

Minutes of the Quality Governance Assurance Committee held on the:

Date **Wednesday 20 January 2016**
Venue **Room 6, WMI**
Time **2.00pm to 4.00pm**

	Name	Role
Present:	Dr J Anderson (JA) Chair	Non-Executive Director
	M Arthur (MA)	Head of Governance & Legal Services
	R Edwards (RE)	Non-Executive Director
	C Etches (CE)	Chief Nursing Officer
	G Nuttall (GN)	Chief Operating Officer
	Dr J Parkes (JP)	Non-Executive Director
Apologies:	D Loughton (DL)	Chief Executive
	Dr J Odum (JO)	Medical Director

The Royal Wolverhampton NHS Trust

Item No		Action
1	<p>Apologies for absence</p> <p>Apologies were noted.</p> <p>CE mentioned to the Chair that DL expressed his sincere apologies for not attending the recent QGAC meetings. DL stressed he is committed to the Committee.</p>	
1A	<p>Declarations of Interest</p> <p>There were no Declarations of Interest.</p>	
2	<p>Minutes of Previous Meeting</p> <p>RESOLVED: Minutes of the Quality Governance Assurance Committee held on 25 November 2015 were approved as a correct record.</p>	
3	<p>Matters arising from the Minutes</p> <p>The matters arising from the Minutes were updated on the action log sheet and closed accordingly.</p>	
4	<p>Regular Reports</p>	
4.1	<p>Integrated Quality & Performance Report – C Etches& G Nuttall</p> <p>GN reported that the Emergency Department saw a massive increase in numbers throughout December with an additional 1,103 attendances compared to the same period last year. To date January is seeing an increase in the number of attendances with an additional 757 in the first 13 days of the month. This is an increase of 15.63% compared with last year.</p> <p>GN informed the meeting that there has been a significant increase in ambulance conveyances within the Trust since October. Previously this Trust saw an average of 30 ambulances per day from the Staffordshire postcodes; the average is now 50 per day.</p> <p>GN reported that some days the Trust saw over 100 breaches. This has been discussed in-depth at a Board Development Workshop and meetings. On New Year's Day the Trust had 175 ambulances and GN feels the Trust is not equipped for this amount. Within 2 hours the Trust had 30 ambulances. GN confirmed that some days the Trust is seeing over 90% performance but there is still an issue within bed flow. The meeting noted that attendance rates in 2015 saw an additional 3,461 compared with 2014 and an additional 1,091 in admissions.</p> <p>JP informed the meeting that GP's have had nothing from the Trust / CCG regarding admitting / referring patients to the Trust in an Emergency capacity. GN to follow up.</p> <p>The meeting discussed attendance to the Emergency Department and the issues involved with the number of attendances.</p>	GN

The Royal Wolverhampton NHS Trust

Item No		Action
	<p>GN informed the meeting that 62 day cancer was achieved for December 2015. However, this is unlikely to be achieved in January due to the same challenges and issues within Urology and some challenges building up within Head & Neck.</p> <p>The delayed transfers of care came down in December. Work has been commenced with PWC focussing on 6 wards to be identified for improvement. This is in conjunction with the Trust, Local Authority and the CCG.</p> <p>JP queried why the HSMR was not in the report; JA confirmed that this had been missing from the last 2 reports. CE reported that HSMR was not the national indicator of choice and the Trust no longer uses Dr Foster.</p> <p>JA raised concerns over the staff turnover and the staff sickness. In regards to staff turnover the Trust is in line in comparison to the average rate of other large acute trusts throughout the country but is higher in comparison to all West Midlands NHS Trusts and also as compared to the overall National NHS turnover rate. GN reported that the Director of Human Resources is currently working on a piece of work to ascertain why staff are leaving and where they are going. CE confirmed that staff, especially within Emergency Department, are tired, hence a high sick rate. Discussions took place regarding work ethic and how staff are asking to work part-time and flexible hours.</p> <p>CE reported that the Trust had received 32 complaints during December in comparison to 18 the previous December. In December, 6 complaints were re-opened during December compared with 2 previously. CE reported that 32 complaints were closed in December. The overall Trust response rate for December is 88% which is an improvement of 12% from November. Complaints without consent to breach had considerably improved in month.</p> <p>The mixed sex accommodation has reported no breaches and the policy is being reviewed in line with regional policy changes and remains acceptable for the Trust needs. However, the national policy has changed to reduce to 4 hours from 6 hours. This Trust already operates a 4 hour transferring out of ICU.</p> <p>CE reported on FFT response rates and the meeting noted that the FFT feedback form is now on the Internet and being texted to patients for completion. Emergency Department FFT response rate is above England and the Trust own target, however, the Emergency Department FFT recommendation rate is below the England target. Inpatient FFT response rate is above the England target but below the Trust target and the Inpatient FFT recommendation rate is below the England target. Maternity FFT's has mostly positive feedbacks.</p> <p>The Trust has had zero Duty of Candour breaches in December.</p> <p>CE informed the meeting that there is a slight reduction within December on avoidable pressure ulcers (11) and unavoidable pressure ulcers (40).</p> <p>The meeting noted that the number of patients who have suffered any harm from a fall is now below the Trust target and each fall continues to be scrutinised with an RCA and lessons learned. Further work is to be undertaken to ensure risk assessments are carried out on bed rails and falls in patients on the day they are due to go home.</p>	

The Royal Wolverhampton NHS Trust

Item No		Action
	<p>The safety thermometer for December shows an improvement compared to November. However the Trust still remains below the target by 0.2%.</p> <p>VTE assessments remain above the Trust target at 95.1%.</p> <p>There is a slight improvement with C.Diff incidence and there have been no MRSA cases in December. CE confirmed that decant deep clean is continuing throughout the Trust. Since the deep clean has taken place on some wards, there has been a reduction in C.Diff. But cases still occur in deep cleaned wards, albeit fewer than before The meeting had a discussion regarding the prescribing of antibiotics in the community.</p> <p>The meeting was advised that Norovirus and flu is currently within the Trust.</p> <p>The WHO Surgical safety checklists were completed 100% within the 799 theatre sessions completed in December. The monthly target is 99%. Discussions took place on the WHO checklist.</p> <p>CE to ask for narrative around the 3 unexpected term admissions to NNU, needing level 3 care during December.</p> <p>The meeting noted that there was an increase with C section rates in December but also deterioration in numbers of 3rd and 4th degree tears in December (4.3%).</p> <p>Midwife to Birth ratio is 1:30; there are currently no Midwifery vacancies. CE explained that the 1:30 ratio figure comes from Birth Rate Plus, which is the mythology for Midwifery. There has been a significant increase in Smoking at Delivery in December. Concerns were raised over the low figure for November.</p> <p>JP queried the meaning of “did not meet section 42 enquiry” noted in the 3 safeguarding referrals against the Trust in December. CE replied that the referral has not met the threshold and will therefore not become a safeguarding enquiry.</p> <p>Resolved: Report was accepted</p>	CE
4.2	<p>Board Assurance Framework / Trust Risk Register – M Arthur</p> <p>MA presented the BAF and TRR report to the meeting.</p> <p>Board Assurance Framework (BAF):-</p> <p>MA reported to the meeting that there were no new risks on the BAF. There are 3 red risks:</p> <p>SR8 – That there is a failure to deliver recurrent CIPs (COO) SR9 - That financial balance (and surplus) is not achieved (CFO) SR12 – That the retention and development costs of staff are unaffordable (HRD)</p> <p>No risks were closed within the BAF.</p> <p>There are currently 10 risks which are being managed (on-going).</p>	

The Royal Wolverhampton NHS Trust

Item No		Action
	<p>The main issue in the BAF report was SR1 - staff shortages, turn over and sickness absence a concern. After discussion it was agreed to convert SR12 to under COO.</p> <p>MA asked the meeting to note some format changes to the BAF register and reported that the changes were approved at the last Audit Committee. MA explained the changes to the meeting; these were then discussed in length. The meeting discussed how the BAF indicators are helping to achieve our six strategic objectives. Concerns were raised regarding the format and some of the members expressed concerns that they still have difficult to navigate. JA reported that after the next Trust Board meeting herself and Mary Martin were meeting to discuss the BAF format and potential re-design. CE stressed to the meeting that this new format had been suggested and agreed at Trust Board. The meeting agreed that more work is to be done on its framework to ensure that the Trust is on course.</p> <p>MA asked CEm to remove the blue highlights within the BAF and ensure each line is legible.</p> <p>GN advised the meeting that Kevin Stringer has e-mailed Governance today with his updates and GN's.</p> <p>Trust Risk Register (TRR):-</p> <p>MA reported that there were 2 new risks within the TRR:</p> <p>2080 – Risk to quality of patient care: reduced manpower (COO). This is a red risk 4286 – Diabetes Best Practice Tariff (COO)</p> <p>The following 3 risks were removed:</p> <p>2780 – Inadequate Staffing levels on CHU – risk moved to Divisional Risk Register (COO) 3431 – Poor skill mix due to change in establishment to West Park Wards – 1,2&3 and Neuro Rehab – risk moved to Divisional Risk Register (COO) 4101 – Lack of decant facility for deep clean/temporary isolation facility – risk closed (CNO)</p> <p>The following 2 are red risks:</p> <p>4161 – Shortage of qualified nurses across the Division (COO) – was a Division 1 risk 2080 – Risk to quality of patient care: reduced manpower (COO) – was a Division 2 risk</p> <p>RE queried risk 535 and asked if the HL7 feed had been installed. CE explained that it was updated in December 2015.</p> <p>JA asked the meeting for clarification on risk 4163 regarding patients failing to receive timely and appropriate treatment for renal disease / acute kidney injury. GN replied that the Renal Unit have put proposals forward with regards to increasing their capacity. GN confirmed that these have been sent back for re-discussion/re-think.</p> <p>Resolved: Report was accepted.</p>	<p>MA</p> <p>CEm</p>

The Royal Wolverhampton NHS Trust

Item No		Action
5	Sub Group Reports	
5.1	<p>Patient Safety Improvement Group minutes – November</p> <p>The meeting accepted the minutes</p> <p>5.2 Chairman’s Report</p> <p>Ward reports Division 1 – themes from this month include staffing breaches, late observations, medication errors and C.Difficile. There is some evidence of impact of staffing breaches on medication errors and late observations. The division are reviewing the trend of medication errors.</p> <p>Division 2 – themes from this month include staffing breaches, late observations and infection. A new trend is the double approval of rotas. C Difficile is still an issue for this division and the deep clean programme continues.</p> <p>New role After wide debate the group approved the introduction of two non-registered staff administering influenza vaccination to staff and adults. This will support the additional work contracted by the Occupation Health Department. The staff will be supervised at all times by a registered practitioner.</p> <p>SUI report An internal audit report had rated the Trust as red for assurance around the closure of actions as part of SUI investigation. The Trust was not always able to evidence the closure of neither these actions nor the wider learning. The Audit Committee are to receive a report in December around this position.</p> <p>Deteriorating Patient Group PSIG members raised concern over the lack of progress to re-establish the Deteriorating Patient Group. The original plan for a new chair had not materialised. Given the links with SUIs around delays in escalating deteriorating patients it was agreed to find a solution to this issue as a matter of some priority. CE confirmed that the new chair would be Dr Yat Li.</p> <p>Duty of Candour report (Being Open) The annual audit of CP60 was presented and was overall positive assurance for the group. A recent internal audit report had rated us Amber/Green for this subject. There is high compliance with informing patient/family (90%), but entering data onto STEIS about Duty of Candour was disappointing (69%). Overall the group took some assurance from this report.</p> <p>Resolved: Report was accepted.</p>	
5.3	<p>Patient Safety Improvement Group minutes - December</p> <p>The meeting accepted the minutes</p>	

Item No		Action
5.4	<p>Chairman’s Report</p> <p>Ward performance Across both divisions staffing was a key theme driven by vacancies and maternity leave. This has had an impact on late observations in both divisions. Maternity leave is a significant issue in surgery and recruitment to support this had not been fruitful.</p> <p>Late observations on ICCU were noted. A7 is due for refurbishment which will impact on their environmental score.</p> <p>There had been an increase in Trauma and Orthopaedics in pressure ulcers.</p> <p>CLIP Trends from August and November meetings include medication and infections.</p> <p>Key improvements are:</p> <ul style="list-style-type: none"> • Reduction in late diagnosis (6 – 12 months) • Reduction in serious harms from falls <p>However, there has been an increase in:</p> <ul style="list-style-type: none"> • Pressure ulcers (avoidable) • Personal injury claims (Quarter 2) • Inquests (no rule 43s) <p>VTE There is a perceived difficulty with a slowing system past Vitalpac upgrade. This had not been reported to IT.</p> <p>The junior doctors are to be offered the opportunity to complete a survey self-audit around VTE assessments to inform understanding of challenges around the process.</p> <p>Pressure Ulcers There is an overall increase in pressure ulcers including those occurring in the community. ICCU has had a number of pressure ulcers and significant input and action has been instigated.</p> <p>Since the new mercury advanced mattresses have been implemented there is an overall reduction in the number of pressure ulcers occurring.</p> <p>Patient Experience Friends and Family Test (FFT) indicated 90% of patients would recommend the Trust to friends and family. However, compared to other local/regional Trusts we are lower in this score.</p> <p>Other points to note:</p> <ul style="list-style-type: none"> • Complaint rate low (PHSO report) • Average number of complaint is 90 per quarter <p>Further work being undertaken to understand the conflicting information of comparatively low FFT and low complaint rate.</p> <p>Resolved: Report was accepted.</p>	

Item No		Action
5.5	<p>Quality Standards Action Group Minutes – November</p> <p>The meeting accepted the minutes.</p>	
5.6	<p>Chairman’s Report – in the absence of Dr Odum RE presented</p> <p>Prevention of Suicide and Homicide in RWT NCISH (National Confidential Inquiry into Suicide and Homicide) report</p> <p>This important report was presented by a consultant emergency physician and the recommendations and actions required were noted. The actions requiring implementation at RWT will need to be combined with the actions noted following the root cause analysis into an attempted suicide at RWT. The action plan will also need to incorporate those actions identified following the death of a child by suicide. The completed action plan will be brought to the QSAG in January 2016.</p> <p>Dying without Dignity Parliamentary and Health Service Ombudsman Report</p> <p>This report highlighted examples of poor care and areas of concern in individuals undergoing end of life care. A series of standards and recommendations are made in this report and the Trust has benchmarked itself against these recommendations with an action plan against each of them. Completion of each of these actions is planned through to September 2016.</p> <p>WMQRS review of the care of Critically Ill and Critically Injured Children – ED Report</p> <p>This report was reviewed alongside a SUI action plan and a RAG rated risk and action report will be presented to QSAG in January 2016.</p> <p>Freedom to Speak Up (Sir Francis QC) update report</p> <p>Good progress has been made by the Trust in implementing the recommendations made by Sir Robert Francis relating to ‘freedom to speak up’ and a further report will be presented to QSAG in March 2016.</p> <p>QRV Ward A14 update report</p> <p>A report relating to the internal quality review visit to A14 was presented by Dr Halahakoon who led to visit. The report was comprehensive and the rating for each of the 5 CQC domains were clearly set out with the rationale and explanation for each. A number of recommendations have been made as a result of this visit which has been accepted by the ward and service and implementation of these recommendations will be monitored locally. The quality of the review and the outcomes were noted and strongly support the use of these visits to help drive up quality of service provision within the Trust.</p> <p>Resolved: Report was accepted.</p>	

The Royal Wolverhampton NHS Trust

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5.7	<p>Quality Standards Action Group Minutes – December</p> <p>The meeting accepted the minutes.</p>	
5.8	<p>Chairman’s Report - in the absence of Dr Odum RE presented</p> <p>Trauma Governance Committee</p> <p>A review of the New Cross Trauma Unit was carried out by the WM Trauma Network in February 2015. Whilst generally supportive, a number of recommendations and concerns were noted and work continues towards implementing required actions. A further informal visit is expected in early 2016 and a further report will be presented to QSAG in April 2016. Of significant note is the RWT submission of data to the TARN database which requires early action.</p> <p>Internal Quality Review Visit – Sexual Health GUM/Fowler Centre</p> <p>This visit was led by Jane Boyden and a good comprehensive report outlining the ratings for the service against each of the CQC domains was well set out and presented. There were various recommendations made as a result of this visit which have been accepted by the service and a series of actions will be put in place to address these recommendations. Once again the visit has demonstrated the use of this tool in reviewing and informing practice and service provision within a department and the exercise has also been useful to the team undertaking the visit.</p> <p>MA reported that an extensive audit was completed within Division 1 to consider whether timing of ward rounds was a risk – the decision has been made that having reviewed timings etc. of all wards, Division 1 do not consider that the timing of ward rounds is a risk.</p> <p>Internal Quality Review – Ward 2 West Park</p> <p>Matron Watts led the review team and the comments made under number 2 (above) also apply to the IQR at West Park. The actions required against the recommendations will be implemented and monitored locally.</p> <p>It was noted that the Governance Department will be collating the information gained from these internal visits and presenting this in a summary report to QSAG during mid-2016.</p> <p>MBRACE Report</p> <p>Dr Sullivan presented the perinatal mortality data from the MBRACE report. The mortality data presented relates to 2013 and was supplemented by further information from within the Obstetric Department regarding the reviews of perinatal deaths undertaken within the department, for assurance.</p> <p>The MBRACE data for neonatal deaths for 2013 was also presented by Dr Pillay, Consultant Neonatologist. The MBRACE data noted 21 neonatal deaths for babies born at the Trust and according to the MBRACE definition this rates the Trust as a red outlier as the adjusted mortality rate is raised 10% higher than the national mean. The Neonatology Department presented data providing assurance around the process of investigating each of these deaths and how these are externally reviewed by the network. For further assurance the mortality data for 2014 shows a reduced rate per thousand births, and as recommended by the</p>	

The Royal Wolverhampton NHS Trust

Item No		Action
	<p>MBRACE report an external review of the Neonatal Unit has been requested through the SSEC Neonatal Network for further assurance.</p> <p>Resolved: Report was accepted</p>	
5.9	<p>CLIP (Quarterly) Subgroup Report</p> <p>MA informed the meeting that this report went to the December PSIG meeting and will now come to this meeting.</p> <p>MA explained that the CLIP group looks at the last 24 months of complaints, litigation, incidents & PALS.</p> <p>Resolved: Report was accepted</p>	
6	<p>Routine Reporting / Themed Review Items</p> <p>There were no Assurance reports for this month.</p>	
7	<p>Issues of Significance for Audit Committee –</p> <p>There were no issues of significance for Audit Committee.</p> <p>Issues of Significance for Trust Board –</p> <p>Integrated Quality and Performance Report December 2015</p> <ul style="list-style-type: none"> • Significant increase in ED attendances since new ED opened. 15.63% increase in January 2016 so far compared with January 2015. Ambulance conveyance has increased by 50% from Staffordshire in December 2015. Work on pre-hospital conveyance needed as % admissions have reduced as medical model has had an impact. Pathway for GP referrals has been sent to CCG as has not been clear. • Continuing concern re transfer of care. PWC focusing on 6 wards to identify areas for improvement. • Concern re sickness absence levels and staff turnover, leading to concerns in delivery of services.(BAF –red) • Consent breaches for complaints considerably lower, but delayed response and reopened complaints continues to be an issue, although below average rate compared with other Trusts. FTT still not at desired level. • Overall reduction in PUs especially avoidable. • Number of falls with harm reduced, but further work to be undertaken to ensure risk assessments are carried out on bed rails and falls in patients on day due to go home. • Safety thermometer improved in month but VTE numbers have increased • Midwife to birth ratio good but maternity metrics still need further descriptors. Number of mothers smoking at delivery considerably increased in December. <p>Board Assurance Frame work and Trust Risk Register</p> <ul style="list-style-type: none"> • Long discussion on how the BAF indicators (managed risks) are helping to achieve our six strategic objectives. Format still difficult to navigate. More work to be done on its framework to ensure that Trust is on course • 3 red risks remain on BAF. 	

The Royal Wolverhampton NHS Trust

Item No		Action
	<ul style="list-style-type: none"> • Staff shortages, turn over and sickness absence a concern (SR1) • Suggest convert SR 12 under COO. • TRR has a new red risk escalated from Divisions concerning the possibility of reduced quality of care due to reduced manpower. • Second red risk (4161) also concerning shortage of qualified nurses. A second visit to the Philippines planned end of January 2016. • Three risks downgraded (2780, 3431, 4101) • A new risk around the paediatric diabetes service not meeting its 14 mandatory criteria due to insufficient staff. Potential financial loss of £400,000. • 4163 --concern for patients with acute renal failure to receive timely treatment due to inability to admit to specialist wards and lack of available beds elsewhere. To be critically reviewed. <p>Patient Safety Improvement Group (November & December 2015)</p> <ul style="list-style-type: none"> • New role for 2 non-registered staff to administer influenza vaccines • Internal audit rated Trust red for evidence of closure of actions around SUIs. Relates to lack of assurance and wider learning from these events. • Deteriorating Patient Group has new chair—Dr Yat Li, Sepsis group to be aligned to this group. • Problems perceived with the speed of new Vitalpac upgrade potentially leading to incomplete VTE assessments. <p>Quality Standards Action Group (November & December 2015)</p> <ul style="list-style-type: none"> • Action plan developed following RCA into attempted suicide in line with the National Report into Suicide and Homicide. • Further action plans around dying with dignity after benchmarking against the Ombudsman Report had revealed some areas of poor care which are being addressed. • Positive internal quality review of A14 (CQC type visit) resulted in recommendations to drive up the quality of care further and viewed favourably. Similar visits have been made to Sexual Health/ GUM/Fowler centre and Ward 2 at West Park • Concerns that RWT's submissions to the TARN database were incomplete following Trauma review by WM Trauma network. • MBRACE report reported that the review of perinatal data identified that the adjusted neonatal mortality rate is 10% higher than the national mean. However all deaths are fully investigated and are externally reviewed by the Network. This report is to be discussed at the next Mortality meeting. <p>CLIP Meeting update</p> <ul style="list-style-type: none"> • This report was discussed at PSIG in December but will now be received at QGAC quarterly in future. • Highlighted need to address trends seen within medication incidents and improved lessons to be learnt from SUI RCAs. • In period July to September increasing Clinical negligence claims, decrease in personal injury claims and increase in new inquests. Late diagnosis of test results has improved. These are to be taken forward by new Patient Experience Lead. 	
8	<p>Evaluation of Meeting – ALL</p> <p>Apologies given by Chair for poor time keeping. Several items discussed in depth.</p>	

The Royal Wolverhampton NHS Trust

Item No		Action
9	<p>Any Other Business – ALL</p> <p>CE informed the meeting that to date the Trust had not had a reply from the CQC following our appeal. Debra Hickman has been tasked with chasing the CQC for a reply.</p>	
10	<p><u>Date and time of Next Meeting:</u></p> <p>Wednesday 24 February 2016, 2pm, Boardroom, Building 12</p>	

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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	GN to speak to the CCG to ascertain if a letter has been sent to the GP's regarding admitting / referring patients to the Trust in an emergency capacity.	GN	20.01.16	24.02.16	
4.1	CE to ask for narrative around the 3 unexpected term admissions to NNU needing level 3 care during December.	CE	20.01.16	24.02.16	
4.2	MA to change BAF SR12 to COO	MA	20.01.16	24.02.16	
4.2	CEm to do format changes to the BAF	CEm	20.01.16	24.02.16	
2	DH offered to revisit the dashboard to ascertain if other Trusts in the region were reporting anything different on their dashboards.	D Hickman	25.11.15	20.01.16 18.05.16	CE reported that Obstetrics is being reviewed with the CCG currently and any changes will be implemented in the new financial year. Bring forward to 18 May 2016 for follow up.
2	The meeting agreed to go back to the Obstetrics Department and ask for more descriptors to be added to the dashboard regarding unexpected term babies receiving level 3 care.	CE	25.11.15	20.01.16 18.05.16	CE reported Obstetrics are now working with the CCG to see what they would like to have reported. This action is on-going and will be reviewed at the May meeting
4.1	RE asked why the targets on the WHO Surgical checklist are always different. CE replied that it is due to the contract target. Following discussion, CE agreed to query the graph target and will confirm the reasoning via e-mail to the meeting members.	CE	25.11.15	20.01.16	CE explained to the meeting that this was the contract and each quarter has a different target, hence why it looks different. Quarter 4 is the only time we are signed up for 100%.
4.2	JA asked for an update on risk 4243 and JO agreed to look into the risk and report back.	JO	25.11.15	20.01.16 24.02.16	In JO's absence it was agreed to bring this forward to 24 February 2016.

The Royal Wolverhampton NHS Trust

<p>4.1 – Feb 15</p>	<p>CE raised concerns that we are still breaching around consent in regards to complaints. CE will be meeting with Carol Bott to discuss complaints and the changes not having a positive impact. CE agreed to update the meeting on any progress made</p>	<p>CE</p>	<p>18.02.15</p>	<p>25.03.15 22.04.15 27.05.15 24.06.15 21.10.15 25.11.15</p>	<p>GN informed the meeting that this was discussed at the last QSAG meeting and QSAG have asked for additional work to be done on the report and re-present again. B/F – April 2015</p> <p>RE reported that QSAG have asked for additional work to be undertaken.</p> <p>MA advised the meeting that in Carol Bott's absence Paul Archer is covering / supporting the work within the Patient Experience team. PA advised the meeting of the current situation and after discussion it was agreed that the report / update should go to QSAG for assurance. The assurance should then be escalated to this meeting.</p> <p>CE reported that Carol Bott is back from sickness and CE has spoken to Paul Archer in regards to where we are at with the league tables for Directorates. Work is on-going which includes a dashboard to come to here and Trust Board.</p> <p>JO informed the meeting that this item was discussed within QSAG and the management of the complaint process. JO reported that Paul Archer had done some good work and had a good grip on the role. This item is being brought back to QSAG.</p> <p>CE informed the meeting that she has had 3 meetings with any directorate</p>
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The Royal Wolverhampton NHS Trust

				20.01.16	<p>that breaches complaints replies. CE reported that a Standard Operation Procedure was being brought in by these Directorates to ensure breaches are eliminated. The Corporate team will undertake an audit on each directorates SOP's to ensure it is robust. The new policy will be discussed at the next Policy Group in January. This policy will contain a SOP template. Discussion took place on breaches and the quality of the complaint responses.</p> <p>CE reported that Alison Dowling has been appointed the new Patient Experience Lead and joins the Trust from the Local Authority. AD has reviewed and amended the policy which will go to the next Policy Group in February. CE confirmed that there is a drop in complaints which breach and the meeting from Tuesday had been cancelled. AD is currently looking at computer based to automatically remind staff of deadlines.</p>
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The Royal Wolverhampton NHS Trust

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 – June 15	JA queried the number of unexpected term babies to Neonatal unit, in May there were 3 unexpected admissions. This was discussed in-depth and It was agreed to provide brief detail for each full term baby admitted to the neonatal unit unexpectedly to enable this meeting to note any trend or concern regarding care. CE agreed to do the action.	CE	24.06.15	22.07.15 21.10.15 25.11.15	CE confirmed that the Directorate will come and present to the October QGAC. CE has received a letter regarding 3 rd & 4 th degree tears. National Midwifery guidelines have been reviewed and the Trust will now be adhering to them. Dr Sullivan is attending the meeting on the 21 October, agreed to close Following discussion, it was agreed to leave this action on the open action log.