

Minutes of the Quality Governance Assurance Committee held on the:

Date **Wednesday 22 October 2014**
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
	C Etches (CEt)	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)	Quality Assurance Lead
Apologies:	R Edwards (RE)	Non-Executive Director
	Dr J Odum (JO)	Medical Director

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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>The meeting asked that item 5.4, 4th line should read £2.6 million NHS position.</p> <p>RESOLVED: Quality Governance Assurance Committee held on 24 September 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</p>	
4	<p>Regular Reports</p>	
4.1	<p>Integrated Quality & Performance Report – G Nuttall / C Etches</p> <p>GN presented the Performance Report.</p> <p>The meeting was informed that in September there were 59 cancelled operations for non-medical reasons, 41 for no beds, mostly in Orthopaedics, also from the hangover of Norovirus. There was a high number in Gynaecology, due to medical outliers.</p> <p>A&E continued to see an increase in numbers in September, with an additional 1,040 patients compared to the same period last year. The meeting was informed that the Trust did not achieve either Type 1 or all Types for the month; the fine is likely to be around £53,200.</p> <p>Ambulance fine for September will be £10,400.</p> <p>GN reported to the meeting that there is a planned failure for the 18 weeks RTT because of catch up for those waiting over time... GN confirmed that the Trust will not be paying the fine for a planned failure as NHS England has supported this initiative; discussions are underway with the CCG. This item was discussed in-depth at the Finance meeting earlier in the day.</p> <p>GN informed the meeting that the 62 day wait for first treatment (cancer) was at 84.20%. The TDA have picked up with Monitor issues regarding late referrals from other Trusts. The meeting discussed at length and following these discussions agreed to discuss further after advice has been received from TDA.</p> <p>JA asked if the issues of manpower within Urology are going to be resolved also informed the meeting the Trust has tried to recruit a Consultant but have failed. Discussions are being held with Telford and Shrewsbury to have joint appointments. JA asked for assurances that the robot, used in urological surgery, is not causing smaller numbers to</p>	

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	<p>operate on a given list. DL confirmed that it was not. Discussion took place regarding the recruitment of Urology Consultants.</p> <p>CE presented the Quality Report.</p> <p>CE expressed disappointment at the number of complaints received during September, 42 complaints, in comparison to 28 received the same period last year. During September there were 6 complaints re-opened (2 the previous year). Division 1 had 5 re-opened complaints and Division 2 had 1 complaint. In September there were 27 closed complaints, with this 14 complaints were responded to within 25 days, 7 between 25 to 35 working days and 6 complaints took longer than 36 working days to investigate and respond. The overall Trust response rate for September is 63%, down from last month of 64%. CE confirmed that the new Patient Experience Lead had put new process in place and it was hoped that the response times might be shortened.</p> <p>CE reported that the Friends and Family Test results was mixed for each Division, but in Q2 there were some improvements.</p> <p>CE informed the meeting that A&E Friends and Family Test response rates are below target but the Inpatient Friends and Family Test responses rate are slightly above target but overall the response rates were disappointing.</p> <p>CE to seek clarification on the safety thermometer due to duplication of percentage numbers on the chart. But the overall position is improved</p> <p>There continues an overall increase in catheters & UTI's.</p> <p>In regards to Serious Incident reporting there were 30 incidents to STEIS in September. Of these 28 were reported within the time frames. The total fines for the Trust in September are £1,000 for delay in reporting within 48 hours.</p> <p>CE informed the meeting that the Patient and Carer Voice had been removed from the report following a request from the Heads of Nursing as they feel that the information is not helpful for them to improve the service to the patients. There will be electronic and comment cards for patients / visitors etc to complete.</p> <p>There has been an increase in C Section rates. There has been a decrease in grade 3rd and 4th tears. However, there were 2 x 3C and 3 x 3B degree tears.</p> <p>CE reported there has been a slight reduction in Midwife to Birth Ratio with employment of 16 Midwives (newly qualified and 2 from overseas). The ratio is now 1:30.</p> <p>JA asked about the 3 early neonatal deaths in the Trust in September. CE agreed to add more information to the report with a brief explanation of the reasoning.</p> <p>CE informed the meeting that the latest SHMI report for the Trust was positive news. Currently the Trust has the 22nd (out of a total of 141 acute Trusts), lowest SHMI in England and the 3rd lowest SHMI in the region.</p> <p>HSMR is showing 102 as expected. The Trust is aiming to get the HSMR figure under 100.</p> <p>JA asked about the cancelled operations in Cardiac Surgery and Gynaecology and asked if there was a way this could be managed better either by increased efficiency of time or not</p>	<p>CE</p> <p>CE</p>

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	<p>overbooking the lists. GN replied that there is an RCA completed on each cancellation to ascertain the reasoning. GN reviews the report weekly and forwards to the surgeons. Theatre Utilisation is also reviewed on a weekly basis.</p> <p>Resolved: Report was accepted.</p>	
4.2	<p>Board Assurance Framework / Trust Risk Register – M Arthur</p> <p>MA presented the Board Assurance Framework and Trust Risk Register to the meeting.</p> <p>The Board Assurance Framework has 2 red risks, 2965 (Failure to Reduce Never Events) and 3645 the short term impact on the Trust of service sustainability at Mid Staffordshire NHSFT.</p> <p>The Trust Risk Register has 1 red risk – 514 (Failure to deliver recurrent efficiency gains and CIPs).</p> <p>Staffing and Nursing issues have been highlighted on wards A5 and A7 (risks 2828 and 3431).</p> <p>Risk 3256 – premises at West Park does not conform to professional standards for Audiology has been removed from the TRR and is now managed on the local Directorate risk register.</p> <p>Risk 3685 – staffing levels and quality of nursing care on Ward A6 have been removed from the TRR and are now managed on the local Directorate risk register.</p> <p>Risk 2965 – after discussion, it was agreed to downgrade this to Amber.</p> <p>Risk 3353 – after discussion, it was agreed to move from the BAF to the Directorate’s risk register.</p> <p>Risk 2962 – after discussion, it was agreed to move to the local Directorate risk register.</p> <p>Risk 3354 – after discussion, it was agreed to move from the BAF to the Director’s risk register.</p> <p>Risk 2927 – after discussion, it was agreed that MA would speak to Maxine Espley.</p> <p>The above will be recommended to the Trust Board.</p> <p>DL asked for the Mid Staffordshire NHSFT to be changed to County Hospital managed by the University Hospital of North Midlands.</p> <p>CE asked if Appendix A – Tracking changes within BAF, was still needed in the report. The meeting agreed to remove this appendix but keep in appendix B.</p> <p>JA raised concerns on the TRR regarding risk 2905. GN updated the meeting that a meeting</p>	MA

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	<p>will take place at the end of November regarding which e-prescribing system will be piloted.</p> <p>JA asked if risk 3494 (Lack of interventional radiology rota for Black Country Vascular network) needs to be kept on the risk register. The meeting agreed to ask Dr Odum to update the next meeting on this risk.</p> <p>GN informed the meeting that a job planning pilot was being launched in relation to risk 1713 (Failure to effectively maximise workforce productivity; failure to routinely review consultant job plans). Gastro and Renal will be the pilot areas then a phased rolled out.</p> <p>Resolved: Report was accepted.</p>	<p>JO</p>
5	Sub Group Reports	
5.1	<p>Patient Safety Improvement Group minutes – C Etches</p> <p>The minutes of the September Patient Safety Improvement Group were accepted by the Committee.</p> <p>5.2 Chairman’s Report</p> <p>CE presented the Chair's reports for September.</p> <p>CE informed the meeting of concerns regarding a delay in fast track discharge of palliative care patients with lung cancer to be investigated. CE confirmed the GN was looking into this and would report back to the PSIG meeting.</p> <p>Dr Wilmer to report at the next PSIG meeting regarding the new model for future VTE assessment reporting. Update on this at the next QGAC meeting.</p> <p>CE informed the meeting that the Deteriorating Patient Group had been disbanded; discussion will take place to see if the Resuscitations Group could oversee this work.</p> <p>CE reported that work was on-going to harmonise the audit criteria in Resuscitation.</p> <p>The meeting was informed that an application for the use of nasal bridle fixation devices in adults was approved, pending development of clinical practice and clarification around obtaining consent.</p> <p>Resolved: Report was accepted.</p>	
5.3	<p>Quality Standards Action Group Minutes – C Etches (in the absence of Dr Odum)</p> <p>The minutes of the September Quality Standards Action Group minutes were accepted by the Committee.</p>	

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5.4	<p>Chairman's Report</p> <p>In the absence of JO, CE presented the Chair's report for the September.</p> <p>CE reported that the on-going compliance with CQC staffing request is still an on-going problem due to £2.1 million funding gap for staffing.</p> <p>CE informed the meeting that Emma Janes had done a presentation regarding CQC mock inspections has changed and is now called the Internal Quality Review Programme to the QSAG meeting and the plans were looking quite good. Training will take place throughout November and the visits in December. The meeting agreed that staff from Divisions, Directorates and Corporate would be used.</p> <p>Emergency laparotomy audit highlighted action points to be taken forward. Updates to the QSAG meeting in November.</p> <p>CCG CQR regarding maternity services highlighted issues over vulnerable women. To be further discussed at QSAG in 2 months.</p> <p>National tracheostomy audit RAG rated amber. Matron Morgan has identified senior nurses in the critical care team to undertake this work. Actions being taken forward.</p> <p>Resolved: Report was accepted.</p>	
6	<p>Routine Reporting / Themed Review Items</p> <p>CQC Compliance – Taj Athwal</p> <p>TA presented the CQC Compliance report.</p> <p>TA informed the meeting that not all reports have been received by the leads. More regular updates are now being requested from the leads, bi-monthly summary updates are requested via the Health Assure System.</p> <p>TA reported that the CQC had published their provider handbook in September which details how the CQC will undertake future inspections and how the ratings systems will be applied. The Key Lines of Enquiry (KLOE) are contained within the handbooks. These will be used by the CQC to support their review of organisations and affect the rating allocated to this Trust.</p> <p>Two new requirements have been identified; the fit and proper person requirement and the Duty of Candour will apply from mid November 2014.</p> <p>Three outcomes have been identified to be reviewed during the internal audit: Outcome 2 – Consent, Outcome 7a – Adult Safeguarding, Outcome 21 – Records.</p> <p>Discussions took place regarding the internal inspection teams. The meeting agreed that workshops would be undertaken for anyone who wants training on internal audits. MA to do a brief presentation at the next Senior Managers Brief.</p>	

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	<p>Governance workshops are to be undertaken at Cannock.</p> <p>The meeting agreed that an update would be brought to the January meeting.</p> <p>Resolved: Report was accepted.</p>	<p>TA</p>
<p>7</p>	<p>Issues of Significance for Trust Board – Chair</p> <p>Integrated Quality and Performance report for September 2014 BAF/TRR report PSIG report for September 2014 QSAG report for September 2014 CQC compliance</p>	
<p>8</p>	<p>Evaluation of Meeting – ALL</p> <p>It was agreed that this meeting was a good, enjoyable and informative meeting.</p>	
<p>9</p>	<p>Any Other Business – ALL</p> <p>JV mentioned that Ebola was on the Trust Board agenda. The Board will assure the attendees to the Trust Board meeting on Monday that the Trust is prepared for any cases that may come to the Trust. All guidance will be followed.</p>	
<p>10</p>	<p><u>Date and time of Next Meeting:</u></p> <p>Wednesday 19 November 2014, 2.30pm to 4.30pm, 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 – Oct 14	CE to seek clarification on the safety thermometer due to duplication of percentage numbers on the chart.	CE	22.10.14	19.11.14	
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	
4.2 - Oct 14	MA to speak to Maxine Espley regarding Risk 2927	MA	22.10.14	19.11.14	
4.2 – Oct 14	JO to update the meeting on risk 3494.	JO	22.10.14	19.11.14	
6 – Oct 14	TA to update the meeting in January regarding the CQC Compliance report.	TA	22.10.14	21.01.15	
4.1	LG to investigate and report back the reasoning behind the increase in medication incidents within Division 1 and Division 2.	LG	24.09.14	22.10.14 19.11.14	CE reported that the allergy boxes were not being completed prior to medication being distributed to the patient. CE received this explanation from Professor Ray Fitzpatrick. Lynne Fieldhouse is now on the Medication Management Group and will investigate this. Bring forward to next meeting.
4.2	CE to meet with all of the Executives regarding re-wording of their risks.	CE	24.09.14	22.10.14 19.11.14	MA to meet with all of the Executives regarding the re-wording of their risks. Bring forward to next meeting.
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	GN	25.06.14	23.07.14	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

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	<p>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.</p>			<p>Review date October 2014</p>	<p>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.</p> <p>GN reported that the business case did not go to TMC in November. A revised draft version is being amended. GN explained the new case and the issues which have arisen from discussions. GN confirmed that the business case will need to be approved and in place by 16 January 2015.</p>
3	<p>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.</p>	GN	28.05.14	<p>25.06.14</p> <p>23.07.14</p> <p>Review October 2014</p>	<p>Not yet fully resolved, however action already taken on this report to track amendment. GN still working on this issue.</p> <p>GN reported that processes are in place, for example tracking but assurance cannot yet be given.</p> <p>LG to speak to GN in readiness for an update at the October meeting</p> <p>GN reported to the meeting that at the moment there is no separate system other than the current tracker and log. GN assured the meeting that a business case tracker process is in place where people update the Finance Group 3 and 6 months.</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
4.1	LG to confirm in writing to RE that a 2 nd Ultra Sound Machine had been purchased.	LG	24.09.14	22.10.14	Action completed - close
4.1	CE to speak to Diane Pugh regarding the stress related issues within the Trust and if there are any “hot spots”.	CE	24.09.14	22.10.14	Action completed - close
4.2	LG to look at the different figures regarding births and if the annual report includes home births.	LG	24.09.14	22.10.14	CE confirms that the figures include all births (home, prior to arrival and on site births). Close
4.2	CE to ask Infection Prevention Project Team to present a report to this meeting regarding urinary catheter removal in the Community.	CE	24.09.14	22.10.14	CE confirmed that the report will be at the November meeting.
4.2	MA / SK to make the key words in the BAF and TRR in bold.	MA / SK	23.07.14	24.09.14 22.10.14	MA informed the meeting that this would be completed by the October Meeting. MA reported that some parts of the report are in bold but the text has not been changed. Close
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	24.09.14 24.09.14	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 CE confirmed that this had been done when Charlotte Hall had returned from annual leave. CE confirmed that this had not been removed from previous report. This item can now be closed.