

Minutes of the Quality Governance Assurance Committee held on the:

**Date** 30 September 2013  
**Venue** Syndicate Room, Wolverhampton Medical Institute  
**Time** 14:00 – 16:30

<b>Present:</b>	<b>Name</b>	<b>Role</b>
	D Ritchie <b>(DR)</b>	Chair
	J Anderson <b>(JA)</b>	Non Executive Director
	G Nuttall <b>(GN)</b>	Chief Operating Officer
	C Etches <b>(CEt)</b>	Chief Nursing Officer
	D Loughton <b>(DL)</b>	Chief Executive
	J Odum <b>(JO)</b>	Medical Director
	Mr R Harris <b>(RH)</b>	Chairman
	S Kalirai <b>(SK)</b>	Non-Executive Director
	R Edwards <b>(RE)</b>	Associate Non-Executive Director
	S Hickman <b>(SH)</b>	Compliance Manager
<b>In Attendance:</b>	<b>Name</b>	<b>Role</b>
	C Emms <b>(CEm)</b>	<i>Governance – attending to take the minutes</i>
<b>Apologies:</b>	<b>Name</b>	<b>Role</b>
	Professor D Kelly <b>(DK)</b>	Associate Non-Executive Director
	M Arthur <b>(MA)</b>	Head of Governance & Legal Services

Item No		Action
1	<b>Apologies for absence</b> – were noted.	
1A	Declarations of Interest – in response to the Trust Board Secretary’s request that the Committee should record any declarations of interest, these were called for and none were declared.	
2	<p><b>Minutes of Previous Meeting: 20 August 2013</b></p> <p>DR asked CEm to make typographical changes to the minutes.</p> <p>The minutes of the Quality Governance were approved by those who had attended it as an accurate record of the previous meeting.</p>	<b>CEm</b>
3	<p><b>Matters arising from the Minutes</b></p> <p>This item was discussed throughout the meeting.</p>	
3.1	<p><b>Revised TOR &amp; Committee Work Plan for final approval</b></p> <p>DR informed the meeting that he had e-mailed RH and they had subsequently met to discuss the NED membership of the Committee. On balance RH had wished to keep the membership as it was. CEt recorded her disappointment that this did not reflect the discussion at the previous meeting. . RH informed the meeting that he had spoken to Professor Kelly and she may stand down from this Committee due to outside commitments.</p> <p>GN added that it needs to be agreed that the committee is where the decisions are agreed to maintain the Governance.</p> <p>It was agreed that DR / CEt / RH / JO would meet outside to discuss the membership of this committee including the balance of pressures on NED time.</p> <p><b>Committee Agenda / Reporting Template</b></p> <p>This item was not discussed.</p>	DR / CEt / RH / JO
4	<b>Regular Reports</b>	
4.1	<p><b>Integrated Quality &amp; Performance Report – G Nuttall / C Etches</b></p> <p>CEt presented the report.</p>	

Item No		Action
	<p><b><u>Complaints</u></b></p> <p>Page 6 – there had been a doubling of complaints in the last two months and the response time had deteriorated. CEt said that complaints do tend to “see-saw”; depending on the pressures within the Trust which had been severe recently. Response times had been poorer mainly due to annual leave though that was not an excuse.</p> <p>DR reported that the CQC had informed him that at their public meeting on Thursday night one of the issues raised was the response time to complaints.</p> <p>CEt said that the more complex complaints, for example those between multi sites, were sometimes delayed due to collation of replies from other Trusts. This was not acceptable and action had been taken to ensure that complaints would be responded to more quickly and efficiently.</p> <p>DR asked if more information regarding PALS could be noted in the report.</p> <p><b><u>Family and Friends</u></b></p> <p>Page 8 – DR requested that “be asked to” is removed from the line under the graph.</p> <p>CEt explained the graphs to the meeting. After discussion CEt agreed to investigate why the scale only went to 100 though this was not because the numbers were percentages.</p> <p>There were 2 minus bars in Division 2 but this was not felt to be a concern. CEt reported that she would see how we could learn from successful areas in terms of response rates and scores and how this can be repeated in less successful areas. This may result in areas being performance managed.</p> <p>Page 9 – Remove “Each standard has improved month on month with the exception of patients being able to discuss worries and fears”.</p> <p><b><u>Pressure Ulcers</u></b></p> <p>Page 10 – Pressure Ulcers CEt confirmed that on the Safety Thermometer data represented a snapshot of old and new figures and were not as accurate as other data used by the Trust. The figure includes inpatients and community patients.</p>	

Item No		Action
	<p>CEt reported to the meeting that VTE data might be pulled nationally from the Safety Thermometer Information due to the confusion the report causes.</p> <p>CEt informed the meeting that it had been over 400 days since the last pressure ulcer on the Stroke Ward.</p> <p>The meeting was asked to note that there had been no UTI's in August which showed the hard work of the continence team.</p> <p><b><u>CDiff</u></b></p> <p>Page 11 – CEt reported that there was an increase trend of under 65's in CDiff. The meeting was informed by CEt that each CDiff case was being investigated to see if they had attended any A&amp;E (not just Royal Wolverhampton Hospital) within the last couple of months. In-depth discussions took place regarding CDiff and the various strains within the country. Children under 2 years of age carry CDiff and JA asked if the cases reported had been near new-borns.</p> <p><b><u>Medication</u></b></p> <p>Page 12 – DR asked for clarification on medication. In the type it states "Medication incidents including those that have caused serious harm", however in the box it states "Incidents Causing Harm". CEt reassured the meeting that there had been no harm caused to patients as a result of medication incidents. The incidents recorded could be related to drugs being given to the patient prior to admission, drugs being given too late, too early etc.</p> <p><b><u>Neo Natal</u></b></p> <p>Page 15 – Concerns were raised regarding the issue of full term babies being admitted to NNU following birth or at birth. CEt reported that the Royal Wolverhampton Hospital was a good reporter. CEt was asked by the Committee to check if all babies admitted were ventilated as this was unclear from the data.</p> <p><b><u>Mortality</u></b></p> <p>Page 17 – Concerns were raised that the papers submitted to this meeting had different mortality figures from the ones submitted to the Trust Board. CEm &amp; GN confirmed that this report was intended to be the same one submitted to both and the difference in the figures could not be explained other than the</p>	<p>CEt</p>

Item No		Action
	<p>incorrect version was circulated.</p> <p><b><u>Cancer Waits</u></b></p> <p>Page 20 –GN explained a half breach was one shared breach with another trust. GN assured the Committee that targets were on track. However, there was a concern over Urology, due to backfill of a locum consultant who was less experienced.</p> <p><b><u>Stroke</u></b></p> <p>Page 21 – GN updated the meeting on the current situation with a stroke patient. This figure is a CQUIN target and failure to hit the target will result in a penalty fine. Time spent in A&amp;E is measured in hours.</p> <p><b><u>Workforce</u></b></p> <p>Page 24 – RE commented on the staff sickness figures and the fact that in August benign and malignant tumours had been the 4<sup>th</sup> of the top reasons for absence. RE wondered to what extent breast cancer contributed to this total and whether in the NHS and this Trust any work was being done to look at the incidence, in view of the findings of recent large-scale studies showing an occupational link with shift working.</p> <p>Discussions took place on staff who undertake long and short shifts and the sickness ratio for staff on these. CEt confirmed that this is being monitored at a local level and individuals are being managed. CEt advised that Band 7's have been stopped from working long shifts, so they are available for 5 days per week.</p> <p><b><u>General</u></b></p> <p>DR asked for a more in-depth report about complaints, indicating the categories of complaint, and which parts of the Trust the complaints were against. CEt reported that this data used to be reported to the Board, however, it had been requested that it should be removed. DR asked that this data should be seen by QGAC.</p> <p>CEt agreed to produce a separate report on patient complaints, concerns etc for this committee only.</p>	<p>CEt</p> <p>CEt</p>

Item No		Action
	<p>DR asked if more comparative data with other Trusts could be included in the report. DR feels it would be helpful to see how we compare. RH supported the need for such information. CEt replied that she would see if this would be possible.</p>	
<p><b>4.2</b></p>	<p><b>BAF / Trust Risk Register – S Khunxhuna</b></p> <p>SK presented the papers for the Trust Risk Register. SK reported to the meeting that since the paper had been submitted to Trust Board there had been one update relating to a risk currently on CEt’s audit and this had been moved to JO’s register.</p> <p>DR asked why a catastrophic IT failure was not on the Trust Risk Register, as it was on that of many large organisations. It was explained that IT failure was on the Business Continuity Plan as part of Disaster Emergency Planning and so it had not to date been thought necessary to include it separately on the Register..</p> <p>RH suggested that the Committee should invite IT to do a presentation on the effects of an IT failure and how, the hospital could still offer care to the patients.</p> <p>GN agreed to raise the Committee’s concerns at the next Emergency Planning Meeting.</p> <p>DL assured the Committee if IT did fail, the wards still have the paper system as back up.</p> <p>The meeting discussed the Trust Risk Register.</p> <p><b>Risk - O16297</b> – DR asked if the risk could be re-worded.</p> <p><b>Risk - 04494</b> – DR asked CEt to explain the risk regarding adverse outcomes on birth rate audit through incident reporting. CEt explained that there is a system of a reportable incident, a RCA will grade the incident between 1 – 4.</p> <p><b>Risk - 943</b> – DR asked if RCA to be undertaken into recent incident had been undertaken, this was confirmed as being undertaken.</p> <p><b>Risk - 1862</b> – To be reviewed following NHSLA visit.</p> <p><b>Risk - 2898</b> – Queries were raised regarding CDU being open 24/7. Following a boardwalk about, the Non-Executives were informed that CDU was opened</p>	<p><b>GN</b></p> <p><b>GN</b></p> <p><b>GN</b></p>

Item No		Action
	<p>from 6am to midnight. GN agreed to investigate and report back.</p> <p><b>Risk - 3256</b> – JA asked about the premises in West Park. GN updated the meeting that it is currently being reviewed and a plan is in place to review. To update the premises it will cost approximately £400K to update the Hearing Test room.</p> <p><b>Risk - 3299</b> – Concerns were raised regarding emergency gynaecology lists between 2pm – 5pm Monday, Wednesday &amp; Friday, GN to ask the Division to review and she will report back at the next meeting.</p> <p><b>Risk - 3370</b> – Director moved from CEt to JO.</p> <p><b>Risk – 0121713</b> – Re-word the item under “What is the Risk?”. GN to make it clearer.</p> <p>JA asked who reviews the Consultant job plans. JO advised that the Medical Director and Chief Operating Officer after the initial meeting by the Clinical Director. JO reported to the meeting that the policy is under review.</p> <p><b>Board Assurance Framework</b></p> <p>The Board had no comments or concerns over this paper.</p>	<p><b>GN</b></p>
	<p><b>Board Assurance Escalation Framework – S Hickman</b></p> <p>DR explained to the meeting that these papers had been tabled and copies were issued to attendees.</p> <p>SH apologised for the paper being tabled and explained the purpose of the paper. This is the first draft. There is work still to be done but this is the framework and template of what will eventually be used.</p> <p>SH asked that comments and views on these papers are sent to herself.</p> <p>RH praised the documentation that had been submitted.</p>	
<p><b>4.3</b></p>	<p><b>Committee Issue Log</b></p> <p>DR asked CEm to move this on the agenda to after Minutes of the Previous Meeting.</p>	<p><b>CEm</b></p>

Item No		Action
4.4	<p><b>Research &amp; Development Report – Y Hague</b> <i>(deferred from June 2013)</i></p> <p>YH tabled the Research &amp; Development Directorate Report.</p> <p>YH briefly explained the report to the meeting. DR asked if the paper could be taken away and read, YH to be invited to the next meeting to enable meeting attendees to discuss any comments or questions with YH.</p> <p>DL informed the meeting that all Research staff should be offered permanent contracts.</p> <p>DL asked if the agenda could read the following:</p> <p style="text-align: center;">Trust Research &amp; Development</p> <p style="text-align: center;">Network Research &amp; Development</p>	
5	<b>Sub Group Reports</b>	
5.1	<p><b>Quality &amp; Standards Action Group minutes – Dr J Odum</b></p> <p><b>Terms of Reference</b></p> <p><b>Chairman’s Report</b></p> <p>JO presented the Chair’s reports for the above meeting.</p> <p>The meeting raised no issues.</p>	
5.2	<p><b>Patient Safety Improvement Group minutes – C Etches</b></p> <p><b>Terms of Reference</b></p> <p><b>Chairman’s Report</b></p> <p>In the absence of CEt the minutes were read and no issues were raised.</p>	
6	<b>Issues of Significance Arising from Audit Committee- Chair</b>	



Item No		Action
	<p>SK informed the meeting that there was an Audit Committee on 5 September which reported to the Board.</p> <p>There were 2 audit reports relevant to this meeting. One report was related to the Death Certificate Compliance Policy which is currently amber/red. The second report was authorisation of rosters.</p> <p>JO informed the meeting that there was a Mortality Committee meeting the following Friday and he would discuss the concerns raised regarding the poor quality of work by the internal auditors. The meeting agreed that it was imperative that the correct information was entered onto the death certificate. Internal Audit had not referred to the case notes when checking whether or not it had been recorded, that the death certificate had been discussed and cause of death agreed with by the Consultant.</p>	
7	<p><b>Issues of Significance for Trust Board – Chair</b></p> <p>DR reported that key issues will be picked up and reported to the Trust Board.</p> <p>Consent Audit Compliance – achievement of level 3 assessment for NHSLA. Action following consent audit is to review policy – risk to be reviewed in this context.</p> <p>Patient wait in ambulance off load area to be seen in A&amp;E - risk states CDU open 24 hours per way. Walk around results advised that CDU is open 18 hours. Clarify which is correct and if 18 hours – clarification sought as to what happens for hours that CDU is closed.</p> <p>UTI's – zero UTI's in patients with catheters in August. RWT have HPV'd A&amp;E Department. Increase in CDiff (regionally) in under 65's. IP tracking back to identify whether any of the positive CDiff patients attended <u>any</u> A&amp;E.</p> <p>Neo-natal – good reporting culture of NNU admissions within RWT. Increase in unexpected admissions to NNU. Currently no benchmark available with other Trusts. Clarification requested around the criteria of babies admitted i.e. are all babies being ventilated? D Loughton advised that he is the Chairman of the Neonatal Network and he had asked for the standardisation criteria in relation to admission of full term babies to NNU.</p> <p>Comparative Data – no comparative data included in the Integrated Quality &amp;</p>	

Item No		Action
	<p>Performance Report. Where comparative data is not available consider the value of the indicator, Trust then to agree confidence levels. Establish resource required, data available and include where possible comparative data.</p> <p>Complaints – timetable for responding not being met adequately. Themes of complaints / PALS concerns not clear from report. Separate report to be provided to QGAC. Response times for complaints as concerns expressed to the CQC at their public meeting. Already closely monitored. Some recent glitches. Close watching brief.</p> <p>Friends &amp; Family – trust has generally been achieving target response rate and score. Performance across the Trust is patchy. Possibility of failure to achieve targets is real. Consider how lessons from well-performing part of the Trust can be disseminated.</p> <p>Increase in admissions of full term babies to NNU – clarification requested around the criteria of babies admitted, i.e. are all babies being ventilated? During the meeting D Loughton advised that he is the Chairman of the Neonatal Network and he had asked for the standardisation criteria in relation to admission of full term babies to NNU.</p>	
<b>8</b>	<p><b>Evaluation of Meeting – ALL</b></p> <p>The meeting agreed that the discussion of the Performance Report had been good and informative.</p>	
<b>9</b>	<p><b>Any Other Business – ALL</b></p> <p>There was no other business raised by the meeting.</p>	
<b>10</b>	<p><b>Date and time of Next Meeting:</b></p> <p>The meeting discussed the date and time of the next meeting. It was agreed that ideally meetings should take place prior to the Trust Board meetings and that the Committee’s report be included on the Board agenda. However, this gave a narrow window between the availability of data for the previous month and the deadline for submitting Board papers. GN would e-mail CEm about when the data would be available and CEm would try to reorganise the date of the next meeting. The meeting was asked to note that the minutes would not be available prior to the Trust Board meeting.</p>	<b>GN</b>

**The Royal Wolverhampton NHS Trust**

Item No	Action
	Meanwhile the confirmed date of Thursday 31 October 2013, 12.30pm, Conference Room, Hollybush House should be kept in the diary.

**COMMITTEES OPEN / CLOSED ACTION SUMMARY REPORT – 30 September 2013**

ITEM	Action to be taken raised from the meeting	Lead	Carried forward from	Committee Review date	Status
2	Typographical changes to the previous minutes	CEm	September	October	Completed
3.1	Meeting to discuss the membership of the Committee to be held.	DR / CEt / RH / JO	September	October	Agenda Item
4.1	CEt to investigate and report back if all babies admitted to NNU were ventilated.	CEt	September	October	Agenda Item
4.1	Comparative Data to be added to the report.	CEt	September	October	Agenda Item
4.1	Separate report on patient complaints, concerns etc for this committee only to be submitted on a monthly basis	CEt	September	October	Agenda Item
4.2	GN to raise concerns regarding IT failure and actions at the next Emergency Planning Meeting	GN	September	October	Agenda Item
4.2	Page 5 of the Trust Risk Register – the risk to be reworded	GN	September	October	Agenda Item
4.2	Query raised regarding CDU being open 24/76. GN to investigate	GN	September	October	Agenda Item
4.2	GN to ask Obs & Gynae to review their emergency list time and dates and report back.	GN	September	October	Agenda Item
4.2	Rewording of the item under “What is the risk?” on page 24 of the Trust Risk Register	GN	September	October	Agenda Item
4.3	Committee Issue Log to be moved on the agenda to after Minutes of Previous Meeting	CEm	September	October	Agenda Item
4.4	CEm to invite Yvonne Hague to the next Quality Governance Assurance Committee	CEm	September	October	Agenda Item
9	Declaration of Interest to be added to the agenda of future meetings.	CEm	September	October	Agenda Item
10	GN to e-mail CEm dates when the meeting data will be available to enable CEm to arrange future meetings.	GN / CEm	September	October	

The Royal Wolverhampton NHS Trust

**COMMITTEES OPEN / CLOSED ACTION SUMMARY REPORT – 20 August 2013**

ITEM	Action to be taken raised from the meeting	Lead	Carried forward from	Committee Review date	Status
5	TOR – To be updated.	MA	August 13	Sept 13	Agenda Item
6	Committee Work Plan – To be updated.	MA	August 13	Sept 13	Agenda Item
8	Issues of Significance for TB – DR to email proposals of membership to the Chairman	DR	August 13	Sept 13	Open
9	AOB: <ul style="list-style-type: none"> <li>• Board Walkabouts – CE to feedback dates to DR.</li> <li>• BA Escalation Framework – MA to include for the next meeting</li> </ul>	CE MA	August 13	Sept 13	Open Agenda Item