Minutes of the Quality Governance Assurance Committee held on the:

Date **Wednesday 20 April 2016**

Venue **Boardroom, Building 12**

Time **2.00pm to 4.00pm**

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

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1	**Apologies for absence** Apologies were noted.	
1A	**Declarations of Interest** There were no Declarations of Interest.	
2	**Minutes of Previous Meeting** **RESOLVED: Minutes of the Quality Governance Assurance Committee held on 23 March 2016 were approved as a correct record.**	
3	**Matters arising from the Minutes** The matters arising from the Minutes were updated on the action log sheet and closed accordingly.	
4	**Regular Reports**	
4.1	**Integrated Quality & Performance Report –C Etches & G Nuttall** GN presented the Performance section of the report to the meeting. The meeting noted that in quarter 4 (January to March) saw a significant improvement on quarter 3 in regards to cancelled operations. GN advised that some of this improvement is linked into some of the transfers to Cannock and overall improvement in bed management. GN informed the meeting that the Referral to Treatment (RTT) – Incomplete – the Trust is close to the wire on this standard. March's figures were re-validated to ascertain the correct figure. GN warned the meeting that predications for April will be in the red due to the 2 Doctor's strikes. RE replied that this will be affecting all Trusts within England. GN advised the meeting that following a discussion at Directors meeting and the Finance & Performance meeting the contract does allow for unexpected scenarios and re-negotiation of fines can be undertaken. GN reported that the figures for total time spent in Emergency Department are disappointing throughout the whole year; although March's figures breached the 4 hour standard at just over 90% we were the 40th best throughout the country. During the 2 week Easter period performance was not good but is now picking up. JV queried what happens to the fines received by CCG from this Trust. On behalf of Kevin Stringer, GN advised the meeting that the Wolverhampton CCG re-invested all of the fines back into this Trust. GN reported that not all of the CCG's involved with this Trust re-invested the fines back and not all Trusts received their fines back from their own CCG's. GN advised the meeting that she had received the report from Cancer Intensive Support Team on Monday. The report has been received for factual accuracy and will be discussed at the May's Finance & Performance meeting. GN agreed to share the paper and action plans	

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	with the Board members. GN advised that the report contained a lot of recommendations. GN informed the meeting that the Trust has notified the NHSI (formerly known as the TDA), that there is capacity issues regarding Urology. GN stressed that there are no plans to divert Urology from this Trust; advice has been sought from the NHSI if there is another local Trust to send cases to locally. The meeting was informed that there is no capacity within University Hospital of Birmingham or Worcester Hospital to take additional cases. CE presented the Quality Report to the meeting. CE reported to the meeting that sickness is now affecting the organisation quite a bit and also the staff turnover. March's sickness figures were 5.47% which is 2.23% above the Trust's target of 3.24%. During March the Trust received 48 complaints compared to 51 received the previous year. During the same period 4 complaints were re-opened compared to 2 in the previous year. CE assured the meeting that she is still meeting with the Directorates who breach response replies without consent. CE advised the meeting that there had been a significant dip in Inpatient Family & Friends Response rates when the Outpatients and Inpatients figures which had been combined were separated. Now that this has been sorted the figure for Inpatients is increasing but still behind December's figures. The meeting noted that 3 of the Maternity FFT rates are either significantly above the England target rate or just on the England target rate. Care on a Postnatal Ward is significantly below the England target. CE assured the meeting that a deep dive into these figures had taken place and it is unclear what people are unhappy with on this Ward. There were no breaches within Duty of Candour which is good news for the Trust. CE stated to the meeting that in March there were 23 avoidable pressure ulcers and 45 unavoidable pressure ulcers. This proportion of avoidable pressure ulcers is a concern to the Trust. CE informed the meeting March saw an improvement in patients with any harm from a fall, Catheters & UTI's and new VTE's. The meeting noted that the safety thermometer had decreased when the only metric which had deteriorated was the VTE figure. CE will be querying the Safety Thermometer. CE advised the meeting that the improvement within C Diffe noted in January and February was not maintained in March (6 cases). The Trust has had 73 cases against a target of 35 per year. The WHO Surgical Checklist is on target for the month (100%). CE reported that the C Section rates had increased and the 3rd (3a and 3b) degree tears also saw an increase. RE asked about the policy on C sections in the light of a recent press report about an incident at another hospital where it was alleged that there were cost pressures to avoid C section rates. CE explained that mothers were given the information and support to	**CE**

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	enable them to make a choice and that cost did not feature. JV asked if with additional births from Walsall there might be greater pressure on theatre time but CE said that this had not been observed. Birth to Midwife ratio is back up to 1:30 due to the increasing number of Walsall patients coming to this Trust to deliver. The meeting agreed that it would use existing measures to monitor the impact of this and to hold a development session at a later date to look back at the effect of having Walsall patients. This was agreed **Resolved: Report was accepted**	
4.2	**Board Assurance Framework / Trust Risk Register** MA presented the Board Assurance Framework and Trust Risk Register to the meeting. **Board Assurance Framework (BAF):-** The meeting noted that there were: 0 new risks 5 red risks: **SR8 –** That there is a failure to deliver recurrent CIP's. **SR12 –** That the retention and development costs of staff are unaffordable **SR1** – Workforce – Recruitment and Retention of staff across the Trust and in particular the future pipeline of nursing and medical staff. **SR9 –** That the deficit plan for 2016 is not achieved and the medium term financial plan fails to bring the Trust back to surplus. **SR10** – That the Trust fails to generate sufficient cash to pay for its commitments. Upgraded from amber to red. 2 risks closed: **SR5 –** If competition causes a significant shift in activity. Following a discussion at Finance & Performance it was felt that this risk was less of a threat than in the previous 12 months but that it may increase in risk as tender opportunities arise. **SR7 –** That the financial risk of vertical integration is prohibitive – risk closed at Finance & Performance as it is a low / moderate risk. MA informed the meeting that 4 of the 8 risks had been updated: **SR6** had been updated with a positive assurance. **SR9** had been updated to say agreed deadline would be May 2016. **SR10** a report and update would be made at the April Finance & Performance meeting giving positive assurance.	

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	SR11 positive assurance indicates that an Estates Rationalisation Report will be given in June 2016. MA advised that a new format for the BAF report was being developed. RD asked where the knock on effects of the Junior Doctors strike would be logged on either the TRR or BAF. JO replied that currently it was too early for this decision to be made. GN informed the meeting that a verbal update will be given to the Trust Board on Monday for assurance of the plans in place. CE queried the assurance provided date of June 2016 on SR11 point C3. After a short discussion it was agreed that the date should be removed until the report is provided. **Trust Risk Register (TRR):-** The meeting noted that there were: 2 new risks: **4472 –** Delays in Cubicle Assessment and Triage (COO). This is also a red risk. **4146 –** Mortuary / Body Store Capacity (COO). 2 risks removed: **4365 –** Cost of contract performance notices (3 in total of £4m) (CFO). **4367** – Potential loss of income with the introduction of the 2016/17 tariff (CFO). 4 red risks: **4161** – Shortage of Qualified Nurses across the Division (COO). **2080 –** Risk to quality of patient care: reduced manpower (COO). **4172** – Supply disruption of Baxter Colleague Pump compatible IV administration sets and Baxter blood admin sets (COO). **4472 -** Delays in Cubicle Assessment and Triage (COO). GN informed the meeting that she had put in a lot of challenge regarding risk **4146.** The meeting discussed the Trust Risk Register in detail. RE picked out a number of risks where evidence had not been updated for several months though in fact actions had been taken; or where the wording was the same as in December although the date had been changed to March. The following actions were agree: • CE and GN to review their out of date risks, update and forward to Sukhbinder Khunkhuna. • MA to ask SK to produce a new report once the updates have been received, aiming for updated TRR in May/June. MA offered assurance to the meeting, when Governance / Divisional Governance meetings take place the risk leads are reminded of the risks on the registers and the need to update.	**CE/GN** **MA**

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	Resolved: Report was accepted.	
5	**Sub Group Reports**	
5.1	**Patient Safety Improvement Group minutes – March** The meeting accepted the minutes	
5.2	**Chairman's Report** **BCG vaccine** Parent/Patient Information sheet developed to support administration of out of date vaccine. Risk assessment completed and accepted by the group. Situation to be reviewed by PSIG in August 2016. **Ward Performance reports** In both Divisions late observations is a key issue to which Band 7s are focussing on to understand the exact nature of the root cause of delays. Personalising observations may be contributing to the issue as there is no pattern as to when observations are undertaken. The Heads of Nursing will review Band 7 findings. **Safer Surgical Checklists** It is disappointing that the Emergency Department periodically have gaps in completion of checklists having presented their action plan to PSIG. The Divisional Medical Director will personally meet the clinicians who are non-compliant with Trust policy. **New procedure – Joint Injections** This application was made to bring New Cross practice in line with Cannock Chase Hospital practice. This application was approved in principal however more rigorous governance process is required prior to implementation. **Audit of new procedure** Intra-cavity ECG method to position the tip of PICC lines was approved some time ago. Audit results of this practice demonstrate effectiveness of the procedure and safety of patients. **VTE quarterly report** The new lead for VTE reported improved performance for both January and February 2016. Medical staff (predominantly junior doctors) were surveyed and staff attitude to VTE assessments were found to be positive and identification of barriers which may impact on VTE performance. A process mapping exercise will follow. **Pressure Ulcer report** The CCG has commenced the first meeting of a health economy Pressure Ulcer Steering Group. RWT Tissue Viability Strategy has been developed and shared with partners. **Resolved: Report was accepted.**	

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5.5	**Quality Standards Action Group Minutes – March** The meeting accepted the minutes.	
5.6	**Chairman's Report** **Divisional Assurance of closure of actions against incidents and complaints report excluding SUI's:** Actions arising from complaints will be datixed and managed through the directorate and divisional process, to conclusion along with the SUI actions. This will be reported on a 3 monthly basis. **Information Governance Toolkit Submission:** The information governance toolkit final submission score to be submitted to the information commissioner for each of the 45 requirements was presented. Each of the domains had been rated at level 2 or level 3 on the toolkit and the recommendation to Trust Board will be to submit satisfactory compliance with the IG toolkit on this basis. **Health & Safety Steering Group Report Update:** Following the presentation of the Health & Safety report to the February 2016 QSAG, a further paper presenting assurance and reports around the specific areas was presented. This was a comprehensive report which provided assurance for the group. **Intensive Critical Care Unit – QRV:** The QRV to ICCU was undertaken on the 21st October 2015 and led by Dr Kathleen Thickett. Ratings of requires improvement were given for the safe and well led domains, with good ratings for the effective calm and caring and responsive domains. Some of the issues identified were similar to those noted by the CQC inspection team in June 2015. An action plan has been set out in response to the visit and the clinical lead and matron for the area will be invited to April's QSAG meeting to review the action plan and outstanding items. **NCEPOD Report 2015 time to get control:** This report relates to management of gastrointestinal bleeding and the Trust is generally compliant with the recommendations set out in the report. The Trust does not have out of hour's interventional radiology service to assist with GI bleeding. This is a Trust issue and will require a network solution and discussions are taking place as to how this be achieved. **Resolved: Report was accepted.**	
6	**Routine Reporting / Themed Review Items** There was no routine reporting or themed review items to be discussed.	

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7	**Issues of Significance for Audit Committee –** None identified, the Audit Chair was present at the meeting. **Issues of Significance for Trust Board:-** **Quality and Performance Report** Cancelled operations: picture much improved, partly due to activity at Cannock RTT: just achieved the target in March, potential failure in April due to impact of Junior Doctors' strikes. March A&E performance improved from February, achieving just over 90% combined. A measure of the nationwide difficulties in A&E is that RWT's performance was the 40th best. We incur fines for failing to meet the target, but Wolverhampton CCG reinvested with RWT all the fines it had levied on us in 2015/6. Cancer waiting times: urology remains a problem area with only 60.47% of cases achieving the 62 day target. On seeking advice as to where else we could send patients to reduce the wait we were informed that there is nowhere else locally and that neighbouring trusts have worse performance. Discharge summaries: a report from PwC on delayed transfers of care suggests some minor ways to improve the process, which will be tried out. Turnover now at 10% for nurses has a significant impact on staffing levels. Sickness absence is >2% above the target, and there are difficulties filling in the gaps it causes. Overall decline in the Safety thermometer score did not seem to match the individual figures and this will be checked. C section rates increased to 30% while perinatal tears also increased. The Midwife to birth ratio has slightly increased to 1:30. Now that we are taking around 500 additional births from Walsall, agreed that it will be important to monitor how this affects the ratio and also any wider impact on e.g. theatre availability for C sections. **BAF** Noted that the format of the BAF is still being developed. Junior Doctors' contract dispute is included in SR9 wrt August changeover. Impact of the strikes: see risks identified, below. **TRR** QGAC went through the risks seeking updates on actions. Governance will remind Divisions and Directorates of the need to amend the register including controls, with a view to producing significantly updated TRR for the May and June meetings. **PSIG** Patient information sheet produced to explain NHS England advice to use BCG vaccine beyond its use-by date due to limited supplies.	

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	Ward performance monitoring sheets: late observations on wards had been a hardware issue and now appears to be strongly linked to staffing pressures. Personalised observations can add complexity compared with standard observation times. Band 7s are being asked to look closely at what is happening in their own area so we understand the causes better and this will be overseen by the Heads of Nursing. Safer surgical checklists: Divisional Medical Director will meet clinicians as ED is still not achieving 100% compliance. New procedures: joint injections by nurses are routine at Cannock Hospital and it is intended to extend the practice to New Cross. Agreed in principle subject to additional governance provisions. Intra cavity ECG method of positioning the tip of PICC lines: audit shows that this system works, is quicker and avoids the cost and risk of X-rays - agreed to go forward to IP governance. VTE patient safety group report: exploring the human factors issues behind low completion of documentation. Electronic survey suggests assessments are being done but not documented. Pressure ulcers report: RWT is taking part in the CCG-led Health Economy PU Steering group and has written a tissue viability strategy which will be sent to the CCG, Public Health, Social Services and other relevant organisations. **QSAG** Divisional Assurance of closure of actions against incidents and complaints reports: actions arising from complaints will be datixed and managed through the directorate and divisional process until they have been concluded, along with SUI actions. This will be reported on a 3 monthly basis to PSIG. Information Governance Toolkit submission: the final score for each of the 45 requirements to be reported to the Information Commissioner had all been rated at either level 2 or 3 which indicates satisfactory compliance. Each year there has been a steady improvement in the proportion of scores of 3. Health and Safety Steering Group Report update: QSAG in February 2016 sought further information regarding internal/external assurance and action plans from leads regarding their area/activity. A further paper gave a comprehensive report which provided assurance for the group. Quality Review Visit: to Intensive Critical Care Unit in October 2015 resulted in ratings of “requires improvement” for safe and well led domains and “good" for effective, caring and responsive. Some of the issues were similar to those noted by the CQC inspection team in June 2015. An action plan has been set out and the clinical lead and matron will be invited to April’s QSAG meeting to review progress. NCEPOD Report “Time to get control”: this concerns gastrointestinal bleeding. RWT is generally compliant with its recommendations but RWT does not have an out of hour’s interventional radiology service to assist with GI bleeding. This also affects other services and a network solution of on-call staff from RWT and other trusts is being tried out for neurological interventions starting the first weekend in April. Impact of Junior Doctors’ strike on services in the Trust on the strike days and on performance	

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	subsequently: comprehensive update of mitigating actions to be brought to the board on 25 April. Agreed that the issue is too fast-paced to suit inclusion on TRR or BAF.	
8	**Evaluation of Meeting – ALL** Quick and efficient.	
9	**Any Other Business – ALL** There was no other business to discuss.	
10	**<u>Date and time of Next Meeting</u>:** **Wednesday 18 May 2016 2pm, Conference Room, Hollybush House**	

COMMITTEES ACTION SUMMARY REPORT

ITEM	Action to be taken raised from the meeting	Lead	Committee Date	Review date	Update
4.1	The meeting noted that the safety thermometer had decreased when the only metric which had deteriorated was the VTE figure. CE will be querying the Safety Thermometer.	CE	20.04.16	18.05.16	
4.2	CE and GN to review their out of date risks, update and forward to Sukhbinder Khunkhuna.	CE / GN	20.04.16	18.05.16	
4.2	MA to ask SK to produce a new report once the updates have been received, aiming for updated TRR in May/June.	MA	20.04.16	18.05.16	
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	~~20.01.16~~ **18.05.16** ~~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.** 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.** CE informed the meeting at the April meeting that the dashboard had been developed; Obstetrics are now seeing if the CCG will accept the new format.

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
6.3	**Trust Clinical audit plan (progress and outcomes)** JO to ask Dr Cherukuri for reason behind the abandoned audits.	JO	23.03.16	20.04.16	JO informed the meeting that he had spoken to Dr Cherukuri and the reply was either duplication or obsolete or unnecessary. They are not abandoned and will be carried forward to the following year if deemed worthy. **CLOSE**
4.2	JA asked for a start date to be added to the BAF register.	MA	24.02.16	~~23.03.16~~ 20.04.16	It was noted that most of the BAF had dates of origin. JA asked for the dates of origin to be added to the remaining BAF and the TRR **COMPLETED**
4.2	RE raised a concern regarding **risk 535** 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~~ 20.04.16	The meeting noted that the figures were much lower in February. It was agreed to bring back to April's meeting CE reminded the meeting that nothing will change until the Software Company makes the necessary changes to the software. The Trust does not have the ability to resolve this issue and pressure is being put on the Software Company. **Completed**