

Minutes of the Quality Governance Assurance Committee held on the:

**Date**                      **Wednesday 24 February 2016**  
**Venue**                     **Boardroom, Building 12**  
**Time**                       **2.00pm to 4.00pm**

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

**NB:** The meeting was not quorate until 2.30pm.

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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</b></p> <p>Correction to page 4, paragraph 8 should read: <i>which is the methodology for Midwifery.</i></p> <p><b>RESOLVED: Minutes of the Quality Governance Assurance Committee held on 20 January 2016 were approved as a correct record.</b></p>	
3	<p><b>Matters arising from the Minutes</b></p> <p>The matters arising from the Minutes were updated on the action log sheet and closed accordingly.</p>	
4	<p><b>Regular Reports</b></p>	
4.1	<p><b>Integrated Quality &amp; Performance Report –G Nuttall</b></p> <p>GN presented the Integrated Quality &amp; Performance report to the meeting.</p> <p>The meeting was informed that the Emergency Department saw a significant increase in January, with an additional 2,050 compared with the same period last year. The Trust failed to achieve both type 1 and all types target for the month. The predicted fine is £111,480.</p> <p>The ambulance handover saw an improvement in January for 30 – 60 minutes; however, there was deterioration in the over 60 minute breach targets. GN informed the meeting that since October there has been a significant increase in the number of ambulance conveyances in the Trust.</p> <p>Following a lengthy discussion, the meeting noted that the breaches in the first assessment related to minors rather than majors. There are issues within bed availability, especially in the evenings (4pm onwards) and there is an insufficient number of clinical / medical staff due to high sickness amongst the nursing staff and a high turnover of staff. No patients breached the 12 hour target during January.</p> <p>GN asked the meeting to note within the cancer performance is the Trust is predicting a possible failure of 31 day subsequent surgery, 62 day first treatment and 62 day screening for January. Validation is on-going and the final cancer data is uploaded nationally 6 weeks after the month end. GN advised the meeting that an Intensive support team has been invited to</p>	

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	<p>the Trust to offer assurance / advice in particularly reviewing Urology, Head and Neck and Gynaecology to ensure process is as effective as possible. The support team will be in the Trust in the 2<sup>nd</sup> week of March. GN will keep this meeting, Finance &amp; Performance and Trust Board abreast of the findings. JA asked if the Trust is short of Consultants within the three specialities and if the Theatre space is being fully utilised. GN replied that Urology as capacity problems with a number of late referrals. Gynaecology has had some Consultant sickness. Head and Neck is predominately capacity.</p> <p>In the absence of CE, the Chair asked the members if they had any questions regarding the quality aspect of the report.</p> <p>JP queried the significant increase within the Community Acquired VTE numbers (of the 59 VTE's 45 were community associated). After discussion it was agreed that the figure was high and the correct figures are to be obtained in readiness for the next meeting.</p> <p>JP raised a query in regards to the discharge summary – Assessment Units data. GN replied that this was discussed in Finance &amp; Performance meeting earlier. GN informed the meeting that the main issue was within PAU and Dr Cathy Higgins is aware of the issue and is currently working with Juniors and the IT team to resolve the issue. GN agreed to do a breakdown of the figures for each area in the next report.</p> <p>JA asked why the Safety Thermometer numbers are down when the Trust is doing well in each area.</p> <p>JA stated that the Trust appears to have a large number of fines for January. GN replied that this had been discussed in-depth in the Finance &amp; Performance.</p> <p>JA enquired why there had been deterioration in month of patients admitted with the primary diagnosis of a stroke spending less than 90% of their hospital stay on a dedicated stroke unit. JA also noted that high risk patients being assessed and treated within 24 hours, the Trust target was only 60%; JA queried why the Trust target was not at 100%. GN replied that the national target was only 60%.</p> <p>The meeting noted the significant decrease in C-sections for January. JA mentioned that there was only one good description out of four reported for the unexpected term babies to Neo Natal unit (level 3 care). GN to take JA's comments back about the lack of information around admittance on the unit.</p> <p><b>Resolved: Report was accepted</b></p>	<p><b>GN</b></p>
4.2	<p><b>Board Assurance Framework / Trust Risk Register – M Arthur</b></p> <p>MA presented the BAF and TRR report to the meeting.</p> <p>MA advised the meeting that the BAF report had been reviewed and streamlined. MA informed the meeting that she is meeting with CE and Roger Dunshea to discuss the report format further and will then be meeting with Baker Tilly to agree a format. The future report will contain the Trust objectives and potential risks if not achieved.</p>	

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	<p><b>Board Assurance Framework (BAF):-</b></p> <p>The meeting noted that on the BAF there were no new risks and 2 <b>red</b> risks:</p> <p><b>Risk SR8</b> – That there is a failure to deliver recurrent CIP's.</p> <p><b>SR12</b> – That the retention and development costs of staff are unaffordable – this is to be changed to the Chief Operating Officer.</p> <p><b>SR9</b> – That financial balance (and surplus) is not achieved. This was a red risk but is now amber.</p> <p>There were no risks closed on the BAF.</p> <p>The meeting discussed SR1 and the Committee recommend that SR1 should be RED as 3 of 4 risk origins red, which takes number to 3 red on BAF.</p> <p>GN advised the meeting that at the next Finance &amp; Performance meeting, the BAF will be the first item on the agenda.</p> <p>JA asked for a start dates to be added to the BAF register.</p> <p>RE mentioned that she will be submitting a number of suggestions to improve the report as she still cannot get assurances from the BAF report.</p> <p><b>Trust Risk Register (TRR):-</b></p> <p>The meeting noted that on the TRR there were 4 new risks:</p> <p><b>Risk 4306</b> – IT System changes  <b>Risk 3256</b> – Premises at West Park do not conform to professional standards for Audiology (reappearance due to failing UKAS visit)  <b>Risk 4307</b> – Not using the NHS number as a primary identified  <b>Risk 4352</b> – Dental Mobile Unit – Financial risk</p> <p>There were 2 risks removed from the TRR:</p> <p><b>Risk 4114</b> – Potential risk of TB infection due to a short supply of BCG vaccine – <i>risk moved to Directorate risk register</i></p> <p><b>Risk 4221</b> - Potential patient Mycobacterial infections associated with the use of cardiopulmonary bypass equipment during cardiac surgery – <i>risk closed</i></p> <p>There are 2 new <b>red</b> risks on the TRR:</p> <p><b>Risk 4161</b> – Shortage of qualified nurses across the Division  <b>Risk 2080</b> – Risk to quality of patient care: reduced manpower</p> <p>RE queried the position on <b>risk 3256</b> and what the impact of this risk was to the Trust. The meeting discussed the potential risk to the Trust.</p> <p>JA raised concerns regarding <b>risk 2719</b> and the system bugs in safehands which causes delays to bed allocation. GN replied that this was partly due to PAS data not being uploaded</p>	<p><b>MA</b></p> <p><b>MA</b></p> <p><b>MA</b></p> <p><b>RE</b></p>

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	<p>at weekend's resolution is currently on-going and will be updated next month with more detail in the report.</p> <p>RE raised a concern regarding <b>risk 535</b> If the Trust fails to achieve reductions in Healthcare Associated Infections then this will directly impact on the Trust's NHS reputation. After discussion, it was agreed that GN would speak to CE and feedback at the next meeting.</p> <p><b>Resolved: Report was accepted.</b></p>	GN
5	<b>Sub Group Reports</b>	
5.1	<p><b>Patient Safety Improvement Group minutes – January</b></p> <p>The meeting accepted the minutes</p> <p><b>5.2 Chairman's Report</b></p> <p><b>Late observations</b>  <u>Division 1</u> – Three themes arose in the month: late observations, staffing breaches and medication errors. Staff movements to maintain safety are now a daily occurrence impacting on staff morale.</p> <p><u>Division 2</u> – Three themes across the month are: late observations, staffing breaches and infection (C Difficile).</p> <p><b>RCAs</b>            Following recent training to complete RCAs it was reassuring to have reported that the training was extremely good and effective. It was felt that more people would benefit from the learning of completing RCAs.</p> <p><b>New Procedure – Carbon Urea Breath Test</b>            This is a test which was approved for the use with patients relating to acid problems (out patients) and G.I. bleeding (in patients). It is a simple test which is low risk and assists in identifying the presence of Helicobacter Pylori (HP) in the stomach.</p> <p><b>WHO/Surgical Safety Checklist</b>            An improvement in compliance and completion of checklists was noted in the Obstetrics and Gynaecology Directorate following recent changes in process. The directorate will seek to find additional assurance of the processes implemented.</p> <p><b>Pleural Services Group report</b>            A review of recent incidents through RCAs described the findings and assurances were received by the group. These included:</p> <ul style="list-style-type: none"> <li>• Insertion of chest drain (Never Event)</li> <li>• Misplacement of a nasogastric tube</li> <li>• Care of chest drain outside of respiratory ward</li> </ul> <p>Following the purchase of a semi rigid bronchoscope, sterilisation issues have arisen which are not compliant with UK guidance. MHRA referral has resulted in a draft report being produced.</p>	

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	<p>Dr Mann is stepping down from the chair of this group and handing over to Dr A Szuszman.</p> <p><b>Renal Guard audit</b> The renal guard audit was approved for surgical application and has been used for cardio thoracic patients. The purpose of this device is to measure volume of urine and replace with the same volume of IV fluid, then reducing the risk of kidney dysfunction. Overall the device was perceived to be beneficial in this group of patients. Application for a longitudinal study is in progress.</p> <p><b>Transfer and Discharge audits</b> <u>Transfer audit</u> – overall there had been improvement in compliance with the new policy. However, there was a need for further significant improvement.</p> <p><u>Discharge audit</u> – there was a significant improvement in these results following an amendment to the policy. It was agreed an action plan needed to be developed to ensure lessons are learnt and shared.</p> <p><b>Resolved: Report was accepted.</b></p>	
5.5	<p><b>Quality Standards Action Group Minutes – January</b></p> <p>The meeting accepted the minutes.</p> <p>5.6 <b>Chairman’s Report</b></p> <p><b>Guidance in relation to Abortion Act</b> Audit of compliance has shown improvement in compliance to timescale of completion. Evidence of electronic submission of information is difficult therefore a manual record of submission is retained. Good progress against action plan is evident and the outstanding action was agreed to be downgraded.</p> <p><b>WMQRS action plan</b> There is clear progress against actions with evidence of implementation. Actions have been cross-referenced against CQC actions. Further work is continuing to complete all actions.</p> <p><b>NICE implementation</b> A new process has been implemented across the organisation and approved by the CCG. The main purpose of the new process is to reduce the time from technology appraisal being received to business cases being approved.</p> <p><b>Safeguarding</b> An update of the Safeguarding Assessment Assurance Framework (SAAF) was received. Further assurance required for serious case reviews, serious adult reviews, domestic homicide and learning lessons. A new RWT structure will be implemented to oversee safeguarding activity and processes - Safeguarding Steering Group and a Safeguarding Operational Group. A Section 11 audit across all providers is to take place in Qtr1 at the request of the Wolverhampton Safeguarding Board.</p> <p><b>TARN</b> A new structure is being implemented for the management of TARN submissions to ensure continuity of cover for data collection. This will include a Trust-wide post and will sit with the coding team in the Emergency Department.</p>	

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	<b>Resolved: Report was accepted.</b>	
6	<p><b>Routine Reporting / Themed Review Items</b></p> <p><b>NICE Compliance</b> – this item was deferred until March 2016.</p> <p><b>Mortality – Themed Review – J Odum</b></p> <p>JO presented an assurance report on behalf of the Mortality Review Group.</p> <p>JO informed the meeting that SHMI is as expected for the Trust. The meeting heard that the Trust is no longer using HSMR and therefore it is no longer reportable.</p> <p>The meeting discussed the MBRRAC report which was in the Sunday Times and the Express and Star. JO explained the reasoning behind the figures. The report had no criticism about any individual units. Within this Trust there were a number of unavoidable deaths and there were no issues aligned to this Trust. JO reported that there will be an external review in April from Cambridge to review the cases mentioned above.</p> <p><b>Resolved: Report was accepted.</b></p>	
7	<p><b>Issues of Significance for Audit Committee –</b></p> <ul style="list-style-type: none"> <li>• To consider impact of 12 hour v 8hour shifts on staff sickness absence/ burn out</li> </ul> <p><b>Issues of Significance for Trust Board –</b></p> <p><b>Integrated Quality and Performance Report January 2016</b></p> <ul style="list-style-type: none"> <li>• Continuing high volume attendances in ED. Breaches in first assessment related to Minors rather than Majors. Some problems with bed availability especially evenings and insufficient substantive medical staff.</li> <li>• Cancer performance continues to miss targets in 31, 62 day targets. Intensive support team invited in to particularly review Urology, Head and Neck and Gynaecology to ensure process as effective as possible.</li> <li>• Discharge summaries for patients attending Assessment Units particularly PAU, still a problem. Committee asked for breakdown of areas. Div. Directors involved.</li> <li>• Major concerns re sickness absence and staff turnover compromising delivery of services. Concern re effect of 12 hr shifts and sickness absence/burn out especially in ED where sickness absence &gt;10%.</li> <li>• Avoidable PUs a continuing problem with gaps in evidence of patient advice and/or assessment. But nos. lower than in previous months.</li> <li>• Continuing reductions in falls.</li> <li>• Complaints response times below target, and continue with evidence of failed consent to breach continuing even &gt;35 days.</li> </ul>	

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	<p><b>Board Assurance Frame work and Trust Risk Register</b></p> <ul style="list-style-type: none"> <li>• Improved format and completion of data against some risks. Still needs more work to match risks to Strategic Objectives as these are the drivers.</li> <li>• SR1 Committee recommend should be RED as 3 of 4 risk origins red, which takes number to 3 red on BAF</li> <li>• Concern re lack of real time bed management as entry on PAS often delayed especially at weekends and therefore affecting information on Safe Hands.</li> <li>• 4 new risks on TRR</li> <li>• Re-appearance of Audiology facilities at West Park due to failing a UKAS visit</li> <li>• 2 Red risks linked staff shortages</li> </ul> <p><b>Patient Safety Improvement Group (January 2016)</b></p> <ul style="list-style-type: none"> <li>• Training for RCA assessors effective.</li> <li>• Medication errors still high but with the appointment of medicines safety officer continues to be addressed. (medicines management on CQC action plan)</li> <li>• 100% compliance with WHO check lists.</li> </ul> <p><b>Quality Standards Action Group ( January 2016)</b></p> <ul style="list-style-type: none"> <li>• MMBRACE data for 2013 published but in 2014 report perinatal/neonatal halved compared with previous years. .External review of NNU processes by Cambridge group being undertaken.</li> <li>• Safeguarding Group now headed by Fiona Pickford taking over from the reorganisation of reporting structures by interim lead. Further assurance required around adult safeguarding reviews and learning lessons. PREVENT to become part of safeguarding report in future</li> <li>• WMQRS action plan for critically ill /injured children—good progress. Safeguarding training for new staff/locums remains an issue</li> <li>• Improved submission of compliance with the Abortion act data recording</li> </ul> <p><b>Mortality Themed Review</b></p> <ul style="list-style-type: none"> <li>• SHMI as expected for the Trust</li> <li>• HSMR not being used and therefore no longer reportable</li> </ul>	
8	<p><b>Evaluation of Meeting – ALL</b></p> <p>It was considered a good meeting.</p>	
9	<p><b>Any Other Business – ALL</b></p> <p>There was no other business to discuss.</p>	
10	<p><b><u>Date and time of Next Meeting:</u></b></p> <p><b>Wednesday 23 March 2016, 2pm, Boardroom, Building 12</b></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	The meeting noted the significant decrease in C-sections for January. JA mentioned that there was only one good description for the unexpected term babies to Neo Natal unit (level 3 care). GN to take JA's comments back about the lack of information around admittance on the unit	GN	24.02.16	23.03.16	
4.2	<b>SR12</b> – That the retention and development costs of staff are unaffordable – this is to be changed to the Chief Operating Officer	MA	24.02.16	23.03.16	
4.2	The meeting discussed SR1 and the Committee recommend that SR1 should be RED as 3 of 4 risk origins red, which takes number to 3 red on BAF.	MA	24.02.16	23.03.16	
4.2	JA asked for a start date to be added to the BAF register.	MA	24.02.16	23.03.16	
4.2	RE mentioned that she will be submitting a number of suggestions to improve the report has she still cannot get assurances from the BAF report.	RE	24.02.16	23.03.16	
4.2	RE raised a concern regarding <b>risk 535</b> If the Trust fails to achieve reductions in Healthcare Associated Infections then this will directly impact on the Trust's NHS reputation. After discussion, it was agreed that GN would speak to CE and feedback at the next meeting.	GN	24.02.16	23.03.16	
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.	<del>GN</del> JP	20.01.16	<del>24.02.16</del> 23.03.16	After discussion it was agreed that JP would e-mail Helen to ascertain if the letter had been sent.

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4.2	MA to change BAF SR12 to COO	MA	20.01.16	<del>24.02.16</del> 23.03.16	MA confirmed that this would be completed in readiness for March's meeting.
2	DH offered to revisit the dashboard to ascertain if other Trusts in the region were reporting anything different on their dashboards.  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.	D Hickman  CE	25.11.15  25.11.15	<del>20.01.16</del>  <del>20.01.16</del>  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. <b>Bring forward to 18 May 2016 for follow up.</b>  CE reported Obstetrics are now working with the CCG to see what they would like to have reported. <b>This action is on-going and will be reviewed at the May meeting</b>

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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	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	JA confirmed that she had received an e-mail from Tracy Palmer with the explanation of the 3 unexpected term admissions.  <b>CLOSED</b>
4.2	CEm to do format changes to the BAF	CEm	20.01.16	24.02.16	Completed
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%.
4.1 – Feb 15	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	CE	18.02.15	<del>25.03.15</del>  22.04.15  27.05.15	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  RE reported that QSAG have asked for additional work to be undertaken.  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.

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				24.06.15	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.
				21.10.15	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.
				25.11.15	CE informed the meeting that she has had 3 meetings with any directorate 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.
				20.01.16	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.

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4.2	JA asked for an update on risk <b>4243</b> and JO agreed to look into the risk and report back.	JO	25.11.15	<del>20.01.16</del>  24.02.16	<p>In JO's absence it was agreed to bring this forward to 24 February 2016.</p> <p>JO reported that the information from the Paediatric department. The main issues are the lack of Sonographers, Orthopaedic capacity and inadequate space to sit the scanner within the Paediatric area. JO to circulate the actions to the meeting.</p>
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