

Minutes of the Quality Governance Assurance Committee held on the:

Date **Wednesday 18 May 2016**
Venue **Conference Room, Hollybush House**
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
	D Loughton (DL)	Chief Executive
	G Nuttall (GN)	Chief Operating Officer
Attendees:	J Vanes (JV)	Chairman of Trust
Apologies:	Dr J Odum (JO)	Medical Director
	Dr J Parkes (JP)	Non-Executive Director

N.B. The meeting was not quorate after 4pm. The meeting ceased at 4.15pm.

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1	<p>Apologies for absence</p> <p>Apologies were noted.</p> <p>1A Declarations of Interest</p> <p>There were no Declarations of Interest.</p>	
2	<p>Minutes of Previous Meeting – Quality Governance Assurance Committee</p> <p>MA asked for the following changes to page 5, last paragraph:</p> <p><i>MA offered to cascade further risk update instructions via Divisional Governance meetings reminding risk leads of the need to update TRR.</i></p> <p>RESOLVED: Minutes of the Quality Governance Assurance Committee held on 20 April 2016 were approved as a correct record.</p> <p>Audit Committee Minutes</p> <p>RESOLVED: Minutes of the Audit Committee held on 20 April 2016 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>CE presented the Quality Report to the meeting.</p> <p>CE reminded the meeting that every year the Trust review the KPI's that are contained within this report; contractual indicators need to be kept in. CE advised the meeting that the report also contains additional data and welcomes any comments / suggestions.</p> <p>The meeting noted that there were 34 complaints received during April –a decrease from the previous month. In April there were 43 cases closed compared to 36 in March, of these 20 were closed within 30 days and 23 took longer than 30 days. CE advised the meeting that the new policy has now been implemented with a 30 day deadline.</p> <p>Friends and Family test response rates for April show that Division 1 is low at 25% and Division 2 show nearly at 25%. For the recommendation rates Division 1 is at 93% and Division 2 is at 92%. The reason for the positive increase is unknown. The response rates remain low and more work needs to be done to improve this. CE as tasked Debra Hickman</p>	

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	<p>with finding a new model of patient experience / feedback / data collection and how the Trust uses the information so it feels like the patients are driving changes and improvements instead of it being felt like tokenism.</p> <p>CE reported that the Maternity Friends and Family recommendation rates for Antenatal Care has dropped significantly to 75% in April compared with 100% in March. CE assured the meeting that a deep dive would be undertaken to understand the significant drop and the Trust would be contacting the company who collates the data to review if this figure was correct.</p> <p>The meeting was informed that CE had requested mixed sex accommodation breaches to be removed but this item was contractual and hence why it had been left in.</p> <p>CE advised the meeting that late observations is a new chart within the report. This has been following constant discussions at the PSIG meetings. CE detailed to the meeting a new observation had been trialled and the data is currently being reviewed. This includes observations being undertaken at 10am, 2pm, 6pm and 10pm, however seriously ill patients will have more frequent observations (old methodology). The meeting discussed observations.</p> <p>There was one Duty of Candour incident in April. This is the first for many months. The meeting noted that there was a slight improvement in the overall score within the Safety Thermometer. There were 20 avoidable pressure ulcers and 38 unavoidable pressure ulcers which were lower than March. An in-depth discussion took place regarding pressure ulcers and the reporting systems of this and other Trusts.</p> <p>UTI's for April were higher than March but new UTI's was the same for both March and April.</p> <p>Proportion of patients with any harm from a fall has increased but the rate is still below the target.</p> <p>The end of year figure for infection prevention was over the Trust objectives. Infection prevention targets for 3016/2017 were so far on target apart from C.Diff (2over)</p> <p>CE advised the meeting that she had removed the medication incidents graph from the report. The reason for this is a Medication Safety Officer is now in post and CE has tasked Debra Hickman to work with the MSO to ascertain a few KPI's to include in a report. A draft will be available for the next report.</p> <p>CE advised the meeting that following a CQC report and Wolverhampton Safeguarding Boards have asked for improvement in Safeguarding Adult mandatory training throughout the Trust. It was noted that level 3 Safeguarding Children mandatory training was in the red. The meeting was advised that when Fiona Pickford, Head of Safeguarding, started with the Trust she identified more staff who had not completed the level 3 training For assurance of this request this Committee will be advised monthly of the training figures.</p> <p>The WHO checklist for 2015/16 was positive. However, there was 1 Never Event yesterday, details will be available at future meetings.</p> <p>RE queried Radiation Incidents and if there was any update from the recent visit from the Radiation Safety Inspector. CE advised that once the report is received this will then be</p>	

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	<p>discussed at QSAG and then onto this Committee. CE explained briefly that gaps were found in the policy. CE and GN have spoken to the relevant people within the Department to ascertain why there are gaps.</p> <p>CE informed the meeting that the reports for Maternity are the revised reports but are still waiting for approval by the CCG.</p> <p>In April there were 2 babies who were unexpected admitted to NNU. Reasons are now given</p> <p>C-Section rate saw a slight improvement.</p> <p>Midwife to Birth ratio has improved slightly at 1:29.8, the Trust rate is 1:30 and nationally the rate is 1:28.</p> <p>Bookings by 12 weeks and 6 days increased in April (new metric) and is now near the target.</p> <p>In April there was 1 “Babies Being Cooled (born here)”. The meeting discussed in-depth cooling of babies.</p> <p>The committee discussed the maternity section of the report and it was agreed to keep all of the data and information.</p> <p>CE reported that there is a small upward trend within SHMI and the crude mortality rate. The meeting noted that the Trust is always behind in receiving the data.</p> <p>GN presented the Performance Report to the meeting.</p> <p>GN reported that at the last QGAC and Trust Board meetings that she felt the Trust would fail on 18 weeks incomplete. This is due to 4 days of industrial action and resulted in 1700 appointments being cancelled. However, GN assured the meeting that dialogue was being undertaken with the CCG regarding the fines. GN feels that May could be tight as well.</p> <p>GN advised the meeting that A&E metrics are not where the Trust would like them to be. However, the figure of 85.08% still places this Trust in the top 50 nationally. GN reported that the tables on page 27 will be replaced with a new graph.</p> <p>The meeting noted that the number of ambulance conveyances has increased significantly in April compared with 2 previous years. DL informed the meeting these concerns were raised at the Chief Executives meeting last Friday and following a discussion there and Mr Marsh is to be asked to attend the Chief Executives next meeting.</p> <p>Concerns were raised regarding cancer targets. GN advised the meeting that the Trust is still waiting for the final version of the cancer report; GN is expecting this report shortly. GN informed the meeting that the Trust is still being seriously challenged on late referrals from other organisations. The meeting was informed that the number of patients waiting over 100 days for their treatment has halved.</p> <p>GN drew the meetings attention to pages 30 and 31 of the IQ&P report and explained that the Theatre Utilisation graphs were not a national requirement but to show our productivity /</p>	

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	<p>electivity performance these graphs would help. RE asked for a small paper which offers assurance on the number of operations booked and how the target was agreed.</p> <p>Resolved: Report was accepted</p>	
4.2	<p>Board Assurance Framework / Trust Risk Register – M Arthur</p> <p>MA presented the Board Assurance Framework and Trust Risk Register to the meeting.</p> <p>Board Assurance Framework (BAF):-</p> <p>MA reported that there were:</p> <p>0 new risks</p> <p>0 risks closed</p> <p>Of the 8 risks on the BAF there are 6 red risks: These were discussed in detail in F&G in their morning meeting as they all allocated to that committee. However they do impact significantly on the ability to deliver safe and effective services.</p> <p>SR1 - Workforce - Recruitment and Retention of staff across the Trust and in particular the future pipeline of nursing and medical staff. This is the same grade as before due to the low levels of assurance we have had on the identified controls. The actions are identified.</p> <p>SR6 - Potential impact on income due to enacted intentions of Commissioners. Upgraded from AMBER to RED.</p> <p>SR8 - That there is a failure to deliver recurrent CIP's. This is the same red grade as last month. Assurances are all low.</p> <p>SR12 - That the retention and development costs of staff are unaffordable. Still graded red due to low assurances.</p> <p>SR9 - That the deficit plan for 2016 is not achieved and the medium term financial plan fails to bring the Trust back to surplus. No update for this risk.</p> <p>SR10 - That the Trust fails to generate sufficient cash to pay for its commitments. No update for this risk.</p> <p>JV advised the meeting that Mary Martin will be spending a considerable amount of time on the red risks and if the lead director is not in attendance a replacement will be required at the Finance & Performance meeting. & The meeting agreed that this report was better and easier to view.</p> <p>CE queried risk SR12 and GN agreed to update for the next report. Risk SR4 will be changed from GN to Kevin Stringer.</p> <p>Trust Risk Register (TRR):-</p> <p>MA reported that there were:</p> <p>0 new risks.</p> <p>2 risks closed:</p>	GN

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	<p>4307 - Not using the NHS Number as a primary identifier (COO). Closed in Division 1, will now become a corporate risk and assigned to the CFO.</p> <p>4243 - NIPE Standards of Hip Screening for New-born Babies (COO). This has been downgraded to a yellow. This has now been closed on both the Directorate and Corporate risk registers.</p> <p>Of the 22 risks on the TRR there are 4 red risks:</p> <p>4161 - Shortage of Qualified Nurses across the Division (COO)</p> <p>2080 - Risk to quality of patient care: reduced manpower (COO)</p> <p>4172 - Supply Disruption of Baxter Colleague Pump compatible IV administration sets and Baxter blood admin sets (COO).</p> <p>4472 - Delays in Cubicle Assessment and Triage (COO).</p> <p>The meeting discussed a number of the TRR's and the reasoning behind the risks ratings. MA informed the meeting that some of the risks have now received positive assurances. MA informed the meeting that over the next couple of months the 2 Healthcare Governance Managers are working with the leads to try and reduce the risks on the TRR and a tidy up / trimming down should be seen in future reports.</p> <p>The meeting queried risk 4286 and asked why the <i>risk after actions</i> was missing. GN apologised for the oversight and will review and update. CE asked why a yellow risk was on the TRR and asked if maybe this should be managed locally.</p> <p>Resolved: Report was accepted.</p>	<p>GN</p>
<p>4.3</p>	<p>NPSA NRLS Organisational Feedback Report –M Arthur</p> <p>MA presented the above report.</p> <p>The meeting was informed during October 2014 to September 2015 the Trust reported 5,145 incidents. This figure placed the Trust in the middle of 50% of reporting Trusts. Treatment incidents are higher due to acquired pressure ulcers being reported under this category. Medication incidents are less than the rest of the cluster. However RWT does report more patient accident incidents (mostly patient falls) when compared to the rest of the cluster. This may be due to taking on Cannock Services from November 2014.</p> <ul style="list-style-type: none"> Reported incidents between 1 April 2015 to 30 September 2015. For this period, RWT reported 5,333 incidents. This placed RWT in the middle 50% of reporting trusts. . We proportionately report more clinical equipment, treatment incidents (mostly PUs) and falls than the cluster, but less medication incidents. We have more 'no harm' incidents which is because we encourage the reporting of Near misses and types of incident other trusts fail to record (e.g. unavailability of pressure mattresses). There is also the Cannock factor to recognised <p>The meeting agreed that the report was favourable to the Trust.</p>	

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	MA confirmed she had spoken to Sukhbinder Khunkhuna regarding the statement of the increase may be due to taking on Cannock Services and how can we evidence this. MA to ask SK to validate the report.	MA
5	Sub Group Reports	
5.1	<p>Patient Safety Improvement Group minutes – April – C Etches</p> <p>The meeting accepted the minutes</p> <p>Chairman’s Report</p> <p>SUI Report</p> <p>The report was noted. Of significance is the fact that CCG requirements for reporting of maternity incidents is out with National Guidance. Consideration is to be given to discussion with the CCG to review the formal reporting process of maternity incidents to bring it in line with the National Guidance.</p> <p>Mortality Review Group</p> <p>The report was noted. PSIG was informed of the CQC notification that it will be undertaking inspections to review Trusts learning from deaths of patients. Further details to be provided, but initially it is anticipated CQC will be looking at Trust process for reviewing deaths and gaining assurance around learning from any issues that may have contributed to death.</p> <p>Sign up to Safety Progress Report</p> <p>The award of £349K to the Trust by the NHSLA for the “Sign up for Safety Campaign”, with particular focus on reduction of high risk areas to reduce claims in A/E, Orthopaedics and Maternity was presented.</p> <p>There have been challenges to the role out of the PCM training and the other training elements supporting the initiative, particularly in the three areas of high claims. This seems to be related to the time requirement to deliver the training. In addition KPI’s to evaluate the success of the project as a whole are also yet to be developed.</p> <p>Further discussion is required in these areas.</p> <p>CE confirmed that MA and the Governance team are working with Obstetrics to encourage attendance at the PCM training.</p> <p>Medicines Management Error Report Update re MSO Work plan</p> <p>At the present time the Trust does not have an active MSO and the implications of this were set out in the report. PSIG strongly supports the MSO role and there is some urgency in the role becoming active at RWT. This issue will be escalated outside the PSIG meeting through the appropriate channels.</p> <p>Resolved: Report was accepted.</p>	

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5.2	<p>Quality Standards Action Group Minutes – April – C Etches</p> <p>The meeting accepted the minutes.</p> <p>Chairman’s Report</p> <p>Quality Review Visit – Integrated Critical Care Unit</p> <p>An update regarding progress with completing actions developed following the QRV visit of the 28th October 2015 was presented. Good progress has been made regarding closure of actions and progressing those that require further work. It was agreed that the action plan will be taken through to closure with monitoring by the directorate and division one.</p> <p>Information Governance Summary Report</p> <p>A comprehensive paper was presented with a particular focus on IG incidents/serious untoward incidents. A summary of ICO reported incidents was also presented. The work done around IG awareness and requirements of staff employees to be aware of IG issues was discussed there will need to be a continued focus on this area. It was recognised that the increased rate of incident reporting may well partly reflect heightened awareness of IG across the organisation. RCA’s into IG SU1’s continues to be undertaken.</p> <p>Health & Safety Annual Report</p> <p>A good and comprehensive report was presented to the committee which took a particular focus on RIDDOR.</p> <p>Quality Review Visit – B14 Cardiology Ward</p> <p>Mr Garnham led the internal review of B14 which awarded ratings of good (domains safe, effective, well led) and outstanding (domains caring and responsive).</p> <p>Quality Review Visit – Beynon Short Stay Ward</p> <p>Kathryn Robinson led the internal review process across Beynon short stay ward on the 27th January 2016. The review awarded ratings of good to domains safe, effective, responsive and well led. A rating of outstanding was given for the caring domain.</p> <p>With respect to both B14 and Beynon short stay visits, action plans are being developed around issues that were noted during the visits. Issues were relating to documentation in clinical records was noted particularly through the Beynon short stay ward.</p> <p>Review of Patient Experience and Complaints Function in line with the TDA Patient Experience Framework</p> <p>This report clearly sets out the work being undertaken following the self-assessment and analysis of the Trust patient experience and complaints function against the TDA patient experience and development tool. The improved response times was noted as was the introduction of the new complaints policy.</p> <p>Resolved: Report was accepted.</p>	

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5.3	<p>Academy Steering Group minutes</p> <p>Prior to the meeting Dr Odum asked if this agenda item could be deferred until June 2016.</p> <p>Chairman's Report</p>	
6	<p>Routine Reporting / Themed Review Items</p> <p>Litigation & Inquests Report (Q3 / Q4) – M Arthur</p> <p>MA presented the above report.</p> <p>The meeting was informed that since 2011 / 2012 there had been a 100% increase in clinical negligence claims to 2015/2016.</p> <p>Within Division 1 Obstetrics & Gynaecology had the most claims (20) followed by Orthopaedics (8). Within Division 2 A&E had the most claims (17). The top areas for claims were in regards to diagnosis, obstetric, surgical and treatment. The end of year financial table shows 113 claims which includes dormant, withdrawn, cannot mitigate or defend. The total cost for 2015/ 2016 was £5,454,349.</p> <p>Personal injury claims received in the last financial year saw a decrease from 62 to 47.</p> <p>Division 1 had 9 claims, Division 2 had 3 claims and Corporate Services had 10 claims. The main areas of claims included contact injury, slip, trip and falls and needle stick injuries. The end of year financial table shows 42 claims which includes dormant, withdrawn, cannot mitigate or defend. The total cost for 2015 / 2016 was £295,575.</p> <p>Inquests for 2015 / 2016 saw an increase to 35 from 14 the year before. The increase can be attributed to the Coroner Rules and a change in Coroner. There were very few adverse outcomes concerning care.</p> <p>Division 1 had 8 inquests and Division 2 had 7 inquests. There were 11 closed inquests within Division 1 and 8 in Division 2.</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 & Performance Report</p> <ul style="list-style-type: none"> • RTT incomplete target deteriorated--- worsened by 4 days of junior doctor's strike • ED experienced more challenges especially increasing numbers of ambulance conveyances, but performance still in the top 50% of Trusts. Bed availability remains a problem. • Concerns re cancer wait times particularly 31 and 62 days to first treatment and 62 wait for screening and continue to be seriously affected by late referrals and capacity. Patients waiting over 100 days halved. 	

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	<ul style="list-style-type: none"> • Theatre utilisation (new report) impacted on by Junior doctors strike and constrained use of Cannock because surgical enhanced care unit not yet opened • Complaints—new 30 day timescale for response. Although a decrease in complaints received, >50% breached target, but fewer without consent to breach • FFT - significant rise in recommendations for ED and inpatient areas. New model of patient experience being developed with patients driving changes to improve experience. • Late observations (new metric) being made a priority for Band 7s with pilots in different methodology to assess effectiveness. No evidence of links between delayed observations with deteriorating patients. • PUs remains a focus for improvement, but incidents decreased in month. • Part time Medicines Safety officer just appointed. New KPIs being developed <p>BAF / Trust Risk Register</p> <ul style="list-style-type: none"> • BAF appears to be updated more effectively and regularly • BAF---Eight risks, none new, but 6 now RED. Reviewed by F&P in detail as reflect national picture of financial squeeze and recruitment of new staff but all impact on quality and safety. • Improved assurance re SR4 but on-going funding for full implementation still uncertain. • 22 risks on TRR with 4 RED. Three related to manpower but risk 4472 hopefully being resolved when newly recruited staff are fully operational. On-going problems with Baxter compatible administration sets. • 4287 likely to be removed as all risks managed to minimize failure. • Movement on 3051 with transferring more patients to Cannock and improving ability to review outliers earlier in the day (Teletracking). <p>NPSA NRLS Organisational Feedback Report</p> <ul style="list-style-type: none"> • NPSA NRLS covering incidents from 2 half yearly reports up to September 2015 indicates that we are in the middle 50% of reporting Trusts. • We proportionately report more clinical equipment, treatment incidents (mostly PUs) and falls than the cluster, but less medication incidents. We have more 'no harm' incidents which is because we encourage the reporting of Near misses and types of incident other trusts fail to record (e.g. unavailability of pressure mattresses). <p>Patient Safety Improvement Group</p> <ul style="list-style-type: none"> • Mortality review group, in gaining detailed information by reviewing all deaths, is looking to ensure that assurance is gained and that any learning issues are disseminated across the organisation. • Good progress with the SWAN training and individualised packages of care. With good feedback from families. Report in future to go to QSAG. • 'Sign Up 2Safety' progress to reduce claims from high risk areas (ED, orthopaedics and Maternity) hampered by rolling out PCM training and other elements. <p>Quality Standards Action Group</p> <ul style="list-style-type: none"> • Quality review visits have highlighted good reviews in the Cardiology ward with outstanding in caring and responsiveness. Beynon visit highlighted outstanding for caring and good in all other domains. Issues around documentation are being

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	<p>addressed.</p> <ul style="list-style-type: none"> • A follow up visit to ICCU showed good progress in addressing issues highlighted by previous visit. • Information Governance report highlighted the need for continued focus in this area. We are high reporters and emphasis is being placed on all staff to understand the risks to privacy. • Self-Analysis of patient experience and complex function against the TDA tool demonstrates improved response times <p>Litigation & Inquests Report (Q3 / Q4)</p> <ul style="list-style-type: none"> • Report shows a steady increase in the number of clinical negligence claims in comparison with previous years, O&G being the most affected in the category of treatment. • Personal injury claims have decreased. Claims are analysed in depth and all efforts are made to reduce recurrence. The number of payments before proceedings served suggests that we are not successfully defending some of these claims, and witness statements are now essential from the outset if possible. Lessons learnt are shared with the organisation. • The report contained coroner's inquest findings which have significantly increased in year although the outcomes in relation to concerns re care were extremely few. 	
8	<p>Evaluation of Meeting – ALL</p> <p>This item was not discussed.</p>	
9	<p>Any Other Business – ALL</p> <p>JV advised the Committee that the Trust Board on Monday 23 May will be Julian Parkes's last as a Non-Executive Director. JV will be speaking to the Non-Executive Director's to seek a replacement on this Committee.</p>	
10	<p><u>Date and time of Next Meeting:</u></p> <p>Wednesday 22 June 2016 2pm, Boardroom, G099, 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
4.2	CE queried risk SR12 and GN agreed to update for the next report. Risk SR4 will be changed from GN to Kevin Stringer.	GN	18.05.16	22.06.16	
4.2	The meeting queried risk 4286 and asked why the <i>risk after actions</i> was missing. GN apologised for the oversight and will review and update. CE asked why a yellow risk was on the TRR and asked if maybe this should be managed locally.	GN	18.05.16	22.06.16	
4.3	MA confirmed she had spoken to Sukhbinder Khunghuna regarding the statement of the increase may be due to taking on Cannock Services and how can we evidence this. MA to ask SK to validate the report.	MA	18.05.16	22.06.16	

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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	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	CE confirmed that the figure did reflect – the deterioration warranted the overall score. CLOSED
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	CE and GN confirmed that this had been completed. CLOSED
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	Completed CLOSED
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	20.04.16 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.
	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	20.04.16 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. 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. CE reported that DH worked with the Obstetrics to create a new dashboard. The new dashboard is awaiting approval by the CCG before it will be used. CLOSED