

Minutes of the Quality Governance Assurance Committee held on the:

Date **Wednesday 28 May 2014**
Venue **Nurses Recruitment Meeting Room**
Time **2.30pm to 4.30pm**

| Present: | Name | Role |
|-----------------------|---------------------------------|---|
| | Dr J Anderson (JA) Chair | Non-Executive Director |
| | R Edwards (RE) Chair | Non-Executive Director |
| | C Etches (CEt) | Chief Nursing Officer |
| | G Nuttall (GN) | Chief Operating Officer |
| | Dr J Odum (JO) | Medical Director |
| | J Vanes (JV) | Acting Chairman of the Trust |
| | | |
| In Attendance: | T Athwal (TA) | Quality Assurance Lead |
| | K Emmerson (KE) | Health Care Governance Manager – Division 2 |
| | S Khunkhuna (SKh) | Governance IM&T Lead |
| | L Nickell (LN) | Head of Education & Training |
| | | |
| Apologies: | Name | Role |
| | M Arthur (MA) | Head of Governance & Legal Services |
| | D Loughton (DL) | Chief Executive |
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| 1 | <p>Apologies for absence</p> <p>These were noted.</p> <p>Declarations of Interest</p> <p>1A There were no Declarations of Interest.</p> | |
| 2 | <p>Minutes of Previous Meeting</p> <p>RESOLVED: that the minutes of the meeting of Joint Audit & Quality Governance Assurance Committee and the Quality Governance Assurance Committee which followed after and held on 23 April 2014 were approved as a correct record.</p> | |
| 3 | <p>Matters arising from the Minutes</p> <p>Committee Issue Log</p> <p>4.1 Update on Organ donation to be arranged at a Board Development session</p> <p>4.2 Agreed that an external review of NNU and PAU was not necessary. An internal review would be undertaken.</p> <p>The Committee Issue Log was updated and all Closed items removed.</p> <p>3.1 JA asked how NEDs could be assured when an Agenda item is closed on the Action Log that the action undertaken has produced the desired result. Following discussion it was agreed that to enable the NEDs to be assured that an assurance log needs to be created. GN agreed to look at how the log can be created to indicate items to be tracked / flagged up and reported back to this meeting.</p> | <p>JA/HD</p> <p>GN</p> <p>GN</p> |
| 4 | <p>Regular Reports</p> | |
| 4.1 | <p>Integrated Quality & Performance Report – G Nuttall / C Etches</p> <p>GN presented the Quality section of this report by exception.</p> <p>The meeting was asked to note that the Cancelled Operation was particularly good for April, showing a significant improvement.(48 compared with 55 in March)</p> <p>In February and March there was a significant increase in referrals to the Dexa scan (48%) compared with the same time frame in 2013. Unfortunately this meant that in April a number of patients were waiting more than 6 weeks for a diagnostic test. GN reported that an improved system was required for monitoring the number of referrals. The reason for the increase was a change in the referrals from Primary Care due to Quality Outcomes Framework (QOF) points.</p> <p>The target in May would not be reached; however, GN assured the meeting that a Locum</p> | |

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| | <p>had been employed to help clear the backlog; this will bring us back to green in June. GN agreed to keep the meeting updated via this report.</p> <p>The meeting was informed that there were still challenges around hitting targets for General Surgery and Orthopaedics with fines expected. GN confirmed that the Trust is currently working with the CCG to help clear the backlog. Discussions are being held with the CCG and a business plan needs to be presented by mid-June indicating plans and the financial implications of clearing the backlog. GN agreed to update this meeting at the June Quality Governance Assurance Committee. GN reported to the attendees that there was a possibility that some of the patients would be sent to the private sector. Discussions took place regarding this and also the possibility of patients going to Cannock. GN replied that Stafford did not do any elective lists over the last few months; therefore, Cannock may not be an option as they are currently clearing their own backlogs.</p> <p>JV stressed to the meeting that the patients must come first and we must do what is best for them.</p> <p>GN reported that in the NXH Emergency Department in April the Trust failed to hit the 4 hour target (93%), but overall was green. No patients waited more than 60 minutes for ambulance handover.</p> <p>The meeting was asked to note the new part of the report indicating the Emergency Department attendee's numbers. In April 2014 there was an increase of 704 patients from the same time last year. Up to the 21 May 2014, there was an additional 484 attendances compared to the same time last year. Ambulances are up 25% on Sunday's predominately Wolverhampton.</p> <p>Following discussion on the above, JA congratulated the Emergency Department for coping day in and day out with the pressures.</p> <p>GN asked the meeting to note the 2 week wait for Breast Symptomatic. The Trust received a high number of referrals during April to the clinics. Also, during this time a mammogram machine failed and was out of use for 3 days which resulted in the re-allocation of patients and failure to achieve the target. GN assured the meeting that the machine was fixed as quickly as possible.</p> <p>GN reported that Urology was slowly improving; however, the Trust has failed to achieve the target for April due to capacity issues within Urology. GN confirmed that she had contacted other Trusts for capacity scoping and there is none available.</p> <p>JA asked about the failure to meet the Discharge summary target, GN assured JA that she receives weekly reports and any who fail are picked up.</p> <p>CE reported that the Trust had received 33 complaints in April 2014 compared to 53 received in the same period last year. There is improvement in the response time. There were 11 complaints re-opened in April 2014 compared to 3 in the previous year. During April 2014, 32 complaints were closed.</p> <p>Friends and Family Test for inpatients is 74 responses, which is still just above the national average. CE reported that in Division 1 FFT showed a reduction in April compared to quarter 4, however, Division 2 have shown an increase in April compared to quarter 4. Text messaging is having a definite impact on ED responses.</p> | <p>GN</p> |

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| | <p>CE confirmed that responses to patient buzzers are still a challenge to achieve target. It is believed that once ward staffing levels are increased the response to buzzers may improve.</p> <p>CE asked the meeting to ignore the Duty of Candour table as she believes the data is incorrect and needs to clarify.</p> <p>CE informed the meeting that there has been 1 MRSA in April and the Commissioners have deemed it was unavoidable.</p> <p>The meeting was informed that there was one 4th degree tear in April and CE would be meeting with Debra Hickman to ask for a report on the incident.</p> <p>CE confirmed that she has asked Debra Hickman if collecting data on Smoking at Delivery could be produced in a report format for this meeting.</p> <p>JO informed the meeting that a business case for the Coding Department had been successful and the department was now recruiting. JO reported that work had been undertaken around perinatal deaths and the work uncovered a significant issue regarding coding issues.</p> <p>JA mentioned that the HMSR rate for the Trust is the second highest in the Region at the weekends. JO confirmed that a piece of work is being undertaken and will update at future meetings.</p> <p>CE assured JA that Hand Hygiene, Early Warning Scores and Cardiac Arrest would be included on the new in-depth report at PSIG.</p> <p>Resolved: Report was accepted.</p> | |
| 4.2 | <p>Board Assurance Framework / Trust Risk Register – S Khunhuna</p> <p>SK presented the BAF and Trust Risk Register to the meeting.</p> <p>SK informed the meeting that on the Board Assurance Framework there were 11 risks, one red – 2965. Trust Risk Register indicated 37, with 3 red – 514, 3685 and 943.</p> <p>The meeting discussed the BAF and Trust Risk Register. It was agreed that the new format of the BAF report was fine, but more work was needed to identify what constituted positive assurance for any given risk. RE pointed out that on the BAF, the majority of items under the heading “positive assurance” described activity, not assurance of outcome. The previous meeting had suggested Governance encouraging risk owners and those managing the risks to get together to identify what measures they were or could use to give assurance. This was not an easy task and CE agreed. She confirmed that this had been discussed with the Executive Directors and Governance were providing support. CE confirmed that while she had already gone through her risks to remove activities that did not have measurable outcomes, further changes would be seen next month. The meeting agreed that work needs to be undertaken on these reports.</p> <p>It was noted by the meeting that the Trust Risk Register was missing the date of origin and escalation date.</p> <p>JA asked the meeting to note risk 3299 and asked if the birth rate had exceeded 4,000. GN</p> | |

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| | <p>confirmed that this figure had not yet been reached. The meeting discussed this risk and GN reported that a business case was being written around the labour ward presence. GN and JO met with the Division and asked that the risk be re-written. CE reported that once the Trust Risk Register is in the new format a number of these risks will be removed. GN mentioned that this risk needs to be re-written and she has asked Debra Hickman to make the necessary changes.</p> <p>The meeting discussed risk 3685. CE assured the meeting that there is a new Band 7 in T&O and until recruitment of nursing staff is complete, bank staff will be utilised on the ward. CE reported that there are a number of compliments about Ward A6 but also a number of complaints.</p> <p>CE confirmed to the meeting that staffing number issues have been addressed and will be further helped when the nursing establishment is increased. This will be monitored continually.</p> <p>RE noted that risk 514 had not been updated since February although there had been significant changes in the way CIPs were managed and risks escalated. It was agreed that this would be raised in the Finance meeting on Thursday.</p> <p>Resolved: Report was accepted.</p> | RE / JV |
| 5 | Sub Group Reports | |
| 5.1 | <p>Patient Safety Improvement Group minutes – C Etches</p> <p>The minutes of the March Patient Safety Improvement Group were accepted by the Committee.</p> <p>5.2 Chairman’s Report</p> <p>CE presented the Chair’s report to the meeting. It was noted that NPSA/2009/PSA 004B – Spinal Needles will be monitored through the Quality Standards Action Group meeting.</p> <p>The need for the WHO checklist to be implemented in Obstetrics where conversion to C-section takes place is being addressed. CE reported that she meets with the Midwife and Doctor who fail to complete the WHO checklist. This offers assurance to the Commissioners who are strict about the completion of the checklist There may be other areas in the Trust where a similar risk exists—to be looked at..</p> <p>A new Ward performance monitoring report developed by Health Assure will be available for the next meeting.</p> <p>Resolved: Report was accepted.</p> | |
| 5.3 | <p>Quality Standards Action Group Minutes – Dr J Odum</p> <p>The minutes of the March Quality Standards Action Group minutes were accepted by the Committee.</p> | |

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| 5.4 | <p>Chairman's Report</p> <p>JO presented the Chair's report.</p> <p>JO asked the meeting to note that the business case for the Looked After Children extra medical and nursing staff has not yet been approved but negotiations are underway. There had been a significant rise in the number of looked after children and the current staff were very stretched.</p> <p>Discussions are underway with IT regarding how the "flagging" of children with a protection plan is not easily accessible at the Walk-in-Centre exposing a potential gap in available information is not being utilised for children at risk.</p> <p>Resolved: Report was accepted.</p> | |
| 5.5 | <p>Academy Steering Group Minutes – L Nickell</p> <p>The minutes of the January Academy Steering Group were accepted by the Committee.</p> | |
| 5.6 | <p>Chairman's Report</p> <p>LN presented the chair's report for the April Academy Steering Group.</p> <p>LN informed the meeting that the University Technical College were still without a principal.</p> <p>LN reported her concerns regarding out of hours T&O rotas which is being addressed next week. The meeting was informed that ENT was being addressed by senior doctors ward rounds at weekends.</p> <p>LN mentioned to the meeting that some Junior Doctors had mentioned during feedback issues regarding staffing and hospital practice. CE and JO have met with the Junior Doctors and asked them to produce evidence regarding their concerns.</p> <p>GN asked LN if there was Divisional Representation at the Academy Steering Group. After discussion it was agreed that GN and LN would meet to discuss further.</p> <p>It was noted that all consultants would have completed their Clinical Supervision or Educational Supervisor training</p> <p>JA thanked LN and praised LN for her hard work.</p> <p>Resolved: Report was accepted.</p> | GN |
| 6 | <p>Themed Review Items</p> <p>Clinical Audit – Kelly Emmerson</p> <p>KE presented the Clinical Audit Annual Report to the meeting.</p> <p>KE informed the meeting that the Trust overall completion rate during 2013/2014 is 85%; this</p> | |

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| | <p>is a significant improvement from the previous year where the completion rate was 48%. Outcomes showed that 25% were fully compliant and 46% had only minor non-compliance. There was still some slippage in NICE audits being undertaken, but some departments had far more than others. A 3 year programme would be established for these. All NHSLA Audits for 2013/2014 will have been completed by July.</p> <p>KE reported to the meeting that Clinical Audit is monitored monthly by the Directorate, Division Governance meetings, Clinical Audit Group and the Quality Standards Action Group.</p> <p>The meeting was assured by KE that action plans have been developed following the audit and will then be re-audited when the action plan is completed.</p> <p>Lengthy discussions took place on the report and it was agreed that the appendix was very useful in understanding the action plan.</p> <p>RE praised the report, saying that the work undertaken was a marked improvement on previous reports.</p> <p>Resolved: Report was accepted.</p> <p>CQC Assurance – Taj Athwal</p> <p>TA presented and explained the CQC Assurance report.</p> <p>On Appendix 1, the meeting asked TA why the white squares had not been completed; TA assured the meeting that the outcome may not match to the square.</p> <p>RE informed the meeting that the consultation document was in the CQC box in the NED's office.</p> <p>TA reported that there are plans in place for internal mock mini CQC visits which will pick up any issues prior to the CQC official visit.</p> <p>After discussion, it was agreed that at the NED's away day the Governance Department would do a presentation on Health Assure.</p> <p>Resolved: Report was accepted.</p> | |
| 7 | <p>Issues of Significance for Trust Board – Chair</p> <ul style="list-style-type: none"> • Integrated Quality & Performance report was discussed in detail • New BAF Format • PISG Chair's Report • Academy Steering Group Chair's Report • Clinical Audit Annual Report • CQC Compliance Report | |

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| 8 | Evaluation of Meeting – ALL This item was not discussed. | |
| 9 | Any Other Business – ALL There was no other business to discuss. | |
| 10 | <u>Date and time of Next Meeting:</u> Wednesday 25 June 2014, 2.30pm, Nurses Recruitment Office, Building 12, Corporate Services Building | |

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COMMITTEES ACTION SUMMARY REPORT

| ITEM | Action to be taken raised from the meeting | Lead | Committee Date | Review date | Update |
|------|---|-------|----------------|---------------------------------|--|
| 3 | JA asked how NED's could be assured when a minute action is closed and what has been agreed or delegated is undertaken / completed. GN agreed to look at how the log can be created to indicate items to be tracked / flagged up and reported back to this meeting. | GN | 28.05.14 | 25.06.14 | <i>Not yet fully resolved, however action already taken on this report to track amendments</i> |
| 4.1 | GN to update this meeting in June regarding the T&O Business Plan which will be sent to the CCG | GN | 28.05.14 | 25.06.14 | <i>18 week recovery plans to be circulated to Finance and Performance Committee and reported back to QGAC</i> |
| 4.2 | RE noted that risk 514 had not been updated since February although there had been significant changes in the way CIPs were managed and risks escalated. It was agreed that this would be raised in the Finance meeting on Thursday. | RE/JV | 28.05.14 | 25.06.14 | |
| 5.6 | GN to meet with Louise Nickell to discuss Divisional Representation at the Academy Steering Group. | GN | 28.05.14 | 25.06.14 | |
| 4.1 | RE would speak to JA to see if the education update would be taking place. | RE | 23.04.14 | 28.05.14 25.06.14 | <i>There is currently no update available for the NED's and would be discussed at a Board Development Session – Bring Forward</i> |
| 4.2 | SK to add Date of Origin in the TRR report and a review date column. | SK | 23.04.14 | 28.05.14 | <i>The meeting noted that the Date of Origin was in the BAF report but not in the Trust Risk Register.</i> |
| 4.2 | GN to organise a clinical and managerial external review of NNU and PAU with NED involvement | GN | Feb 2014 | May 2014 | <i>LG agreed to pick this action with GN and ask for GN to report back to the next meeting. Further discussions took place and it was agreed to discuss further outside of the meeting Following discussion it was agreed that GN would speak to DL then e-mail the update to the meeting attendees, this then to be agreed by all. Minutes to be updated following this.</i> |

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| 6.1 | NICE Guidance Report – KE was asked for more details to be given for reasons for guidance being “partially implemented” and for timescales. | Kelly Emmerson | Jan 2014 | June 2014 | |
| 6.3 | Litigation & Inquests Report - MK was asked for further detail on the nature of closed0 claims (abandoned / settled) | Manjit Kagla | Jan 2014 | June 2014 | |

Closed Agenda Items – To be removed at the next meeting

| ITEM | Action to be taken raised from the meeting | Lead | Carried forward from | Committee Review date | Update |
|------|--|------|----------------------|----------------------------|--|
| 4.1 | CE to present detail on 3 rd and 4 th degree tears (same as the report in February) | CE | 23.04.14 | 28.05.14 | <i>CE confirmed that this detail was in the Integrated Quality & Performance Report – CLOSE</i> |
| 4.1 | CE to see if we can easily include figures of the smoking levels when pregnant women were first booked in and at delivery to see if interventions during pregnancy were having an impact | CE | 23.04.14 | 28.05.14 | <i>CE confirmed that this detail was in the Integrated Quality & Performance Report – CLOSE</i> |
| 4.1 | DL to consider the opportunities for the Trust to ensure additional capacity to achieve the RTT waiting times, for orthopaedics and discuss with the COO | DL | 23.04.14 | 28.05.14 | <i>This detail is contained within the Integrated Quality & Performance Report – CLOSE</i> |
| 10 | RE asked if she was part of the quorum on Quality Standards Action Group, MA agreed to clarify for RE. | MA | March 2014 | April 2014 May 2014 | <i>RE asked JO why a NED was part of the quorum for QSAG but not for PSIG, after discussion it was agreed that RE would be attending as an observer only and not part of the quorum. MA to alter the terms of reference. Completed – CLOSE</i> |