

Minutes of the Quality Governance Assurance Committee held on the:

Date **Wednesday 24 June 2015**
Venue **Boardroom, G099, Building 12**
Time **2.30pm to 4.30pm**

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

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1	<p>Apologies for absence</p> <p>There were no apologies for this meeting.</p> <p>Declarations of Interest</p> <p>1A There were no Declarations of Interest.</p>	
2	<p>Minutes of Previous Meeting</p> <p>The minutes were accepted with following the below changes:</p> <p>Page 3, 4.1, 5th paragraph – MA asked for the following changes: <i>MA did not have the details behind the breaches.</i></p> <p>Page 4, 4.1, 7th paragraph – remove the last NHS number and replace with <i>Hospital Number.</i></p> <p>Page 5, 4.2, 8th paragraph – MA asked for the following changes: <i>No safety alerts have yet been issued however the Department of Health have sent out a letter to the Medical Directors.</i></p> <p>RESOLVED: Minutes of the Quality Governance Assurance Committee held on 27May 2015 was 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.</p>	
4	<p>Regular Reports</p>	
4.1	<p>Integrated Quality & Performance Report – G Nuttall / C Etches</p> <p>GN presented the performance section of the report. Due to the performance section of the report being discussed in Finance & Performance Committee earlier in the day, JA agreed for GN to highlight key points.</p> <p>The meeting noted that A&E continues to see an increase in attendance in May. An additional 433 attendances compared to the same period last year. The Trust did not achieve either Type 1 or All Types for May and the predicted fine is £13,560. To date in June there has been an additional 107 attendances in the first 17 days of the month. Monday 15 June had a record 413 attendances, the previous record being 394.</p> <p>The Trust is predicting possible failure of the 62 day screening and 62 day referral to treatment targets for cancer. Validation is still on-going with the final cancer data uploaded nationally 6 weeks after month end. GN advised the meeting that discussions were under way to invite the Cancer Intensive Support team in to review the Urology Pathway's around 62 days. There has been an internal audit review of the processes around cancer. This indicated</p>	

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	<p>a few minor issues. The review will ensure we have our pathways robust as possible; most of the breaches are from referrals from another organisation. TDA is picking up late referrals from the Foundation Trusts. GN advised that a new Consultant starts in September and another Consultant has recently returned from Maternity leave. Capacity issues are now slowly improving.</p> <p>GN reported that the Trust had recently received communication from Bruce Keogh about amending reporting arrangements regarding 18 weeks for the RTT. Two of the targets will be abandoned; the only target to remain is the Incomplete Target. However, reporting will continue until further notice.</p> <p>CE presented the Quality report.</p> <p>The meeting noted that the safety thermometer data shows a reduction of new pressure ulcers in both divisions and reduction of old pressures ulcers in Division 2. Data obtained from Datix shows an average of 52 incidents per month. The pressure ulcer pathways are being reviewed along with the policy. Following the NHS England peer review on 29 May 2015 which made 14 recommendations a corporate action plan is now in place although some of the recommendations were being challenged.</p> <p>The Trust received 42 complaints during May in comparison to 36 received the previous year. The overall Trust response rate for May is 52%, this is a deterioration of 8% on the previous month. CE explained that any complaints that breach without consent, she will meet with the Directorate involved to understand the reasons behind the delay.</p> <p>CE reported to the meeting that within Friends and Family Response Rates there has been deterioration for both the Accident & Emergency and Inpatient. The meeting noted that this deterioration mirrored the decline within England. CE queried if there was an issue within the central database which has not been escalated. Prior to this the Trust has always been above the target rates.</p> <p>The meeting was informed by CE that there are now 2 charts within safety thermometer, one is for Pressure Ulcer Prevalence and the other shows RWT Acquired Pressure Ulcers. The acquired pressure ulcers are discussed every Wednesday and graded unavoidable or avoidable. CE reported that there is a number of community acquired pressure ulcers and following discussions this morning 11 pressure ulcers identified in May, 6 were avoidable and attributed to the community. The meeting discussed the possibility of this increase being due to the complexity of the patients.</p> <p>CE assured the meeting that all falls continue to be individually scrutinised with RCA's and lessons learned. May saw 6 falls compared to 4 in April. The meeting noted that in May falls per 1,000 occupied bed days was 5.65, the target being 5.6. There is a new Falls Policy but this has not yet been embedded. A new audit tool is currently being developed to reflect the policy changes and facilitate monitoring performance against the new policy in all areas. CE reported that the Falls Committee will be chaired by the Deputy Chief Nursing Officer.</p> <p>There has been a spike in VTE's in May. There has been a reduction in new catheter related UTI's.</p>	

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	<p>C-Diff saw 14 cases being positive by toxin test, 11 of these were attributable to the Trust. Concerns were raised because the target is 3 per month and this increase means we are 10 cases over target by the end of month 2. A task and finish group is being set up and to see where we need to focus. JA asked what the patients are being asked to do to protect other patients, for example, wash their hands before and after using the toilet facilities etc. CE replied that she could not offer assurance on this. CE believes that there are a number of cross contamination cases. There are plans to decant the wards for deep cleaning and repainting etc. The meeting discussed ideas on infection prevention and CE confirmed that Vanessa Whatley will be giving an update and new ideas at the Infection Prevention meeting on Friday.</p> <p>There are no MSSA cases or MRSA cases for May.</p> <p>CE reported that there has been 1 adult safeguarding referral in May to Division 2; this was alleging neglect. Accident & Emergency failed to recognise that a patient had a fracture. However, this did not meet the criteria as of the new Care Act as a safeguarding referral but the family could take this through as a complaint.</p> <p>Safeguarding Children referrals in May saw 34 referrals made to Social Care during May, 30 Child Protection referrals were submitted mostly to the hospital, but the Hospital, 2 from Cannock.</p> <p>CE reported following discussion at the previous Patient Safety Information Group the Trust would be looking at process mapping on how VTE is managed and recorded across the Trust to enable a process to be designed which is user friendly and reflects clinical practice accurately.</p> <p>CE mentioned that C-Section birth rates saw deterioration in May and was reported as 30.6% meaning the Trust remains above target by 4.6%. There was a significant improvement in 3rd and 4th degree tears in May, meaning we are below the target.</p> <p>JA queried the number of unexpected term babies to Neonatal unit, in May there were 3 unexpected admissions. This was discussed in-depth and It was agreed to provide brief detail for each full term baby admitted to the neonatal unit unexpectedly to enable this meeting to note any trend or concern regarding care. CE agreed to do this.</p> <p>CE informed the meeting that Midwife to Birth Ratio was still below target and this was good news.</p> <p>The meeting noted that until the new K2 system was available, the data would not be any better.</p> <p>JA noted that the HSMR for the Trust was at 104.6 slightly higher than previously and had been banded as “expected”.</p> <p>RE asked why the WHO Surgical Checklist Compliance had a target of 98% then 97% when it should have been 100%. Following this RE queried TRR 2965 and said she found it very confusing. CE agreed to check the WHO target and it should be at 100%.</p> <p>JA was pleased to see that the 2 week wait for Breast Symptomatic had been above target for the last 2 months. GN mentioned that the was 1 breach for the 62 day screening in May and</p>	<p>CE</p> <p>CE</p>

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	<p>this was due to the patient's blood pressure being too high to proceed.</p> <p>Resolved: Report was accepted</p>	
<p>4.2</p>	<p>Board Assurance Framework / Trust Risk Register – M Arthur</p> <p>MA presented the BAF and TRR report to the meeting. The meeting was informed that there are 10 risks on the BAF:-</p> <p>New:</p> <ul style="list-style-type: none"> • SR7 – that the financial risk of vertical integration is prohibitive • SR8 – that there is a failure to deliver recurrent CIPs • SR9 – that financial balance (and surplus) is not achieved • SR10 – that the Trust fails to generate sufficient cash to pay for its commitments • SR11 – condition of the existing Estate – quality and flexibility • SR12 – that the retention and development costs of staff are affordable <p>Red:</p> <ul style="list-style-type: none"> • SR1 – workforce – skill, capability and capacity • SR8 – that there is a failure to deliver recurrent CIP's • SR9 – that financial balance (and surplus) is not achieved • SR12 – that the retention and development costs of staff are affordable <p>The committee agreed that SR1 is not a red risk. It was agreed to discuss this at the Trust Board the following week.</p> <p>MA reported that there are 20 risks currently being managed on the Trust Risk Register and to date there is 1 red risk: 4172 – supply disruption of Baxter Colleague Pump compatible IV administration sets and Baxter blood admin sets.</p> <p>The meeting noted that the following risks had been transferred to the Trust Risk Register and were no longer to be considered a strategic risk:</p> <ul style="list-style-type: none"> • 2965 – if the Trust fails to learn from and reduce Never Events, this will have an adverse impact including patient experience and choice, CQC / TDA / media interest, loss of public confidence etc • 3645 – the short term impact on the Trust of service sustainability in Staffordshire • 2962 - Health Visiting Services– this will be closed by the next report <p>MA asked the meeting if Risk 3645 can be removed from the TRR as it is now managed in SR4 and any local risks identified at Divisional and Directorate levels. After discussion, this was agreed.</p> <p>Risk 2965 – if the Trust fails to learn from and reduce Never Events, this will have an adverse impact including patient experience and choice, CQC/TDA/media interest, loss</p>	

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4.3	<p>of public confidence etc - the meeting agreed for it to be closed on TRR with rationale that a Never Events risks are managed on both Divisional risk registers and is suitable for local management.. Also high levels of compliance with the WHO safety checklist have been consistent and reporting continues at Patient Safety Information Governance. RE asked MA if this risk, which indicates a negative assurance which states 64% compliance, if the areas within Division 1 that this pertains to could be added to Datix.</p> <p>After discussion regarding workforce issues on the BAF and why it is levelled at red, the Committee asked MA to meet with Angela Adimora to review her BAF risk regarding grade and content. Following this meeting MA to feedback to this Committee and Sukhbinder Khunkhuna.</p> <p>The Committee asked if the BAF could be printed on A3 paper for reading purposes.</p> <p>CE updated the meeting on the T&O ward and plans to increase the staffing level. The meeting was informed that the Matron on the T&O ward spends a lot of her time partaking in clinical duties on the ward.</p> <p>RE informed the meeting that she felt TRR Risk 2965 to be confusing. RE asked if TRR Risk 3486 could be removed. GN replied that a final paper will be submitted to Trust Board on Monday, once this is accepted the risk will be closed.</p> <p>MA explained to the meeting that several of the graphs on the BAF are missing due to a time issue and final changes are being made. MA queried if, once the alterations have been made to the BAF, would it be going to Trust Board bi-monthly. After discussion the meeting agreed to this recommendation.</p> <p>Resolved: Report was accepted.</p> <p>Review QGAC Terms of Reference – M Arthur</p> <p>JA challenged Responsibilities no. 5 should be changed to: <i>To manage BAF risks on behalf of the Trust.</i></p> <p>The Chair asked CEm to bring the agenda plan for the next 12 months to the next meeting.</p> <p>The Committee agreed that once the proposed changes to responsibilities and membership had been made by MA, these would be submitted to the Trust Board on Monday for approval.</p>	<p>MA</p> <p>MA</p> <p>CEm</p> <p>CEm</p> <p>MA</p> <p>CEm</p> <p>MA</p>
5	Sub Group Reports	
5.1	<p>Patient Safety Improvement Group minutes – C Etches</p> <p>5.2 The meeting accepted the minutes.</p> <p>Chairman’s Report</p> <p><u>SUMMARY OF SIGNIFICANT ISSUES</u></p> <p>1. Hospital Transfusion Group It was reported that the mandatory training compliancy for Cannock Chase Hospital had</p>	

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	<p>showed significant improvements, it is currently at 61.2% for transfusion training and competency will go to 53.6%, clearly further improvement needs to be made and this will continue to be monitored.</p> <p>2. Ward Performance Monitoring Reports The theme from both Division 1 and 2 this month has been late observations, wards are managing with fewer hand-held devices month on month as the model is extinct and new models will not work with the current software. Software is due to be updated 3rd week in July 2015, which will enable the new models purchased across the organisation to work.</p> <p>3. Safer Surgical Checklist Discussion and concern raised regarding non-compliance with checklists especially with registrars/locums. Areas of concern are Emergency Department and Obstetric Directorate. Reassurance was given at the meeting regarding actions taken in Emergency Department and subsequently the chair of PSIG has received reassurance from the Divisional Manager regarding action taken within the Obstetric Directorate.</p> <p>It is worthy of note that the Emergency Department will be a pilot area for implementing the Human Factors work, which will incorporate department culture.</p> <p>4. Supervisor of Midwives Report The group noted the significant decision made following the Kings Fund report on Statutory Midwifery Supervision that this will no longer be a statutory requirement. The current guidance from the LSA and NMC is that organisations should continue with this business as normal with regards to supervision. However, there will no longer be courses available for training of supervisors, which will clearly have an impact.</p> <p>5. New procedure An application was made for a Semi rigid thoracoscopy to be undertaken by respiratory physicians. An audit of the practice will be presented in November 2015.</p> <p>6. Renal Guard Audit Report The group received and accepted the audit report for this previously approved new procedure. A business case is being developed to increase the number of patients being treated using the renal guard. It was noted that the surgical team are interested to use this equipment in post by-pass surgery patients who are at high risk of kidney failure. PSIG clarified that a further application will need to be made and approved by PSIG for this to happen.</p> <p>Resolved: Report was accepted.</p>	
5.3	<p>Quality Standards Action Group Minutes – C Etches</p> <p>JA raised concerns that these minutes were not as clear as the PSIG minutes. CE said it was not just concerns at QSAG but throughout the Trust and as an organisation needs to be addressed. CE concluded that the Chair of the meetings needs to offer support to the minute taker by summarising.</p> <p>GN informed the meeting that Dr Simons had advised the QSAG meeting that the Trauma & Orthopaedic department is now part of the Trauma Network and following a peer review visit had been rated at 60% as it is a serious concern, which is why we are at red status. GN pointed out that for context; the visit had been a good one.</p>	

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5.4	<p>The meeting accepted the minutes from QSAG.</p> <p>Chairman’s Report</p> <p><u>SUMMARY OF SIGNIFICANT ISSUES</u></p> <p>1. Action plan in response for Mid Staffordshire NHS Foundation Trust Public Enquiry Report (pharmaceutical) The group considered a request made to close the actions down as monitoring of these actions are taking place through other groups.</p> <p>2. Annual Clinical Audit Plan The plan was presented for 2014/15, it was pleasing to note that 90% of the national audit had been completed within the financial year. It was also noted that the Trust’s audit plan was moving towards more National and NICE audits versus locally initiated audits. NICE audits had doubled in-year from 39 to 89. The group noted the significant improvements that had been made over the past 2 years in terms of compliancy and relevancy of audits and around closing the loop and ensuring a continuous quality improvement cycle being completed. It was also noted that audits that had been abandoned, Directorates needed to supply a rationale for this, a total of 40 audits were abandoned in 2014/15.</p> <p>3. RCPCH Epilepsy Report It was noted that the organisation has failed to achieve the national target of 87% of children diagnosed with epilepsy with input by a consultant paediatrician in 1 year. It was also noted that there was a delay in children receiving input from a tertiary paediatric neurologist at the Birmingham Children’s Hospital. It was agreed that the Directorate would work with the Divisions to attempt to resolve these issues and feedback at a future meeting.</p> <p>4. Trauma Governance Group A report was provided by the Chair of the group, issues were raised regarding the Advanced Trauma Nurse course for A&E. The recognition of patients for an audit perspective and the potential corporate risk on RWT’s ability to become a Trauma Centre regarding the Keogh Review. The Chief Operating Officer will take this forward with the Chair of the group and a verbal update will be provided at the next meeting.</p> <p>5. Guidance in relation to the requirements of the Abortion Act Within the Act it is a requirement for the submission of yellow forms (HSA4). The organisation does not appear to submit these forms in a timely manner, 41% of forms being sent within the required 14 days. The group discussed the possibilities for increasing the timeliness of completion of the forms. Dr Vanner was requested to benchmark our performance against other Trusts to understand if the process issues are similar in other organisations. This is a significant issue and will need to be monitored until a resolution is found.</p> <p>Resolved: Report was accepted.</p>	
6	<p>Routine Reporting / Themed Review Items</p> <p>6.1 Claims & Litigation Report – M Arthur</p> <p>JA informed the meeting that this report had been withdrawn and a full 12 month report would be presented at the July QGAC meeting.</p>	

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6.2	<p>Safeguarding Assurance Report (Adults & Children) – Anne-Marie Turner</p> <p>On behalf of Jane O’Daly, Anne-Marie Turner presented the Safeguarding Assurance Report.</p> <p>The meeting discussed the exceptions within the Markers of Good Practice & Safeguarding Adult Assurance Framework Tool.</p> <p>Ref: 2.3 – The service has clear and accessible systems for patients / users and carers views of the safeguarding processes and concerns to be heard and influence change – AMT explained that in the absence of Carol Bott this item has not been actioned, however, it will be picked up with Judith Davis if Carol Bott does not return before the end of June. JA informed AMT that Carol Bott had returned to work.</p> <p>JA asked if an audit would be taking place on the number of application of DoLS. AMT advised the meeting that she was currently undertaking an audit and this will be reviewed. CE reported that we do monitor the number of DoLS referrals. CE suggested that we need to raise awareness of DoLS trigger level and inform the clinical areas.</p> <p>Ref: 2.15 – Organisations must have training and policies related to identification and response to missing pregnant women, children and families. The process should be included in the relevant safeguarding policies and included in the training strategy – AMT informed the meeting that an audit schedule would be undertaken in September 2015. JA asked if there were a significant number of pregnant women who abscond. CE replied that we receive more alerts from Birmingham than we raise.</p> <p>Ref: 9.1 – Organisations must be able to demonstrate that adults, children and young people contribute to the planning, delivery and evaluation of their care and services in safeguarding – AMT advised the meeting that work is to be taken forward with the PALS manager for leaflets to be developed to share with parents and children. CE advised this needs to be linked into a new patient engagement strategy.</p> <p>RE and JA commented that there had been a massive improvement in the Safeguarding report following the amalgamation of Adults and Children Safeguarding. JA asked that the team are congratulated on the standard of work and the report.</p> <p>Resolved: Report was accepted.</p>	
7	<p>Issues of Significance for Audit Committee - Chair</p> <p>The meeting agreed to raise complaints as there are still issues with them.</p> <p>Issues of Significance for Trust Board – Chair</p> <p>Integrated Quality and Performance Report</p> <p>Concern was raised over the continued deterioration in performance about timely responses to complainants (a further 8% deterioration – 52%). The CNO now plans to meet each directorate after every breach to standard including failure to gain consent to breach.</p> <p>It was agreed to provide brief detail for each full term baby admitted to the neonatal unit unexpectedly to enable QGAC to note any trend or concern around care.</p>	

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	<p>Following discussion at a previous PSIG the trust are looking process map how VTE is managed and recorded across the Trust to enable a process to be designed which is user friendly and reflects clinical practice accurately.</p> <p>Board Assurance Frame work and Trust Risk Register</p> <p>The BAF is in development in new format but requires further work to complete new template. QGAC would want the Board to note that after the presentation of the BAF/TRR to Board subsequent reports will be reduced to 2 monthly as previously agreed.</p> <p>SR1 is currently graded red and QGAC would request a discussion at Trust Board as to whether this grading reflects the current risk.</p> <p>Review of QGAC Terms of Reference</p> <p>QGAC members have reviewed the terms of reference and proposed slight changes to responsibilities and membership. The Board are asked to approve the new Terms of Reference.</p> <p>Safeguarding Assurance Report (Adults & Children)</p> <p>QGAC noted significant improvement in areas of achievement against the Safeguarding action plan and commended the team on timely progress. Members took assurance from progress made thus far.</p>	
8	<p>Evaluation of Meeting – ALL</p> <p>This item was not discussed.</p>	
9	<p>Any Other Business – ALL</p> <p>There was no other business to discuss.</p>	
10	<p><u>Date and time of Next Meeting:</u></p> <p>Wednesday 22 July 2015, 2.00pm to 4.00pm, Boardroom, G099, Building 12</p> <p>Please note the new time of this meeting.</p> <p>Apologies – Rosi Edwards</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 – June 15	JA queried the number of unexpected term babies to Neonatal unit, in May there were 3 unexpected admissions. This was discussed in-depth and It was agreed to provide brief detail for each full term baby admitted to the neonatal unit unexpectedly to enable this meeting to note any trend or concern regarding care. CE agreed to do the action.	CE	24.06.15	22.07.15	
4.1 – June 15	RE asked why the WHO Surgical Checklist Compliance had a target of 98% then 97% when it should have been 100%. Following this RE queried TRR 2965 and said she found it very confusing. CE agreed to check the WHO target and it should be at 100%.	CE	24.06.15	22.07.15	
4.2 – June 15	Risk 2965 – if the Trust fails to learn from and reduce Never Events, this will have an adverse impact including patient experience and choice, CQC/TDA/media interest, loss of public confidence etc - the meeting agreed for it to be closed on TRR with rationale that a Never Events risks are managed on both Divisional risk registers and is suitable for local management.. Also high levels of compliance with the WHO safety checklist have been consistent and reporting continues at Patient Safety Information Governance. RE asked MA if this risk, which indicates a negative assurance which states 64% compliance, if the areas within Division 1 that this pertains to could be added to Datix.	MA	24.06.15	22.07.15	

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4.2 – June 15	After discussion regarding workforce issues on the BAF and why it is levelled at red, the Committee asked MA to meet with Angela Adimora to review her BAF risk regarding grade and content. Following this meeting MA to feedback to this Committee and Sukhbinder Khunkhuna.	MA	24.06.15	22.07.15	
4.2 – June 15	The Committee asked if the BAF could be printed on A3 paper for reading purposes.	CEm	24.06.15	22.07.15	
4.3 – June 15	The Committee agreed that once the proposed changes to responsibilities and membership had been made by MA, these would be submitted to the Trust Board on Monday for approval.	MA	24.06.15	29.06.15	
4.3 – June 15	The Chair asked CEm to circulate the agenda plan for the next 12 months to the next meeting.	CEm	24.06.15	29.06.15	
9.1 – May 15	MA to make the mentioned changes to the QGAC TOR and circulate. To be approved at the next meeting.	MA	27.05.15	24.06.15	On the agenda
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	25.03.15 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

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				24.06.15	<p>assurance. The assurance should then be escalated to this meeting.</p> <p>CE reported that Carol Bott is back from sickness and CE has spoken to Paul Archer in regards to where are we at with the league tables for Directorates. Work is on-going which includes a dashboard to come to here and Trust Board.</p>
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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
4.3 – May 15	Minor changes to be made to the NPSA / NRLS Feedback report and the revised version to be sent out to the QGAC members.	SK / CEm	27.05.15	24.06.15	Completed – Close
6.1 – May 15	CEm to circulate appendix 6 to the meeting.	CEm	27.05.15	24.06.15	Completed - Close
6.1 – May 15	KE to send JV the NHSLA Discharge Audit	KE	27.05.15	24.06.15	Completed – Closed