

Minutes of the Quality Governance Assurance Committee held on the:

Date **Wednesday 20 July 2016**

Venue **Conference Room, Hollybush House**

Time **2.00pm to 4.00pm**

	Name	Role
Present:	R Edwards (RE) (Chair)	Non-Executive Director
	Dr J Anderson (JA)	Non-Executive Director
	K Emmerson (KE) (on behalf of M Arthur)	Healthcare Governance Manager – Division 2
	C Etches (CE)	Chief Nursing Officer
	J Hemans (JH)	Non-Executive Director
	G Nuttall (GN)	Chief Operating Officer
Apologies:	M Arthur	Head of Governance & Legal Services
	D Loughton	Chief Executive
	M Martin	Non-Executive Director
	Dr J Odum	Medical Director

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1	<p>Apologies for absence</p> <p>Apologies were noted.</p> <p>1A Declarations of Interest</p> <p>There were no Declarations of Interest.</p>	
2	<p>Minutes of Previous Meeting – Quality Governance Assurance Committee</p> <p>The meeting asked for the following changes to be noted:</p> <p>Page 4,3rd full paragraph: Unfortunately the traditional model failed whereas the other model worked well but still resulted in late observations.</p> <p>Page 5, last paragraph: Insert action for CE. CE confirmed that the risk would be moved in readiness for the next meeting in September.</p> <p>Page 11, section 6, last paragraph: QGAC should read CQC.</p> <p>Page 11, section 7 first paragraph: insert None other than the</p> <p>Page 13, paragraph 3: should read QSAG not QSAF.</p> <p>RESOLVED: Minutes of the Quality Governance Assurance Committee held on 22 June 2016 were approved as a correct record.</p>	
3	<p>Matters arising from the Minutes</p> <p>The matters arising from the Minutes were updated on the action log sheet and closed accordingly.</p>	
4	<p>Regular Reports</p>	
4.1	<p>Integrated Quality & Performance Report – C Etches & G Nuttall</p> <p>CE presented the Quality section of the report.</p> <p>CE informed the staff turnover remains below the Trust target of 13.2% but is above the national rate of 10%. CE explained to the meeting that following on from the staff survey results there were a number of positive points. CE informed the meeting that Linda Holland will be taking a paper to the Board on Monday regarding staff recruitment and the challenges the Trust is currently facing.</p> <p>During the month of June 47 complaints were received, this is an increase of 31.9% compared to the same month last year. The meeting was advised that the complaint may not relate to the month it could be the month(s) or years before. No one Directorate is the main</p>	

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	<p>course of the increase, the complaints are spread out over all Directorates. The increase in themes is around delays. New complaints training is very well attended by managers. CE assured the meeting that the confirm & challenge meetings are still on-going when there is a breach. However, there is an improvement in breaches.</p> <p>CE informed the meeting that the Family & Friends test has a lot of sway nationally, what people think about our organisation in Department of Health, NHSE, NHSI etc. Generally there is a good news story for both Divisions in regards to the response rate. CE reported that 5 of the lowest reporting areas have had data fed back to them to consider improvements.</p> <p>Emergency Department response rates are always higher than the England figures but slightly below the Trust target. The recommendation rates are always lower than the England target.</p> <p>Within Maternity rates within Care on a Postnatal Ward is always below the England standards. However there has been an increase within Antenatal Care, Care at Birth and Postnatal Community Care.</p> <p>Within late observations there has been a decrease within Division 1 but an improvement in Division 2. Clair Hobbs is working with Division 2 to ascertain what they are doing different and share with Division 1.</p> <p>There was 1 Duty of Candour in June and following investigation it was deemed to be a human error.</p> <p>CE reported that pressure ulcers (avoidable and unavoidable) had been halved in the month of June.</p> <p>Safety thermometer indicated that the Trust was 1.43% below Trust target. In June there were no patients with catheters who had a UTI. The meeting noted that there was an increase in new VTE's and patients with any harm from a fall. Both GN & CE informed the meeting of the recent Audit Awards and the overall winner was a FY2 who had completed an audit on elderly patients who fall and if they had a visual impairment, i.e. did the patient normally wear glasses and were they wearing them at the time of the fall. The meeting discussed this in-depth and applauded the FY2 on his audit.</p> <p>Falls per 1,000 OBD – Acute Trust and Community are just below the Trust target.</p> <p>CE informed the meeting that 10 Infection Prevention sessions have been held throughout the Trust and were very well attended. There was a reduction of C.Diff in June, however to date there have been 5 cases in July.</p> <p>CE advised the meeting that next month there will be specific actions in regards to radiation incidents.</p> <p>CE informed the meeting that the targets for safeguarding have been removed as they were not helpful. The meeting agreed that increases in Safeguarding referrals are to be welcomed, as they indicate greater awareness of the need to refer. For adults there are increasing numbers of RWT self-referrals. It was agreed that the possibility of providing information on the sources of the referral would be considered for future reports.</p>	

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	<p>Midwife to Birth ratios is at 1:30 which is correct for this Trust. In June there was 1 baby being cooled here. Bookings by 12 weeks and 6 days are above target. JA expressed disappointment in the reduction of breast feeding initiated figure (reduction from 66.9% to 61.6%) and considered that there will be a number of factors involved, including general attitudes towards breastfeeding.</p> <p>GN presented the Performance section of the report.</p> <p>The meeting was informed that there had been 34 cancelled operations during June and the Trust achieved the target in quarter 1. This indicated a significant improvement.</p> <p>GN expressed disappointment that the Trust had failed the 18 weeks incomplete target. This was due to the impact of the Orthodontics waiting list and the Junior Doctors' strike.</p> <p>Number of patients waiting over 52 weeks has seen another reduction from 132 to 100 in June. GN advised the meeting that length of time it would take to clear the waiting list for Orthodontic patients had been brought forward from March 2018 to December 2017 and this was being done while still accepting new cases, so that the Trust is not adversely affecting other providers.</p> <p>GN detailed to the meeting that target of less than four hours total time spent in Emergency Department at New Cross had increased to 88.39%, which is a slow improvement. The Trust target is 95%. The, Walk in Centre and Cannock MIU were 100%.</p> <p>GN informed the meeting that she was disappointed that the Trust had missed the quarter 1 target for 31 Day to First Treatment at 95.86% (the Trust target is 96%). Also failing the quarter 1 target were 31 Day Sub Treatment – Surgery, 62 Day Wait for First Treatment and 62 Day Wait – Screening. GN informed the meeting that Wolverhampton CCG had raised a contract query with Dudley over late referrals from Urology, which is a welcome intervention.</p> <p>GN reported that the Delayed Transfers of Care showed a slight improvement in June but remained above the Trust target and were increasing for people living in Wolverhampton and there are gaps in staffing in Social Services. Responding to JA, she said the actual number of delayed transfers was 35.</p> <p>JA raised concerns about the discharge summary for the Assessment Units were all below targets for June. The introduction of Quick discharge summaries led to some improvement, but this has not been sufficient to achieve the target and has leveled out. CE said this is a Clinician led initiative, with strong commitment from the Lead and while further action is required, it is not apparent what should be done.</p> <p>JA noted that the graph for high risk patients assessed and treated within 24 hours while, at 66% still above the target of 60%, had declined from previous levels of over 90% in October 2015.</p> <p>RE noted that the number of emergency admissions via Emergency Department was showing a continued reduction compared with the previous year and previous month of this year, indicating that the system introduced was working.</p> <p>Resolved: Report was accepted</p>	

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4.2	<p>Board Assurance Framework / Trust Risk Register – K Emmerson on behalf of M Arthur</p> <p>KE presented the Board Assurance Framework and Trust Risk Register to the meeting.</p> <p>Board Assurance Framework (BAF):-</p> <p>KE reported that there were:</p> <p>0 new risks.</p> <p>4 red risks:</p> <p>SR1 - Workforce - Recruitment and Retention of staff across the Trust and in particular the future pipeline of nursing and medical staff SR8 - That there is a failure to deliver recurrent CIP's.</p> <p>SR9 - That the deficit plan for 2016 is not achieved and the medium term financial plan fails to bring the Trust back to surplus.</p> <p>SR10 - That the Trust fails to generate sufficient cash to pay for its commitments.</p> <p>SR6 - Potential impact on income due to enacted intentions of Commissioners. Downgraded from RED to YELLOW.</p> <p>SR4 - Risk of adverse impact on the Trust following service transfer in November 2014 due to underlying financial gap of £6million – moved from COO to CFO</p> <p>1 risk removed:</p> <p>SR12 - That the retention and development costs of staff are unaffordable (COO) - amalgamated into SR1 (DHR).</p> <p>The meeting noted the work done by Finance & Performance in monitoring the management of BAF risks</p> <p>Trust Risk Register Key Issues</p> <p>KE reported that there were:</p> <p>9 new risks:</p> <p>4540 - Non-compliance with Mandatory Training (Div 1) (COO) 4523 - Failing Heater Cooler Units (COO) 4556 - Cooling System Failure in Pathology (COO) 4558 - Off Label use of Needles Labelled For Spinal Use (MD) 4559 - Non- availability of Long Luer Connected needles for non-neuraxial procedures (MD) 4581 - Fines for contract performance – (CFO) 4582 - Trust notified by Pensions Agency of significant cost (CFO) 4583 - Delivery of improvement trajectories (CFO)</p>	

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	<p>4584 - Significant financial pressures in the NHS (CFO)</p> <p>3 risks removed:</p> <p>4239 - Vacancies in Middle Grades and Junior Doctors Rotas (COO). Now managed on Directorate risk register. 4287 - Cardiac Arrest Bleep Interruptions in Service (MD). Now managed on Directorate risk register. 4364 - Cost of overseas Nurse Recruitment (£1.5m) (CFO). Closed Outright.</p> <p>4 red risks:</p> <p>4161 - Shortage of Qualified Nurses across the Division (COO) 2080 - Risk to quality of patient care: reduced manpower (COO) 4172 - Supply Disruption of Baxter Colleague Pump compatible IV administration sets and Baxter blood admin sets (COO). 4472 - Delays in Cubicle Assessment and Triage (COO). 4581 - Fines for contract performance (CFO)</p> <p>JA asked about risk 4523 failing heater cooler units. CE said that this was a national and international problem. Public Health England were involved in seeking a solution. RWT were managing the risk through an increased frequency of decontamination, which is costly in time and also damages the machines. A STEIS reportable incident had come to the Board previously.</p> <p>RE expressed concern about risk 4556 cooling system failure in Pathology and commented that it came at an unfortunate time, when we would be looking to act on the Carter recommendations for efficiency and take on more work from other Trusts.</p> <p>Resolved: Report was accepted.</p>	
5	Sub Group Reports	
5.1	<p>Patient Safety Improvement Group minutes – June – C Etches</p> <p>The meeting accepted the minutes</p> <p>Chairman’s Report</p> <p>1. Ward Performance Late observations continue to challenge both Divisions. A number of areas are trialling different methods of data collection to evaluate their impact on improved performance.</p> <p>Extra support has been placed in the Emergency Department (ED) to support environmental issues including placement of an Environmental Support Worker. A deep clean in Trauma and Orthopaedics should support a better performance in coming months. General Surgery and ICCU are currently graded amber for environment and the Head of Nursing will monitor closely to prevent deterioration.</p> <p>2. Surgical Safety Checklist The ED has been an area of persistent failure to sustain improvement in performance. A</p>	

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	<p>trend around locum usage has previously been reported. ED will be invited to PSIG to present their assurance to the group of improvement planning.</p> <p>National Standards for Surgical Invasive Procedures are being reviewed within the Division to enable implementation of safer practice and the avoidance of surgical Never Events.</p> <p>3. Medication Safety Group The Medication Safety Officer presented a report on statistics around medication related incidents. Key themes include: medication not given or supplied.</p> <p>Work with regional colleagues is taking place to develop some shared KPIs which will enable benchmarking to take place.</p> <p>It is recognised that there is a lot of work to undertake around medication safety and PSIG will be kept up to date regularly on progress. A work/annual plan will be presented to the group.</p> <p>4. Patient Experience (Quarter 4) Improvement noted in both response and recommendation rates (21% and 91% retrospectively). Deep dives occurring in areas where lower % reported to support local understanding.</p> <p>An increase in both complaints and PALs concerns is noted and will be monitored for on-going variance.</p> <p>5. Blood Transfusion Training</p> <p>ED have been noted to have a lower compliance for the mandatory blood transfusion training. ED have been invited to the next PSIG to assure the group of their governance arrangements in the department to support mandatory training</p> <p>Resolved: Report was accepted.</p>	
5.2	<p>Quality Standards Action Group Minutes – May – G Nuttall on behalf of J Odum</p> <p>The meeting accepted the minutes.</p> <p>Chairman’s Report</p> <p>Good progress being made on Dying without Dignity Report – noted that the development of the SWAN programme is assisting with this.</p> <p>Good progress also with the End of Life Care Audit.</p> <p>Noted that the internal CQC internal compliance self-assessment report was felt to be adding value to the directorate and divisional teams.</p> <p>Quality Review Visit for C18 was good.</p> <p>There was general discussion on all the other reports – most noted for information or assurance.</p> <p>These included Radiation Safety group – where some discussion about the HSE notice.</p> <p>CQC action plan update – being managed in other subgroups as well.</p> <p>Annual reports noted on Keogh Report, Department of Health guidance for the abortion act and the Cavendish Review into Healthcare assistants and support workers.</p> <p>Resolved: Report was accepted.</p>	

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6	<p>Routine Reporting / Themed Review Items</p> <p>There was no routine reporting or themed review items for this month.</p>	
7	<p>Issues of Significance for Audit Committee –</p> <p>There were no issues of significance for the Audit Committee.</p> <p>Issues of Significance for Trust Board –</p> <p>Integrated Quality and Performance Report</p> <p>Complaints: of the 23 cases that took longer than 30 days, 19 had consent to breach, suggesting that the training, which has been well attended and well received, is effective. There is also an improvement in the quality of responses.</p> <p>FFT: improved recommendation rates. 5 lowest reporting areas have had data fed back to them so they can consider improvements.</p> <p>Late observations: Division 2's focus on training has led to improvements - similar approach will be tried in Division 1.</p> <p>Pressure Ulcers: the number of avoidable PUs has been halved since the previous month and the total of PUs is half that in June 2015. The improvement over the last 3 months may be due to a campaign reminding staff of the key principles of PU prevention.</p> <p>Falls: There has been an increase since last month but the rate remains below target, but a recent audit looking at compliance with NICE guidance revealed some interesting lines to follow up including a link to visual impairment which may be undiagnosed.</p> <p>Infection prevention: although above our target for C diff, the graph shows a declining number; however in July there have been 5 cases so far. There have been 10 sessions for staff on IP awareness.</p> <p>Safeguarding adult referrals have gone up, but this may be a good thing, showing greater self-awareness and reporting. QGAC will look into getting information about the different sources of referral for future Q&P reports.</p> <p>Breastfeeding rates have declined to amber; noted public health activity will also have an impact on attitudes towards breastfeeding.</p> <p>RTT: we failed the 18 weeks target, affected by the Junior Doctors' strike and the orthodontic waiting list. The number of patients waiting more than 52 weeks is going down, and the recovery plan has been revised downwards from 2 years to December 2017, and we are keeping our books open, so are not shifting problems to other trusts.</p> <p>ED: 4 hour waits shows an improvement in June, though it is still far short of where we want to be. Emergency admissions via ED show a continuing improvement compared with 2015 and previous months, suggesting that the new approach is effective.</p> <p>Cancer waits are disappointing but waiting times are coming down: the number waiting >100 days has gone down from 30 to 8. WCCG has raised the issue of late referrals with one provider.</p>	

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	<p>Delayed transfers of care are slightly improved this month but remain above target. This affected 35 patients. Difficulties in staffing in the LA are one of the underlying issues.</p> <p>Discharge summaries: still below target and have leveled out. The introduction of Quick discharge summaries led to some improvement, but has not been sufficient to get to the target. Further reflection needed on additional actions.</p> <p>BAF/Trust Risk Register</p> <p>No new risks.</p> <p>We have four red risks, and the risk rating of each has been reviewed.</p> <p>SR1 - Workforce - Recruitment and Retention of staff across the Trust and in particular the future pipeline of nursing and medical staff</p> <p>SR8 - That there is a failure to deliver recurrent CIP's.</p> <p>SR9 - That the deficit plan for 2016 is not achieved and the medium term financial plan fails to bring the Trust back to surplus.</p> <p>SR10 - That the Trust fails to generate sufficient cash to pay for its commitments.</p> <p>SR6 - Potential impact on income due to enacted intentions of Commissioners. Downgraded from RED to YELLOW.</p> <p>SR4 - Risk of adverse impact on the Trust following service transfer in November 2014 due to underlying financial gap of £6million – moved from COO to CFO</p> <p>1 risk removed.</p> <p>SR12 - That the retention and development costs of staff are unaffordable (COO) - amalgamated into SR1 (DHR)</p> <p>Noted the work done by F&P to monitor the management of BAF risks.</p> <p>TRR: being actively managed, with new risks added, and risks removed and closed or moved to directorates.</p> <p>QGAC Terms of Reference</p> <p>Reviewed. No changes required.</p> <p>Patient Safety Improvement Group</p> <p>Extra support in ED for environmental issues including more hotel services activity and an Environment support worker; a deep clean in trauma and Orthopedics; general surgery and ICCU currently graded amber and Head of Nursing is monitoring closely.</p> <p>Surgical safety checklist: persistent failure to sustain improvement - ED was invited to attend PSIG and did so on 15 July to explain what they were doing about their performance.</p> <p>National Standards for Surgical Invasive Procedures are being revised in the division to enable implementation of safer practice and the avoidance of surgical never events.</p> <p>Medication Safety Group: the Medication Officer presented a report on statistics concerning medication related incidents. Key themes include medication not given or supplied. Work with regional colleagues to enable benchmarking to be done.</p>	

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	<p>Blood transfusion training: ED were also invited to PSIG in July to explain what they are doing to support mandatory training.</p> <p>Quality Standards Action Group</p> <p>Good progress made on Dying without Dignity report; the Swan programme is assisting with this. The End of Life care audit showed good progress.</p> <p>Internal CQC internal compliance self-assessment process though initially seeming complex was felt by those engaged in it to be adding value, and they spoke enthusiastically about it.</p> <p>Quality Review Visit to C18 found good performance in all domains. Considered the time taken, especially clinician's time, and what more could be done to streamline the process, and the benefits.</p> <p>Audit Committee - no issues identified.</p>	
8	<p>Evaluation of Meeting – ALL</p> <p>Early finish due to no routine reporting or themed reviews. Meeting was quorate. Detailed discussion on the Integrated Quality & Performance Report.</p> <p>CE asked if her presentation on the Integrated Quality & Performance Report was too detailed. RE considered it was helpful at this meeting when there were no other reports and when JH was attending for the first time. JH confirmed he had found it very informative. JA considered this level of discussion was required routinely in order to fulfil QGAC's Terms of Reference.</p>	
9	<p>Any Other Business – ALL</p> <p>QGAC – Terms of Reference – K Emmerson on behalf of M Arthur</p> <p>The following changes were made to the Terms of Reference:</p> <ul style="list-style-type: none"> • Administrative Support – will now read Governance & Legal Services will provide administrative support • Monitor Quality Governance Framework and Monitor Well Led Framework will be changed to NHSI • Subgroups to include CLIP 	
10	<p><u>Date and time of Next Meeting:</u></p> <p>Wednesday 21 September 2016 2pm, 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
3	<p>JA queried an action from the previous meeting's TRR report in relation to risk 4287. JA asked how a risk could be classed as green when there had been 4 incidents in May. MA assured the meeting that the target grade had been set as green, the current grade is yellow. JA asked why the target figure to respond to a cardiac arrest bleep was only 75% and should it not be a target of 100%. After discussion it was agreed that JO would clarify the figure and report back to this meeting.</p> <p>The meeting also discussed why the risk is on the TRR and not on the local risk register. JO agreed to review and feedback.</p>	JO	22.06.16	20.07.16 21.09.16	In the absence of JO, it was agreed to bring this action back.
		JO	22.06.16	20.07.16 21.09.16	In the absence of JO, it was agreed to bring this action back.

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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	MA noted that risk 4466 had the controls missing, following discussion it was agreed that MA would ask Sukhbinder Khunkhuna to complete.	MA	22.06.16	20.07.16	KE confirmed that this action had been completed - CLOSE
4.1	GN drew the meetings attention to pages 30 and 31 of the IQ&P report and explained that the Theatre Utilisation graphs were not a national requirement but to show our productivity / electivity performance these graphs would help. RE asked for a small paper which offers assurance on the number of operations booked and how the target was agreed.	GN	18.05.16	22.06.16 20.07.16	Bring forward to next meeting GN informed the meeting that she had not done a small paper. GN proposed that a restructure of the delivery of CIP's would be actioned. GN would be the lead Executive. This would then feed into F&P. GN explained the new improvements within theatres at Cannock and the new staff being taken on at Cannock. The meeting agreed to close this item.