Reviews database</li> </ul>	



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	<ul style="list-style-type: none"> <li>• Copies of final reports being received has increased from 42% to 45%, though still low.</li> <li>• Leads RAG rating the outcome and impact of external visits as required has decreased from 59% to 47%.</li> <li>• Where risks are identified pre-visit and post-visit, 100% have been added to the appropriate risk register or a rationale was provided as to why these were not added.</li> <li>• 5 of 6 (83%) expected gap analyses received (0%)</li> <li>• 7 of 9 (78%) pre-visit action plans received (+3%)</li> <li>• 20 of 29 (69%) post-visit action plans received (-14%)</li> </ul> <p>The meeting held a discussion on the visits for final approval of closure, 17 in total, all closures were approved.</p> <p>JS commented that the layout and style were much improved.</p>	
7	<p><b>Issues of Significance for the Trust Board</b></p> <p><b>Advise</b></p> <p>QGAC Objectives: Metrics: Mortality: Sign up to Safety</p> <p><b>Assurance</b></p> <p>External Reviews Registry Update Report</p> <p><b>Partial assurance</b></p> <p>Health and Safety progress report Information Governance: Mortality: Cancer: Vertical Integration Dashboard:</p> <p><b>Risks identified</b></p> <p>Need to review whether risk registers adequately capture cancer performance risk and whether this risk should be escalated to TRR or BAF</p> <p><b>Issues to raise with Audit Committee</b></p> <p>There were none.</p>	
8	<p><b>Evaluation of Meeting – ALL</b></p> <p>On time, good discussion and conclusions.</p>	
9	<p><b>Any Other Business – ALL</b></p> <p>There was no other business to discuss.</p>	

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10	<b><u>Date and time of Next Meeting:</u></b> Wednesday 23 January 2019, 2pm to 4pm, Room 1, 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 / 21.11.18	GN agreed to review the TRR and consideration to the BAF	GN	21.11.18	23.01.19	
4.1 / 21.11.18	<p>JS sought clarity in regards to the Integrated Care dashboard - 0-19 School Nursing reported – both figures were in the green in August (99% and 98%) however in September the figures were 0.00% and 1.69%. After a brief discussion, GN agreed to review and report back.</p> <p>RE asked for a brief description on what the Trust is measuring in regards to HIV tests offered</p>	GN	21.11.18	23.01.19	
4.2 / 21.11.18	<p><b>Board Assurance Framework</b></p> <p>RE asked KW if the format of SR12 could have the positive assurance listed as other risks listed. Following a brief discussion it was agreed that RE would e-mail KW with her ask.</p>	RE	21.11.18	23.01.19	
4.2 / 21.11.18	<b>2719</b> – RE asked for an update. GN reported that the business case was not agreed and it will be part of next year's cost pressures. GN to update prior to the January meeting.	GN	21.11.18	23.01.19	
4.2 / 21.11.18	<b>4761</b> – RE noted that the risk was not in relation to the evidence that it is working. After a brief discussion it was agreed that PA would investigate	PA	21.11.18	23.01.19	<b>Risk 4761- Cardiothoracic Surgical / Anaesthetic vacancies</b> - Nicki Patrick, Governance Facilitator, Cardiology & Cardiothoracic Group has confirmed that the same concerns were picked up at the depts recent Governance meeting and incorrect narrative will be removed – it was an error with copy & paste.

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<p>4.2 / 21.11.18</p>	<p><b>4528</b> – RE mentioned that datix 185209 has been investigated since March 2018. GN reported that the risk had had a brief update. GN confirmed that this risk had been discussed at Division 1 and their view is it is still at that level of risk; however the risk has not yet been updated. RE asked what had happened with the datix investigation and what the position on datix 186645 is. A brief discussion took place and RE stressed that she would like to see an update on this risk. AMC asked PA for an update and circulate within the week if not too sensitive.</p>	<p>PA</p>	<p>21.11.18</p>	<p>23.01.19</p>	<p><b>Risk number 4528 - Re the two incidents cited in this risk:</b></p> <p><b>186645</b> – This has been completed and de-escalated from STEIS: Extravasation injury to neonate following removal and re-siting of a PVC to give TPN which was in accordance with guidelines and observations and therefore considered to be an unfortunate event – there were no professional issues contributing to the outcome of this incident – RCA as attached.</p> <p>At the time of this incident there were a number of communication/ recording systems employed on the unit:</p> <ul style="list-style-type: none"> <li>1 Paper notes;</li> <li>2 Electronic “Badgernet” medical records system (recently introduced at the time of the incident – November 2017);</li> <li>3 Nursing Kardex system;</li> <li>4 NNU observation chart.</li> </ul> <p><b>185209</b> - Non-STEIS investigation is still underway. Update: This is currently at the Directorate Approval Stage awaiting confirmation of approval from both Obstetrics and General Surgery – this will then come to Division for approval and closure. Aiming for closure by the end of November 2018.</p>
<p>4.1 / 24.10.18</p>	<p>GN advised the meeting that at the earlier Finance &amp; Performance meeting herself and Simon Evans had presented the IST Work and she was happy to share with the meeting.</p>	<p>GN  CE</p>	<p>24.10.18</p>	<p><del>24.11.18</del>  23.01.19</p>	<p>RE confirmed that the slides had been shared but not the presentation. RE asked CE to speak to GN.</p>

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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 <b>not</b> .	GN  CE	24.10.18	<del>21.11.18</del>  23.01.19	Meeting noted that the word <b>not</b> was still in the risk. CE to speak to GN
4.2 / 24.10.18	<b>4903</b> - 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	Updated on section 3 of the minutes.
4.3 / 19.09.18	<b>4528</b> – 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	<del>24.10.18</del>  <del>21.11.18</del>  23.01.19	GN advised that this risk had still not been updated – GN to chase for an update and bring forward to the November meeting.  To be discussed under TRR – leave action open
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	<del>24.10.18</del>  <del>21.11.18</del>  23.01.19	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.  Safeguarding report will be on the November Trust Board, to be discussed at the January 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 / 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	<b>QGAC Draft Objectives – R Edwards</b> 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	Objectives agreed - close