

The Royal Wolverhampton NHS Trust

Minutes of the Quality Governance Assurance Committee held on the:

Date Wednesday 21 September 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
	P Archer (PA) (on behalf of M Arthur)	Governance
	C Etches (CE)	Chief Nursing Officer
	M Martin (MM)	Non-Executive Director
	G Nuttall (GN)	Chief Operating Officer
Attendee:	Dr S Cherukuri (SC)	Trust Clinical Audit & NICE Implementation Lead
Observers:	T Berry (TB)	Deloitte
	J Murray (JM)	Deloitte
Apologies:	M Arthur	Head of Governance & Legal Services
	D Loughton	Chief Executive
	Dr J Odum	Medical Director
	J Vanes	Chairman

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Item No		Action
1	<p>Apologies for absence</p> <p>Apologies were noted.</p>	
1A	<p>Declarations of Interest</p> <p>There were no Declarations of Interest.</p>	
2	<p>Minutes of Previous Meeting – Quality Governance Assurance Committee</p> <p>Page 4, paragraph 10, JA asked for it to be noted that she was discussing the Stroke Unit.</p> <p>RESOLVED: Minutes of the Quality Governance Assurance Committee held on 20 July 2016 were approved as a correct record.</p>	
3	<p>Matters arising from the Minutes</p> <p>Item 4.2 – MM noted that TRR new risks included “risk 4582 Trust not edified by Pensions Agency of significant costs”. This has been discussed at Finance & Performance and she believed it was being resolved. Its appearance on the TRR as a new risk suggested otherwise. The meeting noted that TRR showed this risk as being escalated in November 2015. CEm to check with MA and Kevin Stringer as to the date of escalation and status of this risk.</p> <p>The matters arising from the Minutes were updated on the action log sheet and closed accordingly.</p>	CEm
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 confirmed that there is a slight increase in sickness rate from last year and Human Resources are supporting areas and staff to assist them in applying the Return to Work policy.</p> <p>There are some signs that the new Complaints Policy is having an effect. Improvements in obtaining consent to breach reduced breaches from 29.4% in May 2016 to 16.67% in July and 12% in August. During August there were 38 complaints which is a reduction from 42 in July. In August 50 complaints were closed, 19 were closed within 30 days and 31 took longer than 30 days. Of the 31 which took longer than 30 days 26 had consent to breach and 5 did not.</p> <p>CE informed the meeting that there appeared to be a technical issue with the Friends & Family response via texting. CE to follow this up and report back at a future meeting.</p>	CE

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<p>The meeting noted within the Family & Friends Test that the levels of response and recommendations within Division 1 and Division 2 had picked up but the new response rate would be set at 40% which the meeting thought was unfeasibly high. There was a gap between the Trust's Emergency Department and England's response rates and recommendation rates. A second steep dip in Antenatal care was due to the very low response rate of 4 and CE said this raised concerns about the assurance that could be taken from these figures. Work is being undertaken with Maternity to improve the rates. MM asked the meeting if patients were suffering from "fatigue with surveys".</p> <p>CE reported to the meeting in August there was a mixed sex accommodation breach. The meeting was assured that an RCA would be taking place and an update would be made available at the next meeting.</p> <p>CE informed the meeting that the pilots which were undertaken for late observations have been evaluated and the Trust was moving to a new patient-based method and the effects should start to be seen in the October figures.</p> <p>There were no Duty of Candour breaches in August but there were 2 in July.</p> <p>In August there was a decrease in both avoidable and unavoidable pressure ulcers, however the meeting noted that the figure was not as good as June.</p> <p>Falls Group has reviewed the Falls Policy as they felt the current policy did not support the changes needed. The meeting noted that the falls rate is creeping up towards the maximum target the Trust has set.</p> <p>CE reported that a range of products are available and are being streamlined for catheters and UTIs. The data collected has informed the Trust how often patients are recatheterised which increases the risk of UTI. CE assured the meeting that the Trust remains committed to reducing the number of patients in the community with catheters.</p> <p>The meeting was notified by CE that currently with C. Diff the Trust are 13 cases over target for the year, but this year is at a better position compared to 2015/16. The meeting discussed C. Diff and what, if any, actions could be done to prevent transferring between patients.</p> <p>CE informed the meeting that the Trust is now getting meaningful data regarding medication incidents. There is no national benchmarking data but the Trust now has a Medication Safety Officer and she is taking the data collected back to the local group to get some figures for comparison. Work is being undertaken by the Medication Safety Officer in areas which do not report and this may find good practice or result in higher levels of reporting incidents. A new Head of Pharmacy will be commencing at this Trust at the end of October.</p> <p>Safeguarding: the Trust is still waiting for a report from the recent CQC visit on Looked After Children, but is already taking action based on the feedback. CE does not feel that the report will be significantly different from the feedback.</p> <p>The births to midwives ratio has gone up slightly due to reduced hours worked by the current midwives but the meeting was assured that additional staff will be joining the Trust soon.</p> <p>A never event within Obstetrics and Gynaecology has resulted in a RCA showing a number of control measures failed due to human error and has been forwarded to the CCG.</p>	

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	<p>The meeting was assured that MORAG and CCG looking into the creeping rise in SHMI. A report on bronchitis deaths was produced for MORAG and the report showed that there was good care in most cases and in those where it could have been improved the outcome would not have changed.</p> <p>GN presented the Performance section of the report. The meeting agreed to present by exception as the report had been discussed in detail at the Finance & Performance meeting earlier.</p> <p>GN reported to the meeting that Referral to Treatment figures indicated that the Trust figures are currently ahead of trajectory in Orthodontics.</p> <p>GN informed the meeting that from August the combined figure on page 26 now includes Vocare figures however from September the figure will be distinguishable. From September the Trust will have move from streaming to joint triage.</p> <p>The meeting heard from GN that within cancer waits if tertiary referrals were removed, the 62 day wait for first treatment would be green. There are currently staffing losses within Gynaecology.</p> <p>Concerning theatre utilisation, a report from the Theatre Transformation Group will be going to the Board.</p> <p>Resolved: Report was accepted</p>	
4.2	<p>Board Assurance Framework / Trust Risk Register – P Archer on behalf of M Arthur</p> <p>PA apologised for the late availability of the BAF, which was due to awaiting updates to the register. Governance are looking at ways to improve the process.</p> <p>PA presented the Board Assurance Framework and Trust Risk Register to the meeting.</p> <p>Board Assurance Framework (BAF):-</p> <p>PA 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</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>	

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	<p>Risk change:</p> <p>SR6 - Potential impact on income due to enacted intentions of Commissioners has now formed into SR6b (Black Country or Staffordshire STP has an adverse impact on RWT income or services). MM informed the meeting that Finance & Performance were keeping a close watch on this and were concerned about the lack of any mechanism for dealing with difficulties.</p> <p>Trust Risk Register (TRR):-</p> <p>PA reported that there were:</p> <p>5 new risks:</p> <p>4565 - Delivery of Agency Expenditure (COO) 2836 - Delay in Replacement of Lab 2 (COO). Questioned by MM< GN explained that this is one of 3 pacing labs. It was scheduled for replacement in April 2017. Lab 1 has been replaced and Lab 3 is holding up. 4545 - Demand Outstrips Capacity for MRI scanning. RED risk (COO). Questioned by MM and JA, GN explained that this is a staffing issues and as soon as the need was identified the vacancy was advertised. 4308 - Emergency Buzzer Security (COO) 4609 - Gap between optimal Consultant ward work and current allocation for ward work in job plans – (COO)</p> <p>3 risks removed:</p> <p>4154 - Lack of Rehabilitation Equipment (COO).Closed outright. PA explained that with online system operating and no adverse incidents reported the service is now in line with the contract. 4287 - Cooling System Failure in Pathology (COO). Now managed on Directorate risk register. Asked by RE, GN explained that the actions taken in Pathology have reduced the level of risk and they were very proactive and would escalate again if necessary. 3705 - Gap between optimal Consultant ward work and current allocation for ward work in job plans (COO). Closed outright but new risk 4609 opened to represent all of Division 2.</p> <p>6 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). GN informed the meeting that this issue had now been resolved nationally and would be removed from October's TRR. 4472 - Delays in Cubicle Assessment and Triage (COO). 4581 - Fines for contract performance – (CFO) 4545 - Demand Outstrips Capacity for MRI scanning. (COO)</p> <p>Resolved: Report was accepted.</p>	

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5	Sub Group Reports	
5.1	<p>Patient Safety Improvement Group minutes – July – C Etches</p> <p>The meeting accepted the minutes</p> <p>Chairman’s Report</p> <p>Terms of Reference Amendments were discussed and agreed. Submission to QGAC for final approval.</p> <p>Ward Performance General themes of environmental audits, late observations, staffing and falls continue however there isn’t a strong correlation with these themes in the same areas month on month. Actions are taken locally for themes. Late observations – ICCU will be reviewed from this report as their methodology for observations is very different from VitalPac.</p> <p>Emergency Department Governance The department had been asked to present their governance arrangements to PSIG due concern over mandatory training, claims and incidents. An overview was given by management team representatives. A number of reassurances were given. PSIG will monitor for sustained assurance through routine reports.</p> <p>SUI’s PSIG raised concerns over the breaches in initial repository of RCA’s (Falls), 72 hours reports and final submission of RCA’s. This is a significant increase. PSIG will monitor for improvement.</p> <p>Sub Group Reports Positive reports were received from the Pleural Services and VTE Groups. The VTE group, through new leadership, has approached its work differently through staff involvement and compliance data shows improvement. The National 2014 BTC audit demonstrated sustained compliance at 93%. Both group leads were congratulated.</p> <p>Patient Safety Improvement Group minutes – August – C Etches</p> <p>The meeting accepted the minutes</p> <p>Chairman’s Report</p> <p>RCA Actions A report was received on overdue actions following RCA’s. Division 2 had 21 new overdue actions. PSIG will continue to monitor this process for improvement.</p> <p>New Procedures Application for a Prostatic Urethral Lift was approved. A review of activity for audit purposes will be reviewed in three months’ time.</p> <p>Point of Care Testing Issue discussed regarding governance arrangements for POCT in GP surgeries post vertical integration. This is to be reviewed with VI team. Risk raised regarding inaccurate sodium results on NNU due to contamination by benzalkonium. This has been on-going for 12</p>	

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	<p>months, however no clinical incident has related to this.</p> <p>Resuscitation Trolley Audit PSIG raised concerns over deteriorating audit results of resus trollies for both adults (80%) and paediatrics (57%). In addition compliance for mandatory training is poor. Actions agreed for both issues and PSIG will receive an update report in September 2016</p> <p>Mortality Slight concerns were raised over an upward creep in the standardised mortality rate however the policy for reviewing deaths is being implemented. There is now a national requirement to review all deaths which will be challenging from a workload perspective.</p> <p>Emergency Department Governance Further discussion around some elements of ED performance took place and the support that is being implemented – Sign up Safety initiative, Human Factors training and the option of “secret shopper” type audit. It was identified that managing locum staff performance is more challenging.</p> <p>PSIG TOR for approval The PSIG terms of references were approved.</p> <p>Resolved: Report was accepted.</p>	
5.2	<p>Quality Standards Action Group minutes – July – C Etches on behalf of Dr J Odum</p> <p>The meeting accepted the minutes</p> <p>Chairman’s Report</p> <p>Information Governance The national toolkit submission (31 July 2016) demonstrated an improvement from last year in respect of no level 1 gradings this year. By October level 3 standards are aimed for.</p> <p>Berwick Report An update on recommendations received. Actions are around HR / Governance and Patient Involvement and will be monitored through mainstream groups.</p> <p>Equality Action Plan An exception report was presented to QSAG. The group discussed and noted the significant amount of work required by the organisation resulting from this national initiative but also the legal implications of non-compliance to requirements.</p> <p>Trauma Governance QSAG received some assurances from the report on improved compliance to standards compared to the previous report. In addition it was noted that preparation for a September Network Peer Review will commence in August.</p> <p>Due to HEE reduction in learning beyond registration funding there has been an impact on the</p>	

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	<p>number of nurses accessing the trauma course.</p> <p>Quality Standards Action Group minutes – August – C Etches on behalf of Dr J Odum</p> <p>The meeting accepted the minutes</p> <p>Chairman’s Report</p> <p>Terms of Reference</p> <p>Quality account: the group agreed that approval of the quality account should be undertaken through QSAG. The approved quality account should then go to the audit committee for approval and then through to Trust Board. The group agreed that the quality account does not need to be approved through QGAC given the other reporting arrangements.</p> <p>Further minor amendments were made to the Terms of Reference which were then formally agreed.</p> <p>Quality review Visit – Ophthalmology OPD</p> <p>The outcome of the visit undertaken on the 18th May 2016 was presented by the Clinical Lead, Helen Onions – Band 5 Staff Nurse. The ratings agreed by the visiting team were as follows: safe – requires improvement; effective – good; caring – outstanding; responsive – good (low); well led – good (low). QSAG felt there was a “disconnect” between the ratings as approved by the team and the evidence base underpinning the outcomes of the visit.</p> <p>QSAG put a challenge into the ratings and this will be taken back through the division/directorate and the visiting team. A process will need to be developed to manage this.</p> <p>MBRRACE Perinatal Confidential Enquiries Update</p> <p>A comprehensive report and update was provided by Dr Pillay regarding the neonatal component of the MBRRACE report relating to deaths during the calendar year of 2014 for babies born in Wolverhampton. Following the MBRRACE report detailing the 2013 mortality statistics a series of actions had been put in place to strengthen the neonatal mortality reviews undertaken in the department and a voluntary review of the NICU had been requested and undertaken. The formal report for the review is awaited. At QSAG there was a discussion regarding the 2014 mortality statistics in which the neonatal unit is rated amber (within 10% over the national mean). One area there that will need to be developed is the timing of presentation of in utero transfers and the likely hood of successful outcome for the neonates.</p> <p>NCEPOD just say Sepsis National Guidance Report</p> <p>Dr Giwa as the sepsis lead presented this report. It is an important piece of work given the frequency of sepsis and the projected numbers of avoidable deaths estimated nationally. The Trust is in the process in ensuring it is compliant against the action plan developed from the report. A new sepsis lead for the Trust is being identified and it was noted time and possibly resource will be required to support this post. The post holder will need to continue the work done and work with both the deteriorating patient group in ensuring compliance around the sepsis requirements.</p> <p>QSAG TOR for approval</p> <p>The QSAG terms of reference were approved.</p>	

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	<p>Resolved: Report was accepted.</p>	
5.3	<p>CLIP TOR for approval</p> <p>The CLIP terms of reference were approved.</p>	
6	<p>Routine Reporting / Themed Review Items</p> <p>External Reviews Registry Report – Deferred until October</p> <p>Trust Clinical Audit Plan (progress and outcomes to include National audits) – Dr Cherukuri</p> <p>Dr Cherukuri presented the Trust Clinical Audit plan to the meeting.</p> <p>Dr Cherukuri informed the meeting that the audits are currently on track for completion. Some audits which have been carried over from 2015/16 have been completed. There is still about 25% to complete.</p> <p>The meeting was informed that as of 12 September the Trust completion rate was 22% against plan (92 out of 417 clinical audits). The meeting noted that 14 audits have been abandoned with agreed rationale, 9 in Division 1 and 5 in Division 2.</p> <p>RE noted the detailed discussion at QSAG and asked if the suggestion made there that at least two of each Directorate's 10 audits should arise be patient-driven and arise from incidents, complaints etc had been considered yet. Dr Cherukuri said that it had; firstly Directorates are being asked to identify whether their audits are of this type and if not, to direct their efforts towards this type of audit in the planning for next year.</p> <p>JA asked if audits carried over from the previous year were completed or simply got left. Dr Cherukuri said that while the completion rate so far was not as great as he would wish as people had been getting new audits underway, 20-30% still remained to finish and he was pressing for them to be complete. He assured JA that no audits were carried over year after year and most of them were completed. RE asked him to convey to Directorates the strong interest the Committee had in their work and our desire to see audits completed.</p> <p>JA pointed out that while Junior Doctors are encouraged to identify changes that could be made to improve the service; there is too little time to turn these into audits. Did the Trust enable them to have an impact through actions short of audit? GN said that they are able to make contributions to make a difference.</p> <p>Following the presentation of the report, RE thanked Dr Cherukuri and commented that since he became the Trust Clinical Audit Lead there had been a steady improvement.</p> <p>Health & Safety Assurance Report – P Archer on behalf of M Arthur</p> <p>PA presented the Health & Safety Assurance Report which covers quarter 1. The key points that the meeting noted were:</p> <p>There are 5 agreed indicators and 14 quality criteria.</p>	

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	<ul style="list-style-type: none"> • Indicator 3 – Quality of risk assessments remain an issue for the Trust in Q1 43 of the 64 departments audited were not to the required standard • Indicator 3 – Quality of the service specific risk assessments • Indicator 4 – Manual handling incidents have increased in comparison to Q1 last year • Indicator 4 – Contact incidents – although these have reduced in Q1 the target reduction by Q4 may be an issue. • Indicator 5 – RIDDOR incidents – Number of incidents reported in Q1 puts in jeopardy the ability to meet a 35% reduction full year. <p>Following 2 inspections by the Health & Safety Executive responses to requirements have been discussed in the relevant meetings.</p> <p>There has been a reduction in slips, trips and falls, sharps incidents and violence / aggression. However, there is a 16% increase in manual handling incidents. The Health & Safety officers are working to reduce this.</p> <p>RE advised the meeting that she would be contacting Margaret Simcock, report author with a few questions.</p> <p>RE queried the action due date of the Water Safety being 30 December 2018. PA to take this back to MS for clarification.</p> <p>JA queried why there was no Trust Policy for the management of Bariatric patients and also why there was a lack of equipment. CE challenged the lack of equipment as she is not made aware by the Matrons / Heads of Nursing of issues. PA confirmed that he had not seen any incidents regarding issues. GN and CE would look into this offline and report back to the meeting.</p>	<p>PA</p> <p>CE / GN</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: fewer complaints this month and an improvement in obtaining consent to breach reduced breaches from 29.4% in May 2016 to 16.67 in July and 12% in August indicating that the measures taken to explain the process were effective. The quality of handling of phone complaints is now being monitored.</p> <p>Maternity FFT: second sharp dip in antenatal care due to very low response rate (4) which calls into question the assurance we can take from this measure. Central team has gone into maternity to seek to get a better response rate.</p> <p>Mixed sex accommodation breach: one breach affecting 4 patients - RCA will tell us why and whether this was avoidable.</p> <p>Late observations: we are moving to a new method following trials. This is patient-based and is being rolled out now, and results should come through in October's report.</p>	

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	<p>Duty of Candour breach - two missed the deadline by one day in July.</p> <p>Pressure injuries: a drop in avoidable and unavoidable incidence in August.</p> <p>Falls: Falls Group have reviewed Falls Policy as they felt the current policy didn't support the changes needed. The falls rate is creeping up towards the maximum target we have set ourselves.</p> <p>Catheters and UTIs: range of products available is being streamlined. This has revealed how often patients are recatheterised which increases the risk of UTI. We remain committed to reducing the number of patients in the community with catheters.</p> <p>C. Diff: we are 13 cases over our target for the year, but this is at a later stage in the year than 2015/16.</p> <p>Medication incidents: we are beginning to get meaningful data about incidents. We have no national benchmarking data but our Medication Safety Officer is taking our data back to the local group so we may get some figures for comparison. Work by the Medication Safety Officer in areas which don't report may find good practice, or result in higher levels of reporting.</p> <p>Midwives: births to midwives ratio has gone up slightly due to reduced hours worked but additional staff will join us soon.</p> <p>Never event Obs and Gynae: RCA showed a number of control measures failed due to human error.</p> <p>Mortality: MORAG and CCG looking into the slow steady rise in SHMI. A report on bronchitis deaths for MORAG showed good care in most cases and in those where it could have been improved the outcome would not have changed.</p> <p>RTT: ahead of trajectory in orthodontics.</p> <p>ED waits include Vocare figures in August for New Cross; they will be included, but distinguishable, in September figures. From September we have moved from streaming to joint triage.</p> <p>Cancer waits: if tertiary referrals were removed, the 62 day wait for first treatment would be green. We have a problem in Gynaecology due to loss of staff.</p> <p>Theatre Utilisation: the report from the theatre Transformation Group will come to the board</p> <p>BAF/Trust Risk Register</p> <p>No new risks on the BAF. 4 red risks, ratings remain the same. One risk, SP 6, updated to take into account STPs, but score remains the same. F&P are watching this risk closely.</p> <p>TRR: 5 new risks:</p> <p>4565 delivery of agency expenditure 2836: delay in replacement of Lab 2: this is one of 3 pacing labs. It was scheduled for replacement in April 2017. Lab 1 has been replaced and Lab 3 is holding up. 4545 Demand outstrips supply for MRI scanning: this is a staffing issue and as soon as the</p>	

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	<p>need was identified the vacancy was advertised. 4308 emergency buzzer security 4609 gap between optimal consultant ward work and current allocation for ward work in job plans.</p> <p>Risks removed: 4287 cooling system in pharmacy has been downgraded to directorate level as the actions taken have reduced the level of risk; 4154 rehab equipment availability - with online system, no adverse incidents reported and service is now in line with the contract. Two risks are catastrophic but low likelihood: Baxter infusion pumps - as of 19 September this has been resolved nationally; and Long Luer needles.</p> <p>Patient Safety Improvement Group – July</p> <p>Terms of Reference Ward Performance Emergency Department Governance SUI's Sub Group Reports</p> <p>Patient Safety Improvement Group – August</p> <p>RCA Actions New Procedures Point of Care Testing Resuscitation Trolley Audit Mortality Emergency Department Governance</p> <p>Quality Standards Action Group – July</p> <p>Information Governance Berwick Report Equality Action Plan Trauma Governance</p> <p>Quality Standards Action Group – August</p> <p>Terms of Reference Quality review Visit – Ophthalmology OPD MBRRACE Perinatal Confidential Enquiries Update NCEPOD just say Sepsis National Guidance Report</p> <p>Trust Clinical Audit Plan</p> <p>On track. Audits carried over from 2015/16 being completed - about 25% still to do. QSAG in July suggested 2 of directorates' 10 audits be driven by patients, incidents and complaints etc and this is being looked into.</p> <p>Health & Safety Assurance Report</p> <p>There are 5 agreed indicators and 14 quality criteria.</p> <ul style="list-style-type: none"> Indicator 3 – Quality of risk assessments remain an issue for the Trust in Q1 43 of 	

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	<p>the 64 departments audited were not to the required standard</p> <ul style="list-style-type: none"> • Indicator 3 – Quality of the service specific risk assessments • Indicator 4 – Manual handling incidents have increased in comparison to Q1 last year • Indicator 4 – Contact incidents – although these have reduced in Q1 the target reduction by Q4 may be an issue. • Indicator 5 – RIDDOR incidents – Number of incidents reported in Q1 puts in jeopardy the ability to meet a 35% reduction full year. <p>HSE inspections and the response to requirements have been discussed in relevant meetings.</p> <p>Risk profile updates by leads for the specific areas/topics were considered, and the date for Water Safety Control of Legionella actions, Dec 2018, queried.</p> <p>Audit Committee - no issues identified.</p>	
8	<p>Evaluation of Meeting – ALL</p> <p>Good meeting. MM asked if it would be possible for JO to send a representative when he is unable to attend. CE and GN advised that JO does not have a deputy.</p>	
9	<p>Any Other Business – ALL</p> <p>JA informed the meeting that the Organ Donation nurses have not been relocated closer to ICU and they are still in the basement. JA noted that they are in a new room, though they had wanted one closer to ICU. CE said that it was not always possible to obtain ideal locations for activities and did not think the present location would inhibit effective working.</p>	
10	<p><u>Date and time of Next Meeting:</u></p> <p>Wednesday 26 October 2016 2pm, Boardroom, G099, Building 12</p> <p>RE said that she would not be able to attend this meeting and that JA had agreed to chair in her stead.</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	CE informed the meeting that there appeared to be a technical issue with the Friends & Family response rate system via texting. CE to follow this up and report back at a future meeting	CE	21.09.16	26.10.16	
6	RE queried the action due date of the Water Safety being 30 December 2018. PA to take this back to MS for clarification.	PA	21.09.16	26.10.16	
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>	<p>JO</p> <p>JO</p>	<p>22.06.16</p> <p>22.06.16</p>	<p>20.07.16</p> <p>21.09.16</p> <p>20.07.16</p> <p>21.09.16</p> <p>26.10.16</p>	<p>In the absence of JO, it was agreed to bring this action back.</p> <p>In the absence of JO, it was agreed to bring this action back.</p> <p>In the absence of JO, RE asked CEM to send an e-mail to JO asking for update.</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