

Minutes of the Quality Governance Assurance Committee held on the:

Date **Wednesday 26 October 2016**
Venue **Room F127, Building 12**
Time **1.30pm to 3.30pm**

	Name	Role
Present:	Dr J Anderson (JA) (Chair)	Non-Executive Director
	K Emmerson (KE) (on behalf of M Arthur)	Governance
	C Etches (CE)	Chief Nursing Officer
	M Martin (MM)	Non-Executive Director
	G Nuttall (GN) - part	Chief Operating Officer
	Dr J Odum (JO)	Medical Director
	J Vanes (JV) - part	Chairman
Apologies:	M Arthur	Head of Governance & Legal Services
	R Edwards	Non-Executive Director
	D Loughton	Chief Executive

N.B. – The meeting was not quorate after 3.10pm

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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>RESOLVED: Minutes of the Quality Governance Assurance Committee held on 21 September 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>The meeting was informed that September saw 38 complaints received. The overall Trust response rate for September in 94% compared to 90% in August. There were 29 cases which took longer than 30 working days, 25 of these 29 cases had consent to breach. CE confirmed that she has RCA's presented to herself on the breaches without consent.</p> <p>CE informed the meeting that the FFT data is not accurate and she does not have a level of confidence in presenting the figures and urged the meeting not to take full assurance / reassurance. The meeting discussed this item further and CE assured the meeting that she would update the meeting as and when.</p> <p>Within Late Observations Division 2 saw an improvement for September and Division1 saw deterioration.</p> <p>There was 1 target missed within Duty of Candour. CE informed the meeting the process behind the delay in Duty of Candour was because three teams were involved in the patients care and debated who should disclose. CE reported that 12 months to date the Trust is at 98% compliance within Duty of Candour.</p> <p>The meeting noted that 60% of pressure injuries are happening within Acute care. In September there were 9 avoidable and 22 unavoidable which is a decrease from August of 11 and 23.</p> <p>CE asked the meeting to note the improvement within Safety Thermometer hitting the target</p>	

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	<p>for the first time this year.</p> <p>The meeting was informed that at least 2 falls per week are causing patient harm and this is high. CE reported that the new falls policy has just been approved and will take a while to implement. The meeting discussed in-depth what is classed as a fall versus a faint and discussion of a current case took place.</p> <p>C-Diff saw a decrease in from 8 in August to 3 cases in September. The meeting agreed this was a good news story. MSSA Bacteraemia also saw a decrease from 3 in August to 1 in case in September.</p> <p>In September there were 79 medication incidents (74 no level of harm caused, there were 3 yellow cases and 1 amber case). CE informed the meeting that she will be asking the Head of Pharmacy to review the medication incident figures as CE feels the figures could be higher due to under reporting.</p> <p>CE expressed concerns that Safeguarding is being under reporting against ourselves. CE informed the meeting that the Strategic Safeguarding group are instructing that training should be completed to 100% especially level 3 for children.</p> <p>Midwife to Birth ratio report indicated that the midwife vacancy rates have increased to 4.8% due to Walsall business case funding being released into budgets. Recruitment has now taken place and 6.2WTE newly qualified midwives are due to commence at the end of October to ensure the midwife to birth ratio remains at 1:30.</p> <p>The meeting discussed the SHMI report and following lengthy discussion, it was agreed to remove the report from the IQ&P report because it contained historic data. The meeting was assured that the up-to-date report is discussed in MoRAG who reports to PSIG and then in return PSIG reports to this meeting. Any significant rise in SHMI will be escalated</p> <p>GN presented the Performance section of the report. The meeting agreed as this report is discussed in-depth at Finance & Performance key highlights will be mentioned at this meeting.</p> <p>GN highlighted to the meeting a good performance relating to cancelled operations in September being 18 compared to 38 in August.</p> <p>Referral to treatment standard saw a slight improvement in September. However, there has been an overall deterioration in General Surgery position. GN stressed to the meeting that this is not all because of Orthodontics. GN confirmed that during last January to March 94 patients within General Surgery were offered to have their treatment at Nuffield; only 6 patients took this offer. The number of patients reported over 52 weeks at the end of September is 51, meaning the Trust is slightly ahead of target against the recovery action plan.</p> <p>GN discussed with the meeting that the urgent care in Emergency Department is beginning to move in the right direction. Following review of the figures, GN informed the meeting that the Trust is now one of the top 20 performing nationally.</p> <p>The 62 day cancer wait for first treatment is showing improvement.</p>	

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	<p>MM queried if the Operating Theatre Efficiency Group, who meet fortnightly, is being distilled into a timeline of actions. GN confirmed that this was happening and there were dates to reach targets.</p> <p>JA queried the shortfalls in issuing discharge summaries in PAU and SAU. GN explained the issue that there is no ward clerk 24 hours a day and this means that patients are not discharged in “real time”. CE queried if Safehands could feed into PAS to discharge a patient, GN replied that this was not possible. The meeting discussed this further. Failure for not achieving the assessment ward target in September means the Trust is fined £5,000.</p> <p>JA asked about staff turnover and sickness and expressed concerns about the high number. The meeting discussed that staff turnover was not a concern but sickness levels were. After discussion CE informed the meeting that she had asked Linda Holland to look into the sickness levels. CE reported to the meeting that the Trust now offered an internal transfer pool where staff could put their names on a list and if a position arose in their desired department staff would be notified. The Trust also offers a career drop in centre for staff to discuss their careers etc and how the Trust can support staff to progress within the Trust. The meeting noted that staff who retire and then come back to this Trust are classed as part of the staff turnover.</p> <p>JA asked if it would be possible for a metric to be added to the report indicating short to long term sick. CE to ask Linda Holland if this can be done.</p> <p>Resolved: Report was accepted</p>	CE
4.2	<p>Board Assurance Framework / Trust Risk Register – K Emmerson on behalf of M Arthur</p> <p>Board Assurance Framework (BAF):-</p> <p>0 new risks</p> <p>5 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>SR4 - Risk of adverse impact on the Trust following service transfer in November 2014 due to underlying financial gap of £6million (was AMBER now RED)</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. JV asked if more wording / information / detail could be added to this risk. CE to ask if this is possible.</p> <p>SR10 - That the Trust fails to generate sufficient cash to pay for its commitments.</p> <p>Trust Risk Register</p> <p>0 new risks</p>	CE

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	<p>6 red risks:</p> <p>4161 - Shortage of Qualified Nurses across the Division (COO) – JA asked if the Division number 1 or 2 could be added to this risk and risk 2080 to identify which Division the risks belong to. KE reported that this is Division 1 risk</p> <p>2080 - Risk to quality of patient care: reduced manpower (COO). KE identified that this is risk 2.</p> <p>4172 - Supply Disruption of Baxter Colleague Pump compatible IV administration sets and Baxter blood admin sets (COO). KE reported that this is now resolved and will be recommended for closure following the risk being resolved.</p> <p>4472 - Delays in Cubicle Assessment and Triage (COO).</p> <p>4581 - Fines for contract performance – (CFO)</p> <p>4545 - Demand Outstrips Capacity for MRI scanning. (COO) – substantive post to be agreed by the college.</p> <p>JA asked if risk 4576 could be removed as this is now resolved.</p> <p>Resolved: Report was accepted.</p>	
5	<p>Sub Group Reports</p>	
5.1	<p>Patient Safety Improvement Group minutes – September– C Etches</p> <p>The meeting accepted the minutes</p> <p>Chairman’s Report</p> <p>1. Use of NHS Number The group had raised the issue of using the NHS number as the unique identifier moving forward. This had been raised from an issue the Point of Care Testing Group considered and also a recent incident. The NHS number is used as a secondary identifier and these would be issues if the hospital numbers were phased out. A further report has been requested to look at each option and risks associated with it.</p> <p>2. New Procedure Approved Non-medical endoscopy had previously been approved in 2008. Since the move to Cannock Chas Hospital site a risk assessment is required for non-medical endoscopies being undertaken when no on-site medical presence of gastrology doctor is available.</p> <p>A risk assessment is to be presented to a future PSIG meeting.</p> <p>3. Organ Donation The terms of reference for the group were discussed and approved. PSIG have requested that the group develop an annual work plan to encourage improvement in organ donation from RWT.</p>	

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	<p>4. Ward Performance Report</p> <p>A new format of the report was welcomed and deemed easier to interpret. It is anticipated that trends and themes will be provided for future meetings. Division 2 are experiencing a sustained improvement in late observations.</p> <p>Falls with harm continue to be a concern. The Falls policy has been reviewed and improved.</p> <p>Resolved: Report was accepted.</p>	
5.2	<p>Quality Standards Action Group minutes – September –Dr J Odum</p> <p>The meeting accepted the minutes</p> <p>Chairman’s Report</p> <p>1. Quality Review Visit – Surgical Emergency Unit</p> <p>The review visit was undertaken on the 23rd June 2016 and was led by Nichola MacDuff – Clinical Nurse Specialist. The visiting team comprised 8 individuals including Nichola MacDuff and a Consultant Anaesthetist.</p> <p>The ratings awarded by the team were as follows: safe - requires improvement; effective – requires improvement; caring – good (high); responsive – requires improvement; well led – requires improvement.</p> <p>A lengthy report was presented along with a summary of the recommendations and actions required. Given the scope and extent of areas for improvement requiring actions, QSAG has recommended that the directorate/divisional team attend QSAG to formally report back on actions required and progress to implement improvement.</p> <p>2. Executive Summary External Review Report</p> <p>For each external review undertaken within the Trust, the Trust lead will RAG rate the outcome following receipt of the final report, and an outcome report is presented to QSAG 3 months after the visit.</p> <p>Actions arising following the visit are captured centrally and the work undertaken in response to these actions reported to QSAG.</p> <p>Questions were raised at the QSAG, 30th September 2016 as to the assurance that underpinned the response and outcome to each of the actions as in some cases the latter were not felt to be robust. The central governance team will undertake some further work around this process and report back to QSAG.</p> <p>Resolved: Report was accepted.</p>	
6	<p>Routine Reporting / Themed Review Items</p> <p>There was no routine reporting or themed review items discussed at this meeting because the meeting was not quorate.</p>	

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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>Performance</p> <ul style="list-style-type: none"> • Good reduction in numbers of cancelled operations. • RTT improved but continuing capacity issues for routine general surgery and continuing challenges in cancer wait times. • Waits for endoscopy requires improvement. • Improved ED wait times at New Cross although still below target. In top twenty of performing Trusts nationally. • Decrease in admissions from ED due to better assessment and management in ED • Discharge summaries from PAU and SAU still well below target. Continuing problems with data entry onto PAS at night and weekends due to lack of ward clerk availability. Hand written discharge notes given to patients. • Sickness absence (4.97%) increasing month on month since August 2015. Reasons continually reviewed. • Mandatory training compliance continues green in all groups. Target raised to 95% this month. <p>Quality</p> <ul style="list-style-type: none"> • FFT response rates have improved. Maternity for September is all 100% although no. of responders small for both antenatal and postnatal care. Problems uploading information from text responses. • Maintained reduction in pressure injury. • Safety Thermometer reached a high of 95.1% harm free care in September. • Significant reduction in C.diff. and MSSA infections. • Successful midwife recruitment will enable 1:30 ratio to be achieved. • Falls increased in the Community but numbers small. The definition of a fall v. faint discussed. (Those lowered to the floor by a helper are classed as falls.) • SHIMI data to be removed from the report as historic. MORAG continues to report to PSIG. Significant changes in data will be escalated to QGAC. • Adult safeguarding referrals down but are we reporting all? Mandatory Level 3 training for Children’s safeguarding needs addressing. • Further Never Event in Radiology. RCA being undertaken <p>BAF/Trust Risk Register</p> <p>BAF</p> <ul style="list-style-type: none"> • 5 RED risks relating to workforce and finances. • SR 4 escalated to red since last month relating to service transfer from Mid Staffs. F&P monitoring closely. 	

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	<p>TRR:</p> <ul style="list-style-type: none"> • No new risks but 6 RED. • 4162 disruption of Baxter pumps now fixed. • 4545 need to recruit Cardiac MRI reporting radiologist as demand increasing and sole reporter to go onto maternity leave shortly. • 4161 due to reduced staffing levels and difficulties in nursing recruitment nationally. <p>Patient Safety Improvement Group – September</p> <p>5. Use of NHS Number The group had raised the issue of using the NHS number as the unique identifier moving forward. This had been raised from an issue the Point of Care Testing Group considered and also a recent incident. The NHS number is used as a secondary identifier and these would be issues if the hospital numbers were phased out. A further report has been requested to look at each option and risks associated with it.</p> <p>6. New Procedure Approved Non-medical endoscopy had previously been approved in 2008. Since the move to Cannock Chas Hospital site a risk assessment is required for non-medical endoscopies being undertaken when no on-site medical presence of gastrology doctor is available. A risk assessment is to be presented to a future PSIG meeting.</p> <p>7. Organ Donation The terms of reference for the group were discussed and approved. PSIG have requested that the group develop an annual work plan to encourage improvement in organ donation from RWT.</p> <p>8. Ward Performance Report A new format of the report was welcomed and deemed easier to interpret. It is anticipated that trends and themes will be provided for future meetings. Division 2 are experiencing a sustained improvement in late observations. Falls with harm continue to be a concern. The Falls policy has been reviewed and improved.</p> <p>Quality Standards Action Group – September</p> <p>1. Quality Review visit—Ophthalmology Mary Jones Ward The review visit took place on May 18th 2016 and was led by T. Slater – Advanced Nurse Specialist. Overall ratings were: safe –requires improvement, effective---good (high), caring – outstanding, well led and responsive-good. Feedback from patients was positive. There were elements of the visit that needed to be reviewed as concerns with safety consent, documentation and information governance were noted.</p> <p>2. Quality Review Visit – Surgical Emergency Unit The review visit was undertaken on the 23rd June 2016 and was led by Nichola MacDuff – Clinical Nurse Specialist. The visiting team comprised 8 individuals including Nichola MacDuff and a Consultant Anaesthetist.</p>	

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	<p>The ratings awarded by the team were as follows: safe - requires improvement; effective – requires improvement; caring – good (high); responsive – requires improvement; well led – requires improvement.</p> <p>A lengthy report was presented along with a summary of the recommendations and actions required. Given the scope and extent of areas for improvement requiring actions, QSAG has recommended that the directorate/divisional team attend QSAG to formally report back on actions required and progress to implement improvement.</p> <p>3. Executive Summary External Review Report</p> <p>For each external review undertaken within the Trust, the Trust lead will RAG rate the outcome following receipt of the final report, and an outcome report is presented to QSAG 3 months after the visit.</p> <p>Actions arising following the visit are captured centrally and the work undertaken in response to these actions reported to QSAG.</p> <p>Questions were raised at the QSAG, 30th September 2016 as to the assurance that underpinned the response and outcome to each of the actions as in some cases the latter were not felt to be robust. The central governance team will undertake some further work around this process and report back to QSAG.</p> <p>4. Saving Babies Lives Care Bundle</p> <p>National initiative with 4 key areas Reduction of smoking—carbon monoxide testing in antenatal clinic showed noncompliance with stated claims.--amber Surveillance of pregnancies –green Awareness of foetal movement –green Effective foetal monitoring in labour—amber. Further training in CTG analysis Required.</p> <p>5. MBRRACE data</p> <p>Still birth rate for 2015 shows good improvement on previous years and hence Perinatal rate also improved.</p>	
8	<p>Evaluation of Meeting – ALL</p> <p>The attendees discussed the meeting and it was agreed that IQ&P is discussed in length as the Finance & Performance meeting discuss the BAF. The meeting agreed that today's meeting was good and good discussions took place. MM raised concerns that the figures may seem high when it could only be a couple of patients but the figures indicate that the Trust is failing the patients.</p>	
9	<p>Any Other Business – ALL</p> <p>There was no other business to discuss.</p>	

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10	<u>Date and time of Next Meeting:</u> Wednesday 23 November 2016 2pm, Boardroom, G099, Building 12, Corporate Services Centre	

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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 – 26.10.16	JA asked if it would be possible for a metric to be added to the report indicating short to long term sick. CE to ask Linda Holland if this can be done.	CE	26.10.16	23.11.16	
4.2 – 26.10.16	SR9 - That the deficit plan for 2016 is not achieved and the medium term financial plan fails to bring the Trust back to surplus. JV asked if more wording / information / detail could be added to this risk. CE to ask if this is possible.	CE	26.10.16	23.11.16	
3	MM noted that TRR new risks included “risk 4582 Trust notified 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.	CEm	21.09.16	26.10.16	<p>CEm informed the meeting that she would update this action via the minutes – this was agreed.</p> <p><i>Chief Financial Officer Trust notified by Pensions Agency of significant cost in respect of an employee that the Trust believes it is not the successor organisation for.</i></p> <p><i>Date of Origin: 01/10/15</i> <i>Date of escalation:</i> <i>01/11/15 4 x 3 = 12</i> <i>AMBER1) Robust defence that the Trust is not the successor organisation.</i></p> <p><i>2) Escalation within pension’s agency to arrive at a decision.</i></p> <p><i>1) When the pension’s agency accept the Trust is not the successor</i></p>

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					<p><i>organisation.</i></p> <p><i>4 x3 = 12</i></p> <p><i>AMBER Jul – 16</i></p>
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	<p>CE reported that the issue is worsening and she has asked Alison Dowling & Debra Hickman to speak to the company. CE reiterated to the meeting that the data currently showing on the report is not reliable.</p> <p>23.11.16</p> <p>Bring forward to the November meeting for an update.</p>
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	<p>CEm informed the meeting that she would update this action via the minutes – this was agreed.</p> <p><i>Margaret,</i></p> <p><i>The date is a typo, Should read Dec 2017. Reason funding implications.</i></p> <p><i>Regards</i></p> <p><i>John</i></p> <p><i>John Iredale Estates Compliance Manager The Royal Wolverhampton NHS Trust, Estates Management, Zone C, Location C27, Hollybush House, New Cross Hospital, Wednesfield, Wolverhampton, WV10 0QP</i></p> <p><i>☎:01902 444957 07798698922</i> </p> <p><i>john.iredale@nhs.net</i></p>

