

Minutes of the Quality Governance Assurance Committee held on the:

**Date**                      **Wednesday 23 July 2014**

**Venue**                    **Conference Room, Hollybush House**

**Time**                      **2.30pm to 4.30pm**

	<b>Name</b>	<b>Role</b>
<b>Present:</b>	Dr J Anderson <b>(JA) Chair</b>	Non-Executive Director
	M Arthur <b>(MA)</b>	Head of Governance & Legal Services
	R Edwards <b>(RE) Chair</b>	Non-Executive Director
	C Etches <b>(CEt)</b>	Chief Nursing Officer
	G Nuttall <b>(GN)</b>	Chief Operating Officer
	Dr J Odum <b>(JO)</b>	Medical Director
	J Vanes <b>(JV)</b>	Acting Chairman of the Trust
<b>In Attendance:</b>	S Khunkhuna <b>(SKh)</b>	Governance IM&T Lead
<b>Apologies:</b>	D Loughton <b>(DL)</b>	Chief Executive

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1	<p><b>Apologies for absence</b></p> <p>These were noted.</p> <p><b>Declarations of Interest</b></p> <p>1A There were no Declarations of Interest.</p>	
2	<p><b>Minutes of Previous Meeting</b></p> <p>JV asked that the minutes of the previous meeting note that he was in attendance.</p> <p>MA asked for the following changes to be made to Page 7, 6<sup>th</sup> paragraph – MA informed the meeting that lessons learnt are feedback to the Divisions. MA and JO to meet outside of the meeting to discuss further.</p> <p>MA asked for the following changes to be made to Page 9, 4<sup>th</sup> paragraph – MA reported that there is a likelihood that PriceWaterhouseCooper may be visiting in September to review the Governance structure.</p> <p><b>RESOLVED: Quality Governance Assurance Committee held on 25 June 2014 was approved as a correct record.</b></p>	
3	<p><b>Matters arising from the Minutes</b></p> <p>The action log was updated and items either closed or brought forward to the next meeting.</p>	
4	<p><b>Regular Reports</b></p>	
4.1	<p><b>Integrated Quality &amp; Performance Report – G Nuttall / C Etches</b></p> <p>The meeting agreed to take the Performance section of this report by exception. This part of the report was discussed at Finance &amp; Performance in the morning in the presence of JV and RE.</p> <p>GN reported that there was an additional 11.3% ambulances compared with this time last year, some coming from Mid Staffs and there was an increase in ED attendances overall by 5.12% compared with last year—some of the busiest days ever had been seen. The Emergency Department performance for Quarter 1 for NXH was just below target</p> <p>There is an improving position in wait times for dexta- scanning although still breaching the target. The recovery plan will be fulfilled by the end of July.</p> <p>Two week wait for symptomatic breast is now on target, however there is still concerns regarding 62 day wait for first treatment. GN reported that this is largely due to late referrals from other organisations. GN confirmed that she had written to the Chief Executive of the Trust in question and would speak to JV outside of the meeting regarding the issue.</p> <p>The meeting was asked to note the continued concerns about 18 week breaches in General</p>	

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	<p>Surgery, Orthopaedics and Max-Fax .Extra lists were being held at the Nuffield to try to address this.</p> <p>CE reported that in June there were 28 received complaints compared to 34 in June 2013. During June 2014, there were 15 complaints (6 in Division 1 and 9 in Division 2) which were re-opened in June compared to 10 in the previous year. To date 6 have received a response with 9 still under investigation. The meeting was informed that the new Patient Experience Lead will commence in the Trust in August. Following this appointment a review of the complaints process will take place.</p> <p>CE informed the meeting that the piloting of the draft complaint letter to complainants for their comments prior to the final letter being sent out was causing a significant delay in getting closure. CE explained that this initiative came from a Patient Care Standards a two years ago. CE reported that she is unaware of any other Trust who has implemented the process to seek their advice. This item was discussed in-depth. JV asked if despite the delay in closure, the process meant that complaints were not being reopened. CE said it was too soon to say, but the trial would continue.</p> <p>JA mentioned that 33 complaints were closed in June; however, 8 complaints took between 25 to 35 working days to investigate and respond, 2 with consent to breach and 6 without consent to breach. The meeting noted that 11 complaints took longer than 36 working days to investigate and respond, 6 with consent, 5 without consent to breach. The issue of failure to gain consent for breach was again highlighted.</p> <p>CE reported that there were no single sex breaches in June. CE informed the meeting that a number of wards have moved to single sex (Care of the Elderly, Renal and Surgery – elective and non-elective split). There are flexi beds within AMU. CE reported that there is a review of single sex wards within Care of Elderly. Implementation has been delayed due to staffing issues.</p> <p>CE informed the meeting that in October new guidance will be issued regarding measurement changes within Friends and Family. The new form will contain mandatory questions.</p> <p>The meeting noted that Division 1’s Friends and Family Testing scores were slightly worse in June compared to Division 2 which saw an increase.</p> <p>CE asked the meeting to note that there was a considerable positive increase in “Responses to patient buzzers”. The meeting noted that there was an increase in all of June’s scoring.</p> <p>CE reported that there were no breaches within Duty of Candour.</p> <p>CE informed the meeting that the MRSA in April has been deemed unavoidable which was positive for the Trust.</p> <p>The meeting was informed that C.Difficile infections in quarter 1 have been deemed avoidable and this is due to the lack of various elements of mandatory training. Over the last few days there have been a number of C. Diff hospital infections without obvious cause. Clarification on the number of positives is still being waited for.</p> <p>There are a number of norovirus cases in schools and nursing homes. Following this, CE informed the meeting that the Trust needs to start thinking about preparing for winter.</p>	

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	<p>In June there were no Safeguarding Adult referrals. In June there were 30 referrals made to Social Care regarding Children. CE assured the meeting that this was not referrals against the hospital but ones that the Trust has made. CE felt this was because the Health Visitors had received better training in identifying these issues. An advert has been place for a full time Safeguarding Lead for Adults and Children</p> <p>For the month of June there was a slight increase in C-Section rates.</p> <p>CE reported on the collection of data for smoking cessation. Data is collected at booking but there is no method of collating the data with that at delivery. However, when the new IT system is installed this data will be collated and available to this meeting.</p> <p>CE informed the meeting that the Trust has employed 16 more midwives, from University, external and 1 from overseas. This will bring the ratio of c1:30.</p> <p>JO updated the meeting on the mortality and reported that he was would be challenging the figures on the HSMR and SHMI section of the report. JO confirmed that the data in the Integrated Quality &amp; Performance report was 6 months behind.</p> <p>The meeting discussed in-depth the recent article in the Express and Star regarding the mortality within the Trust and the recent queries by CQC on TB and Pneumonia. JO assured the meeting that he had spoken to the Express and Star reporter and offered factual corrections, but the dominant headlines were unaltered concerning the Trust having the highest HSMR locally.</p> <p>JA asked the meeting if another graph was required to show movement on the number of VTE assessments at 24 hours. This was discussed with JO explaining the 24 hour VTE process. CE raised concerns that the information received at this meeting was not the same given at PSIG. CE went onto explain that Dr Kate Wilmer presented reports to PSIG regarding the Avoidable v Unavoidable Following this, the meeting agreed a graph indicating the month's avoidable and unavoidable.</p> <p><b>Resolved: Report was accepted.</b></p>	
4.2	<p><b>Board Assurance Framework / Trust Risk Register – S Khunhuna</b></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 are 2 red risks: 2965 – Failure to reduce Never Events and 3645 – the short term impact on the Trust of service sustainability at Mid Staffs NHSFT.</p> <p>The Trust Risk Register is showing 2 red risks: 514 – failure to deliver recurrent efficiency gains and CIPs and 3685 – staffing levels and quality of nursing care on A6.</p> <p>The meeting was informed that risks 3370 and 1739 are now closed. Risks 2922, 2468, 3076 and 3462 have been downgraded but are being monitored.</p> <p>SK reported on page 3 of the summary should read “risks currently being managed (on-going) 29” and not 30.</p> <p>CE thanked the committee for their patience whilst the BAF and TRR are re-formatted into</p>	

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	<p>the new style. CE mentioned that leads are taking ownership of their risks and are closing or downgrading risks. RE commented that the summary report was very useful and helpful in setting out progress and the reasons for changes in risk rating. She was pleased to note that a number of risks had been updated or moved off the TRR. She also noted that there was little change this month in the way risks, mitigating measures and evidence were set down and that this was likely to be raised by other NED's at the Board. JA raised concerns that there was no assurance once a risk has been closed.</p> <p>MA informed the meeting that she was still working with JO and the Chief Executive on their risks.</p> <p>JV asked if there was any chance that the font on the BAF could be made larger or key words bolder. MA agreed to make the key words bolder. MA added this should result in further progress in the September version of the BAF.</p> <p>JV asked if Mortality should be added to the Trust Risk Register. Following in-depth discussions, it was agreed that this was not necessary as the Trust is showing signs of improvement. The meeting agreed that JO needs to re-iterate at the Trust Board meeting on Monday of the improvement within Mortality and give a pro-active update.</p> <p>JA raised concerns regarding A5 &amp; A6 &amp; A7. CE assured the meeting that A6 is coming out of their darkest time. However, A5 is currently fragile. The meeting was informed that a Divisional Team meeting had taken place with the Orthopaedic management team and picked up that it was beyond nursing.</p> <p>MA informed the meeting that pages 14 &amp; 15 of the TRR will become the standard layout of the TRR when meetings have taken place and risks updated.</p> <p>JA asked about risk 2905. JO reported that the Oncology team was reviewing with an options appraisal paper to choose the best e-prescribing system.</p> <p><b>Resolved: Report was accepted.</b></p>	<p><b>MA / SK</b></p>
5	<b>Sub Group Reports</b>	
5.1	<p><b>Patient Safety Improvement Group minutes – C Etches</b></p> <p>The minutes of the June Patient Safety Improvement Group were accepted by the Committee.</p> <p><b>5.2 Chairman's Report</b></p> <p>CE presented the Chair's report.</p> <p>The meeting was informed that there were no outstanding CAS alerts following the closure of NPSA/2009/PSA/004B – Spinal Needles.</p> <p>Mortality-- HSMR is on track. The results from the action plan from the CQC alert regarding pneumonia will be submitted to on Tuesday.</p>	

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	<p>It was noted that the Health Assure ward performance monitoring reports are currently very cumbersome and time consuming. A meeting will take place involving central, governance and operational staff to agree the format.</p> <p><b>Resolved: Report was accepted.</b></p>	
<p><b>5.3</b></p> <p><b>5.4</b></p>	<p><b>Quality Standards Action Group Minutes – Dr J Odum</b></p> <p>The minutes of the June Quality Standards Action Group minutes were accepted by the Committee.</p> <p><b>Chairman’s Report</b></p> <p>JO presented the Chair’s report.</p> <p>JO highlighted that there has been a non return rate of 5 to 10% on radiation badges. One badge indicated a high dose due to the badge being worn outside the lead apron. A process for ensuring badges are returned will be reviewed. Training and recording of training will be provided to all junior doctors.</p> <p>JO reported that in June 2015 the Breast Screening Service will be put out to tender.</p> <p><b>Resolved: Report was accepted.</b></p>	
<p><b>6</b></p>	<p><b>Routine Reporting / Themed Review Items</b></p> <p>MA presented the National Guidance Compliance report for assurance on the system in operation for National Guidance. MA asked the meeting to note that this report was discussed at a recent QSAG meeting. It highlighted national reports that have not yet been reviewed through the formal Trust process. MA also highlighted the issue to be resolved around the capture of Royal College guidance that are not collated centrally, instead are sent direct to specialist leads. A solution is still to be resolved to ensure capture of these reports.</p> <p>MA reported to the meeting that leads have been appointed for the Cavendish report (Lynne Fieldhouse), the Keogh and Berwick reports (MA &amp; Lynne Fieldhouse / Charlotte Hall) and the Clwyd Hart report (Patient Experience Lead once commenced in the Trust) to ensure complete capture of guidance within the Trust. A gap analysis will be presented to QSAG in due course with an overview/assurance report to this committee.</p> <p><b>Resolved: Report was accepted.</b></p>	
<p><b>7</b></p>	<p><b>Issues of Significance for Trust Board – Chair</b></p> <p>The Integrated Q&amp;P Report discussed in detail            New BAF &amp; TRR Report continues to improve especially in quality reassurances.            PSIG and QSAG minutes accepted.            National Guidance Acceptance</p>	

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8	<p><b>Evaluation of Meeting – ALL</b></p> <p>JO commented that even though this was a short agenda, there was much in-depth discussion and detail but appropriate to this level.</p> <p>The meeting attendees agreed with JV and felt it was a very effective meeting.</p>	
9	<p><b>Any Other Business – ALL</b></p> <p>There was no other business to discuss.</p>	
10	<p><b><u>Date and time of Next Meeting:</u></b></p> <p>Wednesday 24 September, 2.30pm, Boardroom, G099, Building 12</p>	

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**COMMITTEES ACTION SUMMARY REPORT**

ITEM	Action to be taken raised from the meeting	Lead	Committee Date	Review date	Update
4.2	MA / SK to make the key words in the BAF and TRR in bold.	MA / SK	23.07.14	24.09.14	
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	<del>23.07.14</del>  Review date October 2014	GN confirmed that she did feedback to the Clinical Director and Divisional Business Manager. The business case is now completed and should have presented to the Surgical Division on Monday. GN reported that due to the timeframes, she anticipates that the business case will go to TMC in September. Due to this, there will be no change in August.
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	<del>25.06.14</del>  <del>23.07.14</del>  Review October 2014	<del>Not yet fully resolved, however action already taken on this report to track amendment. GN still working on this issue.</del>  GN reported that processes are in place, for example tracking but assurance cannot yet be given.

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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	JO informed the meeting that he would update TRR 2604.	JO	25.06.14	23.07.14	Updated and removed
4.2	Following discussion, JO agreed to reconsider the RAG rating of 3370.	JO	25.06.14	23.07.14	Updated and removed
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	Updated and removed
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	Updated and removed
5.6	GN to meet with Louise Nickell to discuss Divisional Representation at the Academy Steering Group.	GN	28.05.14	25.06.14	<p><i>GN confirmed that she had spoken to LN - GN to identify Divisional Representative and update at the next meeting.</i></p> <p>GN confirmed that Lewis Grant will be attending and taking corporate role. Closed</p>
4.1	CE to present detail on 3 <sup>rd</sup> and 4 <sup>th</sup> degree tears (same as the report in February)	CE	23.04.14	28.05.14	<p><i>CE asked that this item be left on the action report until further notice.</i></p> <p>CE asked if this item could now be closed</p>
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	<p><del>23.07.14</del></p> <p>24.09.14</p>	<p>CE reported that the relevant people are currently on leave, she will speak to them on their return and she will update at the next QGAC meeting. Closed</p>