

# Minutes of the Quality Governance Assurance Committee of 23 January 2019 4 March 2019



Agenda Item No: 12.10

**Minutes of the Quality Governance Assurance Committee**

**held on the:**

**Date**                      **Wednesday 23 January 2019**

**Venue**                     **Room 1, 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       |
|                   | M Arthur <b>(MA)</b>          | Head of Governance           |
|                   | M Martin <b>(MM)</b>          | Non-Executive Director       |
|                   | G Nuttall <b>(GN)</b>         | Chief Operating Officer      |
|                   | Dr J Odum <b>(JO)</b>         | Medical Director             |
|                   | V Whatley <b>(VW)</b>         | Deputy Chief Nursing Officer |
|                   |                               |                              |
| <b>Attendees:</b> | K Wilshere <b>(KW)</b>        | Company Secretary            |
|                   |                               |                              |
| <b>Apologies:</b> | A M Cannaby                   | Chief Nursing Officer        |
|                   | D Loughton                    | Chief Executive              |

The Royal Wolverhampton NHS Trust

| Item No |  | Action |
|---------|--|--------|
| 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>MA's apologies for the last meeting were noted.</p> <p><b>RESOLVED: Minutes of the Quality Governance Assurance Committee held on 21 November 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>  |        |
| 4       | <p><b>Regular Reports</b></p>  |        |
| 4.1     | <p><b>Integrated Quality &amp; Performance Report – November – V Whatley / G Nuttall</b></p> <p>The November Integrated Quality &amp; Performance Report was received for information and clarification only.</p> <p><b>Integrated Quality &amp; Performance Report – December – V Whatley / G Nuttall</b></p> <p>VW and JO presented the Quality report to the meeting.</p> <p>JO presented the Mortality section to the meeting. The meeting was advised that between September 2018 and December 2018 85 (15%) of the 571 deaths met the criteria for a SJR1 review. Of the reviews taken 165 (24%), as at 7 January 2019, 6 (4%) identified poor care. These 6 cases will now receive an independent review via the SJR2 process. These reviews relate to Division 1 and 2 only.</p> <p>JO reported to the meeting that the Medical Examiner role has commenced within the Trust and the Bereavement Nurse post is out to advert. JO mentioned that there were issues to be sorted, for example, death certificates to sign (time that the Junior Doctors to complete), scheduling of the Medical Examiners in relation to the timing of deaths (Monday AM or Bank Holidays). The Trust has seven Medical Examiners (Surgeons, Physicians, GP's and one Intensivist who is currently participating).</p> <p>The next SHMI preview will be available next week. There has been an increase in crude mortality nationally. A paper will be submitted to TMC and Trust Board for further discussion.</p> <p>For the period of October 2017 to November 2018, 87 cases were identified as SJR2. Of the 87, 45 were completed. Of the 42 outstanding SJR2's, 32 are outside of the four week timescale for completion. These are currently being undertaken and the reviewers are being chased.</p> |        |

The Royal Wolverhampton NHS Trust

| Item No |  | Action    |
|---------|--|-----------|
|         | <p>Both medical and nursing cohorts are now up to establishment for completing SJR's.</p> <p>RE asked if there had been any feedback on the process from the reviewers. JO replied that they thought it was worthwhile and the only issues raised are the standardisation of how reviews are undertaken, in order to achieve consistency. There is national training and guidance on SJRs, and guidance on how to manage particular conditions, e.g. sepsis, and reviewers assess against that.</p> <p>The meeting discussed in-depth the SJR training, phase judgements and the outcomes of reviews. JO assured the meeting that the outcome of the case reviews are discussed at the Mortality Review Group meetings. The meeting was advised that cases, following a SJR2, who receive a "very poor" or "poor care" automatically go forward for a Root Cause Analysis.</p> <p>MM queried the note regarding radiation incident rate increasing during December. VW advised that this was in relation to one patient had received a mis-read dose four times before the error was noticed. Within Radiotherapy there were 11 near misses, VW assured the meeting that a plan is in place and she is currently waiting to receive. There was one external reportable incident with no patients coming to any significant harm.</p> <p>MM asked about the one Duty of Candour in December. MA explained that this should not have happened and was due to the error of a new member of staff who was unfamiliar with the process. GN replied that the Directorate involved should have noticed the potential breach and it was not just due to the new staff member.</p> <p>RE asked about the comment that emergency C-section rates require auditing to determine if the indicators are appropriate. RE noted that the November QSIG minutes mentioned that the Commissioners have concerns and that the Directorate is aware why they are higher than the national average and that this is linked to the Induction of Labour rates, and that the audit is of the IOL pathway. RE requested the audit results are brought to this meeting, this was agreed. VW to advise the date.</p> <p>MM queried about the VTE figures and noted that the Trust is trying to achieve 95% of VTE risk assessments but was unsure what cohort of patients. MM mentioned the reference in the report to deterioration in performance in December, which explained that the decline was due to the reduction of elective day case activity during the month. MM explained her concerns over VTE as she is also a member of the Audit Committee and VTEs have been selected by the External Auditors for the quality part of the audit the Trust has failed for the last two years. GN assured the meeting that the Trust VTE Lead had attended the last Compliance Oversight Group and gave an in-depth report and a lengthy discussion had taken place. JO advised the meeting that all of the emergency patients via the Emergency Department who are admitted and some elective patients (major surgery at pre-op) should be assessed for VTE, but not the day case patients. MM raised concerns that this manner of calculating VTE assessments, by including patients who do not need one, such as day case patients, is masking the fact that not all patients receive a VTE who should, and considered that a better metric was needed. JO replied that the Trust is following the national guidance in the way it assesses its compliance with VTE assessment rates.. A VTE assessment is recorded on Vital-Pac and now includes 16 and 17 year olds but not paediatrics.</p> <p>The meeting discussed this item in-depth and JO assured the meeting that the areas of non-compliance are known and focus will be on these areas. JO informed the meeting that Vital-Pac is not the best system to record VTE assessments on and that ideally a system would be used which is integrated with other systems, for example ePMA: this would mean that prescriptions cannot be written until a VTE assessment is completed. RE pointed out that</p> | <p>VW</p> |

The Royal Wolverhampton NHS Trust

| Item No |  | Action |
|---------|--|--------|
|         | <p>KPMG have twice criticised the Trust for not having a system that adequately demonstrates that patients who should have had a VTE received one. KW commented that auditors will look for assurance that there is a system which flags up a) 100% and b) how many of 100%. In the absence of a single system KPMG will look for assurance across multiple systems. VW mentioned that there are some audits commencing this month and they will progress to one day per week in February. VW is having monthly 1:1's with the VTE Nurse to offer support.</p> <p>MM asked for clarification on the Trust Average Fill Rate. It seemed from the graph that twice as many care staff were needed to fill the gaps in nursing staff. VW and GN said the this was not the case. RE asked if the numbers could be added to the chart as well as the %, and VW agreed.</p> <p>VW advised the meeting that the CCG has been given a target to reduce the number of E Coli cases in Wolverhampton, part of a national target. The trust has no target, but is actively working on reducing E.Coli levels to assist the CCG.</p> <p>The reporting of serious incidents has improved Trust wide. Pressure injuries have also been improved and the Trust have been asked nationally how we have improved and what can we share.</p> <p>GN presented the Performance report to the meeting.</p> <p>MM mentioned that there are capacity issues at some speciality levels and asked which were the most challenged directorates for referral to treatment, where does the Trust have the biggest cohort of backlogs. GN replied Maxofacial; Head &amp; Neck have a huge waiting list and challenge. General Surgery are also quite challenged. MM asked if the group can be reassured that the Trust is working with other Trusts. GN assured the meeting that our RTT performance compared to other Trusts is good therefore this Trust has limited ability to ask other Trusts for assistance. This Trust is currently helping out other Trusts with their RTT.</p> <p>GN reported to the meeting that there was deterioration in the diagnostic tests – 6 week wait in September and October; however, there was significant improvement in November and December. There will be challenges for January as there are issues with MRI and the number of referrals particularly with Cardiac. The numbers are significantly reducing, Endoscopy are booking within standard.</p> <p>The meeting noted that the Emergency Department performance in December was good and the performance was just below 93% in December and the Trust was ranked 22<sup>nd</sup> in the country. The figure was also better than December 2017. GN mentioned that as the Trust did achieve over the 90% the Trust achieved quarter 3 PSF, which means the funding has also been achieved.</p> <p>Ambulance conveyances continue to increase. There was good performance in December however; there will be a slight deterioration in January on some of the handovers.</p> <p>MM sought assurance that with the extra patients coming from Walsall to the Trust stroke provision had been made to enable these patients to get quickly through the Emergency Department. GN confirmed that there is a stroke pathway and for assurance, West Midlands Quality Review Service will be coming to the Trust in March to review the stroke service pathways and the metrics. A report will be available approximately four to six weeks after; this report will then go through the internal process.</p> <p>RE queried breast symptomatic referrals, where the Trust had improved in October, but had</p> |        |

**The Royal Wolverhampton NHS Trust**

| Item No |  | Action |
|---------|--|--------|
|         | <p>declined in November and in December was at 46%. GN replied that there has been a huge increase in referrals; the reason behind the increase is unknown. On average the Trust is receiving approximately 500 referrals per week compared with 350 previously. Extra breast clinics are booked in every Saturday between now and the end of March. There has been a slight increase in cases diagnosed. An additional middle grade has been recruited to help with diagnosis.</p> <p>The meeting noted that there was good performance within the Trust for day surgery. Discharges fluctuated slightly.</p> <p>RE asked if the figures within the Rapid Intervention Team could be reviewed for the number of patients sent to ED. The figure currently states 8.4%, RE asked how 8.4% was calculated. GN agreed to review.</p> <p>GN informed the meeting that there was a slight decrease in GP appointments – all VI practices in December and this was due to the Christmas holidays.</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 the updates to the above four risks are indicated within the report in red.</p> <p><b>0 new risks</b></p> <p><b>4 red risks:</b></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 (updated 08.01.19)<br/> <b>SR8</b> - That there is a failure to deliver recurrent CIP's. (updated 17.01.19)<br/> <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 (updated 08.01.19)<br/> <b>SR12</b> – Mortality rates – reputational risk (updated 15.1.19)</p> <p>Concerning SR12, JO said that the changes are updates to the Mortality Action Plan discussed and agreed at the Monday Mortality meetings. MM asked about CM12 and the delay in seeing the report from Stan Silverman, the external medical expert. MM queried if the said report could be ready for viewing prior to the March Trust Board. JO explained that the draft has only just been received and hasn't been discussed internally. RE considered that while the report should go to the Board without delay, it should in addition be discussed at this meeting.</p> <p>RE noted that there is a new negative assurance, GC14. JO explained that this is the one significant area in the Trust's Action Plan which has been delayed, and is mentioned in Stan Silverman's report.</p> <p>MM queried why there was such a long delay on GC6 (C13) which had been extended to 1 July 2019. JO assured the meeting that the work on GC6 was being completed as quickly as possible. JO explained that GC6 was in regards to what the Coders think that the Clinicians have written and how it is coded / what it is really meant to say. A lengthy discussion about this had taken place at the morning's Directors meeting. More resource maybe required to assist.</p> |        |

The Royal Wolverhampton NHS Trust

| Item No |   | Action    |
|---------|---|-----------|
|         | <p>KW mentioned that there are proposals to merge GC2 and GC3. This was agreed.</p> <p>KW said that there may need to be BAF risk concerning Brexit. A short high level paper will be discussed at the Public Board.</p> <p><b>Trust Risk Register – M Arthur</b></p> <p>MA presented the above and advised the meeting of the following:</p> <p><b>2 new risks:</b><br/> <b>5112</b> - ICCU Staffing (COO)<br/> <b>5116</b> - Provision of 24/7 Critical care Outreach Services (COO)</p> <p>Both of these new risks are well populated with their assurances and controls. MM mentioned that she did a walkabout on ICCU in October and the Nurse in Charge was excited about the new staff recruited and how education had developed a two month programme to train the new staff (combination of ward and classroom). MM advised the meeting that she is surprised to see the risk. GN said that the business case had not been agreed when MM did the walkabout. The meeting discussed these two risks and it was agreed that GN would review</p> <p><b>2 risks removed:</b><br/> <b>4916</b> - Dietetic Staffing (COO)- this has been downgraded for local monitoring as the staffing issues have been addressed.<br/> <b>5097</b> - Implementing the new Agenda for Change pay deal (CFO) – this has been closed due to the cost pressure being funded.</p> <p><b>5 red risks:</b><br/> <b>2080</b> - Risk to quality of patient care: reduced manpower (COO)<br/> <b>4661</b> - Lack of robust system for review and communication of test results (MD) – JO advised that he is currently awaiting SOPs from some of the Directorates. The audits are still showing poor compliance, hence no improvement. JO suggested that the old system may be turned off for viewing and force staff to use the ICE system which means they will then have to file.<br/> <b>4472</b> - Delays in Cubicle Assessment and Triage (COO).<br/> <b>4113</b> - Division 1 failure to achieve CIP target (COO)<br/> <b>4903</b> - Risk of non-compliance with Thoracic Service Specification (COO)</p> <p><b>General Risk Updates:</b></p> <p><b>4665 – X-ray Cannock:</b> The equipment programme is scheduled to start March 2019. Equipment is monitored on a daily basis and parts are still available to support the service.</p> <p><b>4696 - Unreported imaging studies:</b> Reporting numbers monitored by Group Manager on a daily basis. All oldest scans sent off site for reporting, and Waiting List Initiatives are performed in-house. Waiting time currently at 5 weeks.</p> <p>A number of risks have received updates in January 2019, reviews are required on the following:</p> <p><b>2719</b> COO – grade under threshold for review<br/> <b>3644</b> CNO – grade under threshold for review</p> | <p>GN</p> |

The Royal Wolverhampton NHS Trust

| Item No |  | Action |
|---------|--|--------|
|         | <p>4375 COO – action dates required<br/>           4411 COO – action dates required<br/>           4661 MD – action update required</p> <p>RE thanked MA for the improved update.</p> <p><b>Resolved: Reports were accepted</b></p>  |        |
| 5       | <b>Sub Group Reports</b>   |        |
| 5.1     | <p><b>Chairman’s Report – Quality &amp; Safety Intelligence Group (QSIG) – November 2018 – J Odum (on behalf of A M Cannaby)</b></p> <p>The key points noted from the QSIG Chair’s report are:</p> <ul style="list-style-type: none"> <li>• 104 Day Harm</li> <li>• Serious Untoward Incident Report</li> <li>• Intravenous Tobramycin via Leaderflex Longlines</li> <li>• New Procedure Application – Relaxation Therapy</li> <li>• Quality Review Visit – Neonatal Unit – 18th July 2018</li> <li>• Quality Review Visit – Clinical Haematology Unit – 25th April 2018</li> <li>• Divisional Reports</li> </ul> <p><b>Division One</b></p> <p>No falls with serious harm since May 2018. No “red” Wards for late observations for October 2018 – 7th consecutive month.</p> <p>VTE compliance remains substandard in Maternity, ICCU and Cardiology.</p> <p><b>Division Two</b></p> <p>Two falls with serious harm in October 2018, the first since May 2018. One “red” Ward (C16) for late observations in October 2018. Nurse staffing on the Acute Stroke Unit is cause for concern.</p> <p><b>Division Three</b></p> <p>Two falls with low harm.</p> <p>No avoidable pressure ulcers (4th consecutive month).</p> <p>MM sought assurances that a quality review re-visit of the Clinical Haematology Unit would be undertaken as it scored inadequate in safe and well led. MA confirmed that a revisit was scheduled to take place in the next couple of months.</p> <p><b>Resolved: Report was accepted.</b></p> |        |
| 5.2     | <p><b>Quality &amp; Safety Intelligence Group minutes – November 2018</b></p> <p>The meeting accepted the minutes from the November meeting.</p>   |        |



The Royal Wolverhampton NHS Trust

| Item No |   | Action    |
|---------|---|-----------|
|         | <i>Please note there was no Quality &amp; Safety Intelligence Group Meeting in December</i>   |           |
| 5.3     | <p><b>Chairman's Report – Compliance Oversight Group (COG) – November 2018 – Dr J Odum</b></p> <p>The key points noted from the COG Chair's report are:</p> <ul style="list-style-type: none"> <li>• Resuscitation Group – Paediatric Cardiac Arrest Trolley Re-Audit of Non-Compliant Trolleys</li> <li>• VTE Group</li> <li>• End of Life (SWAN) Steering Group</li> <li>• Medication Safety Report</li> </ul> <p><b>Resolved: Report was accepted.</b></p> |           |
| 5.4     | <p><b>Compliance Oversight Group minutes – November 2018</b></p> <p>The meeting accepted the minutes from the November meeting.</p>   |           |
| 5.5     | <p><b>Chairman's Report – Compliance Oversight Group (COG) – December 2018 – Dr J Odum</b></p> <p>The key points noted from the COG Chair's report are:</p> <ul style="list-style-type: none"> <li>• Pressure Ulcer Report</li> <li>• CQC Regulations &amp; Compliance / KLOE's</li> </ul> <p><b>Resolved: Report was accepted.</b></p>   |           |
| 5.6     | <p><b>Compliance Oversight Group minutes – December 2018</b></p> <p>The meeting accepted the minutes from the December meeting.</p>   |           |
| 6       | <p><b><u>Assurance Reporting / Themed Reviews</u></b></p> <p>There are no themed reviews for this meeting.</p> <p>RE said that in future this section will include an item on Mortality, to receive a regular report on progress. This will be presented by either RE or AMC.</p>   | <b>CE</b> |
| 7       | <p><b>Issues of Significance for the Trust Board</b></p> <p><b>Advise</b></p> <p>IQPR: Cancer<br/>         IQPR: presentation<br/>         BAF risk on Brexit</p> <p><b>Assurance</b></p> <p>Pressure Ulcer Report to COG<br/>         Serious Untoward Incident Report to QSIG<br/>         New Defibrillators</p>   |           |

The Royal Wolverhampton NHS Trust

| Item No |  | Action |
|---------|--|--------|
|         | <p>Partial assurance<br/>VTE Group<br/>Mortality<br/>Cancer<br/>Quality Review Visit – Neonatal Unit – 18th July 2018<br/>Ressuscitation Group – Paediatric Cardiac Arrest Trolley Re-Audit of Non-Compliant Trolleys<br/>End of Life (SWAN) Steering Group - report to COG November 2019<br/>Quality Review Visit – Clinical Haematology Unit – 25th April 2018</p> <p><b>Matters for Audit Committee</b></p> <p>VTE Audit by External Auditors</p> <p>MM reported that Audit Committee at their December meeting had considered QSIG’s request in November for Internal Audit to look at the VTE process. Audit had declined, as there were existing recommendations from External Audit to work through. RE and MM, both on Audit, stressed the importance of RWT being able to demonstrate that it identified all patients who required VTE assessment, and that they received the assessment at the appropriate times. RE to seek an agenda item on this for the 12 February Audit meeting.</p> | RE     |
| 8       | <p><b>Evaluation of Meeting – ALL</b></p> <p>Good &amp; helpful discussion, very good summaries from the Chair’s reports.</p>  |        |
| 9       | <p><b>Any Other Business – ALL</b></p> <p>MA advised the meeting that herself and AMC had met to discuss the reporting schedule for this meeting and it will be brought back for discussion along with the Terms of Reference for consideration.</p>   | CE     |
| 10      | <p><b><u>Date and time of Next Meeting:</u></b></p> <p>Wednesday 20 February 2019, 2pm, Room F127, Building 12</p> <p><b>Please note the change of venue</b></p>   |        |

The Royal Wolverhampton NHS Trust

COMMITTEES ACTION SUMMARY REPORT

| ITEM          | Action to be taken raised from the meeting  | Lead | Committee Date | Review date | Update |
|---------------|---|------|----------------|-------------|--------|
| 7             | <p><b>Matters for Audit Committee</b></p> <p>VTE Audit by External Auditors</p> <p>MM reported that Audit Committee at their December meeting had considered QSIG's request in November for Internal Audit to look at the VTE process. Audit had declined, as there were existing recommendations from External Audit to work through. RE and MM, both on Audit, stressed the importance of RWT being able to demonstrate that it identified all patients who required VTE assessment, and that they received the assessment at the appropriate times. RE to seek an agenda item on this for the 12 February Audit meeting.</p> | RE   | 23.01.19       | 20.02.19    |        |
| 9             | <p>MA advised the meeting that herself and AMC had met to discuss the reporting schedule for this meeting and it will be brought back for discussion along with the Terms of Reference for consideration.</p>   | CE   | 23.01.19       | 20.02.19    |        |
| 6             | <p>RE advised that in the future there will be a verbal or report under this section to discuss Mortality. This will be presented by either RE or AMC.</p>  | CE   | 23.01.19       | 20.02.19    |        |
| 4.2 / 2301.19 | <p><b>Risks 5112 / 5116</b></p> <p>MM mentioned that she did a walkabout on ICCU in October and the Nurse in Charge was excited about the new staff recruited and</p>   | GN   | 23.01.19       | 20.02.19    |        |

The Royal Wolverhampton NHS Trust

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|                | how education had developed a two month programme to train the new staff (combination of ward and classroom). MM advised the meeting that she is surprised to see the risk. GN reported that the business case was had not been agreed when MM did the walkabout. The meeting discussed these two risks and it was agreed that GN would review |    |          |                                     |   |
| 4.1 / 23.01.19 | RE asked about the emergency C-section rates which require auditing to determine if the indicators are appropriate. RE noted that the previous QSIG minutes mentioned that the Commissioners have concerns and the Directorate. RE requested the audit results are brought to this meeting, this was agreed. VW to advise the date.            | VW | 23.01.19 | 20.02.19                            |   |
| 4.1 / 23.01.19 | RE asked if the figures within the Rapid Intervention Team could be reviewed for the number of patients sent to ED. The figure currently states 8.4%, RE asked how 8.4% was calculated. GN agreed to review.   | GN | 23.01.19 | 20.02.19                            |   |
| 4.1 / 21.11.18 | GN agreed to review the TRR and consideration to the BAF (Cancer)  | GN | 21.11.18 | <del>23.01.19</del><br><br>20.02.19 | GN advised the meeting that she is currently in the process of completing this action and will update at the next meeting.<br><br>GN to email RE/KW/MM with views to agree reasoning                            |
| 4.1 / 21.11.18 | RE asked for a brief description on what the Trust is measuring in regards to HIV tests offered  | GN | 21.11.18 | <del>23.01.19</del>                 | GN explained that this is for patients who come to the Trust if they need a HIV test and this is the data that should be recorded. GN confirmed that she has been asked why the figures are so low, GN has been |

The Royal Wolverhampton NHS Trust

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|                   |  |              |          | 20.02.19  | assured that the figures will be in the 70's for the last quarter but currently she is not receiving appropriate assurance. Meeting discussed this briefly and it was agreed that this should be marked as green. GN asked that this action is brought forward to the next meeting while she seeks assurance. |
| 4.1 /<br>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<br><br>CE | 24.10.18 | <del>21.11.18</del><br><br><del>23.01.19</del><br><br>20.02.19            | Meeting noted that the word <b>not</b> was still in the risk. CE to speak to GN<br><br>RE reported that NOT is still on both November and December IQPR. GN confirmed that she had not changed the IQPR and item to be brought back to February meeting.  |
| 4.2 /<br>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<br><br><del>23.01.19</del><br><br>20.02.19                       | Updated on section 3 of the minutes.<br><br>GN confirmed that this has been updated. MA confirmed that the risk has not been downgraded even though an update has been received. After a brief discussion GN asked MA to check. GN confirmed the grade change on the 19 January.                              |
| 4.3 /<br>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><br><br><del>21.11.18</del><br><br><del>23.01.19</del> | GN advised that this risk had still not been updated – GN to chase for an update and bring forward to the November meeting.<br><br>To be discussed under TRR – leave action open<br><br>Risk not updated – agreed to bring forward to next  |

The Royal Wolverhampton NHS Trust

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|  |  |  |  | 20.02.19 | 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  |
|----------------|---|------|----------------------|-----------------------|---|
| 4.1 / 21.11.18 | 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. | GN   | 21.11.18             | 23.01.19              | GN confirmed that the figures have been corrected in the dashboard.<br><br>Close action |
| 4.2 / 21.11.18 | <b>Board Assurance Framework</b><br>RE asked KW if the format of SR12   | RE   | 21.11.18             | 23.01.19              | Completed – Closed  |

The Royal Wolverhampton NHS Trust

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|                | 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.   |    |          |          |  |
| 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 | GN advised that the pilot is completed and the outcomes from the pilot has formed the business case. Business case is for the ward areas. Agreed to close action   |
| 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.<br>Close  |
| 4.2 / 21.11.18 | <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 to sensitive. | PA | 21.11.18 | 23.01.19 | <b>Risk number 4528 - Re the two incidents cited in this risk:</b><br><br><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.<br><br>At the time of this incident there were a number of communication/ recording systems employed on the unit:<br>1 Paper notes;<br>2 Electronic “Badgernet” medical records system (recently introduced at the time of the incident – November 2017);<br>3 Nursing Kardex system;<br>4 NNU observation chart.<br><br><b>185209</b> - Non-STEIS investigation is still underway. |

The Royal Wolverhampton NHS Trust

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|                   |  |              |          |   | 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.<br>Close   |
| 4.1 /<br>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<br><br>CE | 24.10.18 | <del>24.11.18</del><br><br>23.01.19                 | RE confirmed that the slides had been shared but not the presentation. RE asked CE to speak to GN.<br><br>GN confirmed that slides were shared and this was one of the same. Close  |
| 6.1 /<br>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><br><br>21.11.18<br><br>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.<br><br>Safeguarding report will be on the November Trust Board, to be discussed at the January meeting.<br><br>To be discussed at the February meeting. |