

Minutes of the Quality Governance Assurance Committee held on the:

Date **Wednesday 25 June 2014**
Venue **Nurses Recruitment Meeting Room**
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) Chair	Non-Executive Director
	C Etches (CEt)	Chief Nursing Officer
	G Nuttall (GN)	Chief Operating Officer
	Dr J Odum (JO)	Medical Director
In Attendance:	K Emmerson (KE)	Health Care Governance Manager – Division 2
	L Fieldhouse (LF)	Head of Nursing - Education and Safeguarding
	M Kagla (MK)	Legal Services Manager
	S Khunkhuna (SKh)	Governance IM&T Lead
Apologies:	D Loughton (DL)	Chief Executive
	J Vanes (JV)	Acting Chairman of the Trust

NB GN left the meeting at 4.15pm
 CE left the meeting at 4.35pm

The Chair, Dr Anderson, informed the attendees that the meeting was no longer quorate.

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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>4.1 – should have read: <i>GN presented Performance section of this report by exception.</i></p> <p>4.1 – should have read: <i>Update on Mortality to be arranged at a Board Development session.</i></p> <p>The Health Assure presentation will now take place on Monday 30 June.</p> <p>RESOLVED: Quality Governance Assurance Committee held on 23 April 2014 were approved as a correct record.</p>	
3	<p>Matters arising from the Minutes</p> <p>The action log was updated and items either closed or brought forward to the next meeting.</p>	
4	<p>Regular Reports</p>	
4.1	<p>Integrated Quality & Performance Report – G Nuttall / C Etches</p> <p>Following a discussion it was agreed the GN would not present the Performance part of her report as this was done at the Finance & Performance meeting in the morning. GN asked the meeting if anyone had any questions or queries and she would be happy to answer.</p> <p>JA asked GN why the Trust is so far behind with the dexta scan. JA raised concerns that the Trust is being charged over £200,000 in fines due to the target not being met. GN replied that at the time, there was no trained staff available. JA asked if Saturday service or extended services was an option, GN replied that at the time a staff member had gone off sick leaving the department low in staffing numbers. GN confirmed that 3 additional locum staff had been recruited and they will be working weekends. Some patients are being treated off-site (Cannock and the Sports Science Centre at the University of Wolverhampton). GN informed the meeting that June will flag as red; however, the backlog will be recovered in July.</p> <p>JA expressed concerns about the failure to meet the 2 week wait target in the breast symptomatic clinics. GN replied that it is highly unlikely that the target in June will be achieved due to further mechanical problems in the previous week. However, GN assured the meeting that discussions had taken place about the backlog which can be recovered. The meeting agreed that the poor patient experience was not acceptable. In response to RE, GN confirmed that the Trust would be exploring with the CCG whether this was a short term peak in demand or whether demand would reset at a higher level.</p>	

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	<p>CE discussed the Quality section of the report and informed the meeting that the number of falls causing harm has fallen below trajectory for the first time in 18 months. CE assured the meeting that any fall causing serious harm is reviewed by CE and the senior team and then within the Division for action and sign off. CE reported that there does not appear to be any themes within the falls.</p> <p>Pressure ulcers continued to reduce. The Trust, however, did report 3 avoidable ulcers for the first time this year due to error in documentation and issues within nursing care on 3 wards. These are being reviewed on a weekly basis.</p> <p>CE reported that the Trust received 36 complaints during May 2014. May 2013 saw 38 complaints received. The meeting was informed that there were 10 complaints re-opened (4 in Division 1, 6 in Division 2) in May compared to 8 in May 2013. CE informed the meeting that a pilot scheme had been launched in Surgery, to help reduce the number of re-opened complaints; a draft complaint letter will be sent to the complainant for their comments prior before sign off. This scheme is part of the Patient Association Recommendation from two years ago. Concerns were raised that this will cause a delay in replies but hopefully the pilot scheme will help to reduce the number of re-opened complaints. The meeting discussed the scheme and CE asked if we show that we are a “nursing / caring Trust”.</p> <p>JA raised concerns over the number of failure to get ‘consent to breach the time’ response to complaints; CE replied that some of the complaints do take a while to sign off due to the complex nature of the complaint. MA informed the meeting that at the CLIP meeting the category of complaints has not moved and still working to the same information and delay. On behalf of CLIPS, MA reported that more focused work was required.</p> <p>CE asked the meeting to note that the Friends and Family remains at or above the national average of 75 is for the Inpatients. The Emergency Department has shown a slight reduction and early indications show that the Department will be slightly under the national trajectory. CE reported that the texting service is being rolled out.</p> <p>CE reported that the Patient and Carer Voice results do not seem to change despite feedback and actions taken. CE expressed her concerns over the lack of improvement within this area and will not give her assurances to the meeting over the figures. The meeting discussed in-depth.</p> <p>CE reported that within Patient Safety, C-Diff the Trust was slightly under the target. In April there was 1 MRSA case outstanding from April. The Trust is still awaiting the decision of the Commissioners whether the case was avoidable or not.</p> <p>JA asked CE about the 12 catheter UTIs which were reported on May’s Safety Thermometer with 5 of these being new in comparison to 3 in April. CE explained that the new UTI’s were captured on the day of, with the UTI’s being previous data.</p> <p>CE informed the meeting that the WHO Surgical Checklist was carried out on 743 theatre sessions, 2 were non-compliant. The figure for the month of May is 99.73%. RE asked for more information about the comment in the BAF report under Never Events which stated that for Division 1 “compliance with full completion of the WHO surgical checklist agreed for procedures is 80%.” CE thought this form of words may have mis-stated the actual position and agreed to look into the source of that comment in the BAF and confirm the true position. CE explained to the meeting why the target of 100% was not reached. This information will be discussed at the next PSIG meeting.</p>	<p>CE</p>

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	<p>CE reported that the C Section Rates were still above the target rate of the Trust. The percentage of 3rd and 4th Degree Tears are below the national target but above the Trust's own target.</p> <p>JA informed the meeting that she had met with Debra Hickman to seek clarification and explanation behind the numbers of 3rd & 4th degree tears and the reasons behind the numbers. JA reported that there is an increase nationally of 3A 3B and 3c degree tears.</p> <p>CE informed the meeting that work was on-going on how we collate data regarding smoking at booking to compare with smoking at delivery to determine whether interventions during pregnancy were having an effect.</p> <p>JO reported that the Mortality Meeting was cancelled last week because Dr Foster had not been refreshed. The meeting was informed that re-coding had been submitted and a change in the figures would soon be seen. Clinical Coding had appointed new staff to help with the workload.</p> <p>HSMR was at 96.6% and Crude Mortality has seen a decrease compared to the previous years.</p> <p>JO informed the meeting of the CQC alert regarding Pneumonia. JO reported to the meeting what the findings of the investigation were including the severity of the pneumonias presenting to the Trust and gave a brief overview of what the reply / action plan contained.</p> <p>Resolved: Report was accepted.</p>	
4.2	<p>Board Assurance Framework / Trust Risk Register – S Khunkhuna</p> <p>SK presented the BAF and Trust Risk Register to the meeting.</p> <p>The meeting was informed that there were 2 red risks on the Board Assurance Framework (Risk 2965 and Risk 3645) The short term impact of MSFT disaggregation on the Trust of service sustainability has escalated to red. There are 3 red risks on the Trust Risk Register (Risk 514, Risk 3685 & Risk 943).</p> <p>SK reported that Risk 2570 had now been closed.</p> <p>RE commented that the Never Events risk (2965) now provided a list of positive assurances and negative evidence which amounted to evidence rather than activity. She recognised and CE confirmed that it is hard work to reconsider the existing risks and lists of current mitigations and change them into an evidence-based format. MA assured the meeting that work is being undertaken on the Trust Risk Register, with a series of meetings arranged with risk owners and risk managers and the required improvements will be seen in future registers.</p> <p>RE asked about Risk 494. GN and JO confirmed that they had met with the Head of Nursing and a Consultant Gynaecologist to discuss producing a business case in relation to the increase in births within the Trust. GN informed the meeting that to date she is still waiting for the business case from the Obstetricians. RE stressed the importance of this case being produced given that we were not currently compliant for the 4,200 births currently Failure to produce this business case will result in the risk being escalated. The Consultants were</p>	

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	<p>aware that there were two parts to the case: for 60 hours and for 98 hours consultant cover. RE stressed the importance of this case being produced, given the potential rise in demand and the fact that we were not meeting levels of cover for current demand. GN agreed to pass the meeting comments to the Head of Nursing and Consultant Gynaecologist.</p> <p>JA and RE asked about TRR 2604, VTE audits and where we were with 24 hour reassessment - the latest position given is July 2013. JO informed the meeting that he would update TRR 2604.</p> <p>RE noted that risk 3370, completion of Trust annual clinical audit plan, needed updating to take into account recent reports to QSAG, which showed a much improved position. JO agreed to do this and reconsider the RAG rating.</p> <p>RE noted that risk 2922, maintenance of minimum accreditation level for the IG toolkit required updating: the recent report to the Board for 2013 showed the Trust had met the required standard. Following discussion, JO agreed that it no longer needed to appear on the TRR and he would remove it to his own risk register.</p> <p>RE said that Jeremy Vanes had raised the need for TRR 3079 concerning CIP to be updated to reflect the new governance arrangements for managing CIP at the May Finance and Performance meeting. While other risks owned by the Finance Director had been updated, this risk still reflected the previous governance position. She had raised the need for the risk to be updated at the F&P meeting that morning and it had been agreed that Kevin Stringer would ensure it was actioned.</p> <p>JA asked about TRR 1862. JO confirmed that Mr Badger had been reviewing the consent form, sharing with Executives and his colleagues. The final consent form and policy will be shared as soon as possible.</p> <p>Resolved: Report was accepted.</p>	<p>GN</p> <p>JO</p> <p>JO</p> <p>JO</p> <p>KS</p>
5	Sub Group Reports	
5.1	<p>Patient Safety Improvement Group minutes – C Etches</p> <p>The minutes of the May Patient Safety Improvement Group were accepted by the Committee., with the correction in page 3 Division 1 Para line 2 accurately should read inaccurately</p>	
5.2	<p>Chairman’s Report</p> <p>CE presented the Chair’s report.</p> <p>CE asked the meeting to note that the Assurance Report was received from Hospital Transfusion Group and not the Hospital Transport Group.</p> <p>CE informed the meeting that the PSA alert around Non-Luer spinal devices for chemotherapy part A has been closed but part B can only be closed if the Neo-natal unit can be granted an exception until a national solution has been found. If it is acceptable, part B can be closed as long as the Trust acknowledges the risk with mitigations around neo-natal</p>	

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	<p>and paediatrics.</p> <p>Further work is to be carried out on the new ward performance monitoring report to make the data presentation user friendly. (Health Assure) This report is viewed only at PSIG.</p> <p>Safety culture survey has already been discussed at Trust Board.</p> <p>Resolved: Report was accepted.</p>	
<p>5.3</p> <p>5.4</p>	<p>Quality Standards Action Group Minutes – Dr J Odum</p> <p>The minutes of the May Quality Standards Action Group minutes were accepted by the Committee.</p> <p>Chairman’s Report</p> <p>Due to JO being absent from the May Quality Standards Action Group meeting, CE presented the Chair’s report.</p> <p>The meeting discussed the Never Event table and how the Trust was rated green in reporting of incidents.</p> <p>Concerns were raised regarding the in-patient survey results in particular indicating inadequate information for patients about drugs to take out and CE confirmed that urgent action is being undertaken. Part of the action plan is to contact Trusts who have made significant improvement and seek their advice. There were some positive improvements; however issues raised include Pharmacy performance, discharge medication and the patient’s understanding of reasons for medication and how to take. Pharmacy has released more Technicians to discuss medication with patients. The next In-patient survey will be sent out in August.</p> <p>Resolved: Report was accepted.</p>	
<p>6</p>	<p>Themed Review Items</p> <p>6.1 Litigation & Inquest Report / Claims & Litigation – Manjit Kagla</p> <p>MK & MA presented the Litigation & Inquest Report / Claims & Litigation paper.</p> <p>The meeting was informed that during October 2013 and March 2014 there were 54 new Clinical Negligence cases received. The highest number of news claims received was within Obstetrics & Gynaecology. The highest number of clinical negligence claims received was within the treatment category, relating to treatment of patients.</p> <p>End of March 2014 saw the Trust having 282 on-going clinical negligence claims, which was a decrease from 360 in the previous reporting period.</p> <p>Obstetrics & Gynaecology Directorate had the most number of on-going claims, 38 of the 82 claims fall within Obstetrics. A&E Directorate has 46 on going claims, 26 relate to claims where there has been a failure of or mis-diagnoses.</p>	

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	<p>Trauma & Orthopaedics Directorate has 35 on going claims, 18 relate to claims where treatment has been received.</p> <p>Between October 2013 and March 2014 there have been a total of 35 closed clinical negligence claims. In the previous reporting period there were 84. The claims closed, including payments made in accordance with the NHSLA scheme equated to £1,497,800.</p> <p>A&E Directorate was the highest category of closures where 7 claims were closed. Obstetrics & Gynaecology Directorate had 3 claims closed.</p> <p>MK assured the meeting that all clinical negligence claims are now recorded and updated onto Datix to inform reporting within the Trust. On a quarterly basis reports will be issued to the Divisions informing Managers of file closures within their area. This will help to ensure that lessons are learnt from each settlement and shared to ensure Divisions put actions into place to prevent similar claims from recurring.</p> <p>The meeting was informed that a settlement for clinical negligence can take up to 6 months. However, some settlements can take up to a number of years dependent on the nature of the claim.</p> <p>The meeting discussed learning issues for the Doctors and MA assured the meeting that lessons are learnt following the RCA. The Legal Services Department do maintain contact with the Clinician involved and feedback to them after closure. The Clinical Director is copied into these e-mails.</p> <p>New personal injury claims for October 2013 to March 2014 equated to 29 new claims, 22 in the previous reporting period. The highest number of claims received was within Facilities Directorate (injuries sustained in the kitchen, trolley, beds and tugs). There were 9 claims relating to slips, trips and falls.</p> <p>At the end of March 2014, there were 95 on-going personal injury claims (89 in the last reporting period)</p> <p>During October 2013 and March 2014 there were a total of 29 personal injury claims (53 claims closed in the last reporting period). Including payments made in accordance with the NHSLA excess the cost was £218,190.</p> <p>The report indicated that there were 23 claims were closed following an early admission of liability without court proceedings being issued. There were 2 claims closed where liability was admitted after court proceedings were served.</p> <p>There were 9 new inquest matters between October 2013 and March 2014. During the same period there were 8 closed inquest matters, most recorded as “natural causes”.</p> <p>MA informed the meeting that the Trust claims level was less than the average of other Trusts for Clinical Negligence claims by member type (i.e. acute Trust), regionally and nationally, but exceeded the average for personal injury claims nationally and regionally.</p> <p>Resolved: Report was accepted.</p>	

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	<p>6.2 External Reviews Registry Report – Kelly Emmerson</p> <p>KE informed the meeting that since the last External Reviews Registry report in January, 12 external reviews have taken place which have been reported onto the Trust's Registry, Most have been largely favourable. There are some actions for radiology, e-prescribe in oncology and clinical haematology, and a gap analysis in the paediatric CF service. 19 external reviews have been marked for completion and closure on the Registry and 16 reviews remain 'open' on the Registry (awaiting completion of actions by the Trust or sign off by the external agency).</p> <p>KE discussed the appendixes with the meeting.</p> <p>RE said the report was informative and showed good progress.</p> <p>After discussion it was agreed that this report would now go to QSAG, with a summary and actions to this meeting.</p> <p>Resolved: Report was accepted.</p> <p>6.3 Safeguarding Assurance Report (Adults & Children) – Lynne Fieldhouse</p> <p>LF presented the first annual report --Safeguarding Assurance Report (Adults & Children).</p> <p>LF reported that it has been a busy year for both Adults and Children. This means that the Trust will be looking to invest and recruit into an Adult and children's Safeguarding Team. The number of children in care has escalated in year, many being placed out of borough.</p> <p>LF asked for comments on the report and structure of the report. MA reported that in August a report would be submitted to the CLIP meeting showing the safeguarding issues being investigated.</p> <p>CE reported that a few years ago, staff would not have understood the full impact of Safeguarding Adults and Children but now fully understand the purpose of the team.</p> <p>Resolved: Report was accepted.</p>	
7	<p>Issues of Significance for Trust Board – Chair</p> <p>The quality part of the integrated Q&P report discussed in detail New Board Assurance Framework Report Trust Risk Register Patient Safety Improvement Group and Quality Standard Action Group minutes and chair's report approved. Litigation and Inquests report External Reviews Update Report Safe Guarding Annual Report</p>	
8	<p>Evaluation of Meeting – ALL</p> <p>The attendees commented that the meeting had run over the 2 hours by 15 minutes but there were some good in-depth discussions around the reports. RE said that the NED's are</p>	

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	able to ask questions and raise concerns and through the responses to these and the reports coming to QGAC are getting a better feel for the issues within the Trust and how they are being managed.	
9	<p>Any Other Business – ALL</p> <p>MA mentioned at the next QSAG there will be a presentation on the work around phase 3 of the Quality Information work. This presentation will then be discussed at the next QGAC meeting.</p> <p>MA informed the meeting that in August it will be 12 months since the Terms of Reference were reviewed and asked if the current structure was working, i.e. Chair Reports, Themed Reviews etc. The meeting discussed in-depth and it was agreed that the PSIG and QSAG was working reasonably well. JA raised concerns that the NED's who do not attend all of the meetings have to rely on assurance from minutes. JO feels that this meeting does well as does PSIG and QSAG.</p> <p>RE commented that the minutes from PSIG, QSAG and QGAC were in-depth and anyone who did not attend the meeting could get an understanding of what was discussed and reported.</p> <p>It was agreed that an external person needs to be brought in to review the new structure and advise if any further improvements can be made. MA reported that PriceWaterhouseCooper would be visiting in September to review the structure.</p>	
10	<p><u>Date and time of Next Meeting:</u></p> <p>Wednesday 23 July 2014, 2.30pm, Conference Room, Hollybush House</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	RE asked for more information about the comment in the BAF report under Never Events which stated that for Division 1 "compliance with full completion of the WHO surgical checklist agreed for procedures is 80%." CE thought this form of words may have mis-stated the actual position and agreed to look into the source of that comment in the BAF and confirm the true position	CE	25.06.14	23.07.14	
4.2	RE asked about Risk 494. GN and JO confirmed that they had met with the Head of Nursing and a Consultant Gynaecologist to discuss producing a business case in relation to the increase in births within the Trust. GN informed the meeting that to date she is still waiting for the business case from the Obstetricians. RE stressed the importance of this case being produced given that we were not currently compliant for the 4,200 births currently. Failure to produce this business case will result in the risk being escalated. The Consultants were aware that there were two parts to the case: for 60 hours and for 98 hours consultant cover. RE stressed the importance of this case being produced, given the potential rise in demand and the fact that we were not meeting levels of cover for current demand. GN agreed to pass the meeting comments to the Head of Nursing and Consultant Gynaecologist.	GN	25.06.14	23.07.14	
4.2	JO informed the meeting that he would update TRR 2604.	JO	25.06.14	23.07.14	
4.2	Following discussion, JO agreed to reconsider the RAG rating of 3370.	JO	25.06.14	23.07.14	

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4.2	JO agreed that risk 2922 no longer needed to appear on the TRR and he would remove it to his own risk.	JO	25.06.14	23.07.14	
4.2	KS to ensure that TRR 3079 concerning CIP to be updated to reflect the new governance arrangements for managing CIP.	KS	25.06.14	23.07.14	
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 amendment. GN still working on this issue.</i>
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 asked that this item be left on the action report until further notice.</i>
5.6	GN to meet with Louise Nickell to discuss Divisional Representation at the Academy Steering Group.	GN	28.05.14	25.06.14	<i>GN confirmed that she had spoken to LN. GN to identify Divisional Representative and update at the next meeting.</i>

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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
4.2	GN to organise a clinical and managerial external review of NNU and PAU with NED involvement	GN	Feb 2014	May 2014	<p><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</i></p> <p><i>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></p> <p><i>GN confirmed that she had spoken to JV and this item is now closed.</i></p>
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	<p><i>18 week recovery plans to be circulated to Finance and Performance Committee and reported back to QGAC</i></p> <p><i>Completed</i></p>
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	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	<i>RE confirmed that JV had raised the issue at the Finance meeting on the 29 May. However RE raised again this morning; the risk had been updated but had not mentioned the new structure.</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	<i>Completed</i>
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	<i>Completed</i>
4.1	RE would speak to JA to see if the education update would be taking place.	RE	23.04.14	28-05-14 26-06-14	<p><i>There is currently no update available for the NED's and would be discussed at a Board Development Session – Bring Forward</i></p> <p><i>After discussion JO informed the meeting that he is doing a presentation to the Governors on Monday 30 June. JO informed the NED's that he would be happy to do a session for them all at a time to suit themselves.</i></p>