

The Royal Wolverhampton NHS Trust

Minutes of the Quality Governance Assurance Committee held on the:

Date **Wednesday 21 January 2015**
Venue **Conference Room, Hollybush House**
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
	L Fieldhouse (LF)	Deputy Chief Nursing Officer
	D Loughton (DL)	Chief Executive
	G Nuttall (GN)	Chief Operating Officer
	J Vanes (JV)	Chairman of the Trust
In Attendance:	T Athwal (TA)	Standard Lead
	K Emmerson (KE)	Health Care Governance Manager
	S Khunkhuna (SK)	Governance IM&T Lead
Apologies:	C Etches (CE)	Chief Nursing Officer
	Dr J Odum (JO)	Medical Director

The Royal Wolverhampton NHS Trust

Item No		Action
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: Quality Governance Assurance Committee held on 19 November 2014 was 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. JA discussed some of the closed actions and sought assurances from the meeting that these were in hand and being actioned even though closed at this meeting. JA was assured that actions were being looked at.</p>	
4	<p>Regular Reports</p>	
4.1	<p>Integrated Quality & Performance Report – G Nuttall / C Etches</p> <p>GN presented the Performance Report to the meeting.</p> <p>GN informed the meeting that the Trust has achieved 18 weeks In RTT with the backlog now cleared.</p> <p>Cancer performance overall, with the exception of 2 week wait breast symptomatic, showed good achievement and performance. GN informed the meeting that the 2 week wait for breast symptomatic will not be achieved in January, due to capacity issues and sickness. There is a plan in place to recover the backlog, following a Consultant from Stafford who will be joining the Trust.</p> <p>GN asked the meeting to note the challenges within the Emergency Department, not only locally but regionally and nationwide. The meeting discussed the problems within the Department and noted that support was given where possible. One of the factors in creating backlog in ED was the failure to achieve timely discharges to free beds for admissions due to delays in Social care assessments and placements particularly in SS. The pressures in ED have had an effect on capacity and have resulted in operations being cancelled.</p> <p>The meeting discussed in-depth the challenges faced by the Trust during the recent period. After discussion, the meeting agreed that the staff have done exceptionally well during this period.</p> <p>In the absence of CE, LF presented the Quality Report to the meeting.</p> <p>LF reiterated that the staff of the Trust must be praised and thanked for all of the hard work</p>	

The Royal Wolverhampton NHS Trust

Item No		Action
	<p>over the last 8 weeks.</p> <p>LF informed the meeting that the lowest number of formal complaints had been received for over a year. In December the Trust received 18 complaints in comparison to 25 received in December of the previous year. 2 complaints were re-opened (1 in each in Division 1 and Division 2). LF confirmed that the handling of complaints is improving. Any breaches in response times are being addressed through the Trust's Clwyd-Hart task and finish group. JA asked for a better understanding of the failure of gaining "consent to breach". LF replied that as part of the new changes, a database has been developed to remind staff that chases need to be undertaken.</p> <p>There were no mixed sex breaches in 2014.</p> <p>The Friends and Family Test response rates for inpatient areas have met the national standard. This was primarily due to a data collection "catch up" from difficulties experienced by the data contractor. The Emergency Department response rate exceeded the national standard by a substantial margin, due to the use of instant messaging. However the score had deteriorated with the impacts on waiting times being reflected in patient satisfaction.</p> <p>Falls with harms is continuing to be a concern. The Trust Falls Group is looking into assessment procedures and care pathways to identify areas for improvement.</p> <p>Medication errors are being monitored by the Medication Safety Group and the granularity of their future reports will enable actions to be undertaken.</p> <p>The meeting noted the staff sickness rate was high, mostly with seasonal flu and a small number of Norovirus. The Trust flu jabs for staff were at 80% this year.</p> <p>JA raised concerns regarding the Discharge Summary. E-discharge was still a problem in some departments GN informed the meeting that negotiations were taking place with the CCG in regards to this.</p> <p>DL asked why the Smoking Cessation had increased since August.</p> <p>JA noted that there was an increase in unexpected term babies to Neo Natal Unit for the last 2 months. Needs further explanation.</p> <p>Resolved: Report was accepted</p>	
4.2	<p>Board Assurance Framework / Trust Risk Register – S Khunhuna</p> <p>SK presented the above reports to the meeting.</p> <p>Continued improvement in the detail of the reports noted with reasons for change and risk described with better evidence to explain positive and negative assurances.</p> <p>The following changes have been made to the BAF:-</p> <p>1 Red Risk – 3645 -the short term impact on the Trust of service sustainability at Mid Staffordshire NHSFT. This risk has been transferred from the CEO's portfolio to the COO's.</p>	

The Royal Wolverhampton NHS Trust

Item No		Action
	<p>Risk 3352 - Potential for rapid growth of the Trust due to changes in the wider health and social care economy adversely impacting service stability. This risk was owned by the CEO, but has now been merged into risk 1734 (if competition causes a significant shift in activity this will result in reduced income for the Trust). The owner of 1734 is the Director of Planning and Contracting.</p> <p>Risk 1501 – The Trust does not meet the DH / Monitor requirements to become a foundation trust. This risk has been transferred from the CEO’s portfolio to the Chief Financial Officer’s.</p> <p>Trust Risk Register Issues:-</p> <p>1 red risk - 514 - Failure to deliver recurrent efficiency gains and CIPs.</p> <p>Risks removed from Trust risk register (but still being managed on the respective directorate risk register):</p> <p>Risk 2828 - Quality of care on Ward A5- is being managed on Division 1’s risk register as well as T&O’s directorate risk register.</p> <p>Risk 494 – Midwifery Staffing - Was C4 and now is C2Yellow. Now removed from Trust Risk Register. The risk is still being managed on Maternity’s Directorate Risk Register</p> <p>SK explained the tracking the Board Assurance Framework to the meeting. There is only one change on this, risk 2965 which has changed to Amber C3. JV asked about risk 3354 why it had changed for the worse. SK to look into this and update via e-mail and at the next meeting.</p> <p>RE commented that the assurances and evidence was now much clearer and thanked everyone for the hard work in achieving this.</p> <p>TRR risk 3299 – GN informed the meeting that the figure of 98 hour will be changing next month with the transfer of Cannock.</p> <p>TRR risk 3431 – LF confirmed active recruitment was being undertaken. The meeting was informed that the 4th cohort of overseas nurses had taken place.</p> <p>TRR risk 1862 – JA asked for an update on this risk. MA confirmed that Cannock had been engaged and the final version is with Medical Illustration. MA to speak to Mr Badger and Jo Colgan for an update. LF informed the meeting that Mr Badger has future proofed the consent form, with the new Head of Safeguarding to incorporate the Care Act for April 2015 and the standards within mental capacity and consent.</p> <p>Resolved: Report was accepted.</p>	<p>SK</p> <p>MA</p>
5	Sub Group Reports	
5.1	<p>Patient Safety Improvement Group minutes – C Etches</p> <p>The minutes of the November and December Patient Safety Improvement Group were accepted by the Committee. Noted December meeting was not quorate.</p>	

The Royal Wolverhampton NHS Trust

Item No		Action
5.2	<p>Chairman's Report</p> <p>LF presented the Chair's reports for November and December. CCH is now included in the reporting process.</p> <p>WHO checklists mostly compliant in theatre areas, but concerns in dentistry remain.</p> <p>SBARD transfer checklists being developed and rolled out.</p> <p>The meeting noted that there was continuing discussions regarding the Ward Performance Monitoring Reports. It was noted that UHB do not use Health Assure for CQC module only for the indicators and this will be corrected at the next PSIG minutes.</p> <p>The meeting noted that there has been a reduction in personal injury claims.</p> <p>Resolved: Reports were accepted.</p>	
5.3	<p>Quality Standards Action Group Minutes –</p> <p>The minutes of the November and December Quality Standards Action Group minutes were accepted by the Committee.</p>	
5.4	<p>Chairman's Report</p> <p>RE informed the meeting although the Trust is not a pilot site for the implementation of care certification for health care assistants, that since July 2014 all HCA staff new to the Trust have received theoretical training and induction in line with generic competency framework document and has completed the "certificate of fundamental care" before working unsupervised.</p> <p>The QSAG meeting discussed the National Emergency Laparotomy Audit and identified the need to improve surgical handovers. A Doctor and a Nurse group would be assigned to write a policy regarding handover between different clinical groups.</p> <p>The meeting noted the main points from the December 2014 Chair's report. Noted was an Ofsted Inspection in March 2015 for Safeguarding Children.</p> <p>MA informed the meeting that a policy is in draft regarding the Duty of Candour and will be taken to the next policy group.</p> <p>Improvement in IR (ME) R training required for all staff.</p> <p>Following audits in Head and Neck cancer and IBD a review of deployment of dietician resource to be undertaken.</p> <p>LF asked the meeting to note that following the CQC on-going Compliance Monitoring, the Trust was calculated at a band 5 with regards to the assurance received through Intelligence Monitoring Reports. Band 6 is the best.</p>	

The Royal Wolverhampton NHS Trust

Item No		Action
	Resolved: Reports were accepted.	
6	<p>Routine Reporting / Themed Review Items</p> <p>6.0 Trust Clinical Audit Plan – K Emmerson (for Dr Cherukuri)</p> <p>On behalf of Dr Cherukuri, Kelly Emmerson presented the Trust Clinical Audit Plan.</p> <p>KE informed the meeting that this report was a Month 9 Position (April 14 to December 14). Audit completion rate for Trust wide is 46% (212 out of 456 clinical audits). Division 1, completion rate is 50% and Division 2 is 44%.</p> <p>JA asked why we are expecting only half of the audits to be completed for month 9. KE replied that the Directorates say what can be achieved or some only do audits 12 months at a time. KE explained that there is a spike in Q4, indicated in the appendices. The Directorates seek agreement from the Division for an audit to be abandoned. This could be due to staffing levels, pressures within the system etc. KE mentioned that sometimes audits being abandoned maybe because the Directorate has over estimated what they can achieve. Excluding the 85 National Audits for which the Trust has no influence or control regarding the completion timescales, 50% completed (187 out of 371 clinical audits Trust wide).</p> <p>Of the 212 completed audits, 144 have had the outcome reviewed as follows:</p> <p>Fully compliant = 33% (47 out of 144) Minor non-compliance = 48% (70 out of 144) Moderate non-compliance = 11% (16 out of 144) Significant non-compliance = 8% (11 out of 144)</p> <p>KE informed the meeting that the Strategy and Policy is being re-written and will be discussed at the next Policy Group meeting in February.</p> <p>The meeting discussed the appendixes and the lower compliant directorates were noted. KE feels that this may be due to the National Audits which we do not always comply with and Directorates taking on too much. The Directorates which do not comply are discussed on a monthly basis and are asked to attend monthly meetings to explain why.</p> <p>The meeting thanked KE for the report and presentation and it was agreed that it was very well presented and all questions answered, offering assurances to the meeting.</p> <p>Resolved: Report was accepted.</p> <p>6.1 CQC Compliance – T Athwal</p> <p>TA presented the CQC Compliance report to the meeting.</p> <p>TA explained that this report was following a request from this meeting in October 2014 asking for a full review of the outcomes. Meetings took place with the Outcome Owners to review the outcomes. Leads have been asked to include Cannock Services and where not reflected in this report, the information will be available in the next update.</p> <p>TA asked the meeting to note the following points which are amber:</p>	

The Royal Wolverhampton NHS Trust

Item No		Action
	<p>Outcomes 1/4 & 6 - have yet to be reviewed, although a meeting had been arranged with Heads of Nursing it had to be cancelled due to work pressures, the meeting has been rescheduled early February.</p> <p>Outcome 2 – Remains amber due to two staged consent process still remained at 50% compliance across the Trust, this risk is being monitored via Trust Risk Register.</p> <p>Outcome 7a – Remains amber due to requirement for policies to be updated following new guidance.</p> <p>Outcome 11 – Following a review of CCH position a risk has been identified in relation to equipment training due to capacity, additional staff numbers from CCH requiring medical device training. Actions are being monitored via Medical Devices Group.</p> <p>TA informed the meeting that the Trust is in the process of transition from CQC Outcomes to CQC Domains (i.e. Safe, Effective, Caring, Responsive, Well Led) as a result of this work data reviewed will be mapped to a domain which will provide baseline picture against each domain. Until this work is completed the QAO will continue to review evidence with the outcome leads to ensure that all evidence provided in support of compliance is linked appropriately to the system which is current and relevant to the outcome. This is in support of a recommendation made following the Internal Audit that was carried out in October 2014.</p> <p>A pilot Internal Quality Review will take place on 27 January 2015 within Head & Neck Directorate (Ward A23). Staff from Medical, Nursing, Pharmacy and Dietetics will be undertaking the review. JA will be in attendance representing the NED's. The evaluation from this review will be presented to QSAG.</p> <p>The meeting thanked TA and commented on the good report.</p> <p>Resolved: Report was accepted.</p>	
7	<p>Issues of Significance for Trust Board – Chair</p> <p>Integrated Quality & Performance Report – October 2014 Board Assurance Framework (BAF) / Trust Risk Register TRR Patient Safety Improvement Group (November & December 2014) Quality Standards Action Group (November & December 2014) Trust Clinical Audit Plan CQC Compliance</p>	
8	<p>Evaluation of Meeting – ALL</p> <p>The attendees agreed that plenty had been discussed in the allocated 2 hour time. RE praised the Chair for a good meeting.</p>	
9	<p>Any Other Business – ALL</p> <p>There was no other business to discuss.</p>	

The Royal Wolverhampton NHS Trust

Item No		Action
10	<u>Date and time of Next Meeting:</u> Wednesday 18 February 2015 2.30pm to 4.30pm, Conference Room, Hollybush House	

The Royal Wolverhampton NHS Trust

COMMITTEES ACTION SUMMARY REPORT

ITEM	Action to be taken raised from the meeting	Lead	Committee Date	Review date	Update
4.2 – Jan 15	JV asked about risk 3354 why it had changed for the worse. SK to look into this and update via e-mail and at the next meeting.	SK	Jan 15	Feb 15	
4.2 – Jan 15	TRR risk 1862 – JA asked for an update on this risk. MA confirmed that Cannock had been engaged and the final version is with Medical Illustration. MA to speak to Mr Badger and Jo Colgan for an update.	MA	Jan 15	Feb 15	
4.2 – Nov 14	RE asked if the following could be inserted after <i>Labour Ward</i> and before <i>This causes a:</i> <i>“Additional 20hrs consultant presence includes emergency gynaecology cover which is outside the safer childbirth/NHSLA requirement”</i> .SK agreed to amend.	SK	Nov 14	Jan 15 Feb 15	SK to complete by February 2015.
4.1 – Oct 14	CE to seek clarification on the safety thermometer due to duplication of percentage numbers on the axis of the chart.	CE	22.10.14	19.11.14 21.01.15 Feb 15	CE asked if this agenda item could be brought forward to the January meeting. This was agreed. Bring Forward

The Royal Wolverhampton NHS Trust

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
6 – Oct 14	TA to update the meeting in January regarding the CQC Compliance report.	TA	22.10.14	21.01.15	Updated and closed at the January meeting
4.2 – Nov 14	SK to add reasoning behind each removed or downgraded risk on the BAF / TRR.	SK	Nov 15	Jan 15	Completed - Remove
4.2 – Nov 14	Page 1 – Risk 2965 - Negative Evidence – to read: <i>define controls to specific Never Events applicable to each service Never Events.</i>	SK	Nov 15	Jan 15	Completed - Remove
4.2 – Nov 14	Page 3 – Risk 3330 – Potential risk description – remove Mid Staffordshire NHSFT and insert: <i>The County Hospital, managed by University Hospital of North Midlands.</i>	SK	Nov 15	Jan 15	Completed - Remove
4.2 – Nov 14	Page 4 – Risk 3354 – reword the Mitigating Actions in place, second box.	SK / MA	Nov 15	Jan 15	Completed - Remove
4.1 – Oct 14	CE to add more information to the early neonatal death report, with a brief explanation of the reasoning.	CE	22.10.14	19.11.14 21.01.15	CE asked if this agenda item could be brought forward to the January meeting. This was agreed. This has been resolved and documented in a different meeting by Debra Hickman, Head of Midwifery.