

The Royal Wolverhampton NHS Trust

Minutes of the Quality Governance Assurance Committee held on the:

Date **Wednesday 23 November 2016**
Venue **Boardroom, G099, Building 12**
Time **2.00pm to 4.00pm**

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

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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>RESOLVED: Minutes of the Quality Governance Assurance Committee held on 26 October 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>GN presented the Performance report by exception to the meeting as this report was discussed in-depth at Finance & Performance earlier.</p> <p>The meeting noted that there were 26 cancelled operations in October compared with 62 the same period last year.</p> <p>GN informed the meeting that October saw deterioration in referral to treatment performance. The meeting was assured that there is a recovery plan in place. Waiting lists have been cleansed and the waiting lists have now been reduced to 32,500. Plans are in place to focus on booking patients over 18 weeks. GN reported that this is linked into STF Financial Payments and we are currently off target. Kevin Stringer has accounted this into the finance figures.</p> <p>GN reported that there was a slight deterioration in October in time spent in A&E (86.78%) compared with 89.79% in September. The meeting noted that there were 53 ambulances over the 60 minutes. GN assured the meeting that an RCA was undertaken and the lessons learnt shared with the Ambulance Trust. The RCA indicated earlier escalation could have enabled better management of the high volume (31 ambulances in 2 hours). No patients breached the 12 hour target during October. MM asked if any of the patients on the 53 ambulances had complained, GN reported that she was unaware of any complaints. The meeting discussed in-depth the pressure within A&E at the time and it was agreed that additional staff would not have helped to ease the pressures due to the lack of available cubicles within the department.</p> <p>RE observed that the figures were very positive on the % of emergency admissions via the Emergency Department and indicates that the Trust has gone against the national trend.</p>	

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	<p>The meeting was informed by GN that Cancer performance deteriorated in October.</p> <p>JO asked GN about the 111 ambulance service. GN explained that the 111 service is managed by Care UK and provide care across the Black Country. To date the ambulance conveyances have increased slightly above the prediction.</p> <p>MM queried the sickness absence increase in October. MM mentioned that in Finance & Performance meeting earlier she had asked Linda Holland about the number of flu jabs issued. CE replied that to date 41.68% of the Trust had had the flu jab. The meeting discussed in-depth the reasons why people do not want to have the flu jab. CE informed the meeting that the CQUIN target is 75% of frontline staff receiving the flu jab (either at the Trust or somewhere else) and if reached will mean £750k payment for the Trust. JO and CE assured the meeting that everything is being done to encourage staff to have the flu jab.</p> <p>CE presented the Quality report.</p> <p>The meeting was informed that there was an increase in the number of complaints received in October. During October 44 complaints were closed, 12 were closed within 30 working days and 32 took longer than 30 days. Of the 32, 25 had consent to breach and 7 did not. CE is still meeting the Directorate to check their process. MM queried why complaints are left until people return from leave and are not picked up in their absence. CE explained the improvements in the administrative system within the complaints process.</p> <p>CE reported that the Friends & Family Test is showing improvement in both the response rates and recommendation rates for Division 1, Division 2 and Emergency Department. The meeting noted that there is some consistence within Maternity Family & Friends tests. CE reiterated that there are plans in place to involve the FFT company more to understand why there are swings in the response and recommendation rates.</p> <p>CE informed the meeting that late observations are still a significant challenge. This was discussed at the Matrons' away day and the Matrons in turn will make observations a priority.</p> <p>October saw a slight increase in avoidable (10) and unavoidable (32) pressure injuries.</p> <p>Falls with harms has increased to 8 in October and CE assured the meeting that RCA's were conducted for each of the falls.</p> <p>CE reported to the meeting that there was one case of MRSA during October. Initially this was assigned to Wolverhampton CCG but they have since asked for the case to go to arbitration. CE informed the meeting that the Trust will refute this. CE to update the meeting when the meeting has taken place.</p> <p>CE confirmed that she has now met with the new Head of Pharmacy and they talked about the content of this report. A new reporting format for medication incidents will be developed for the purpose of this report.</p> <p>There were 37 incidents within October, 4 of which were not reported within the timescales.</p> <p>Mandatory training for Safeguarding has been standardised at 95%. CE explained that the level 4 training includes 2 new starters which should not be included. The meeting discussed</p>	

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	<p>the lack of safeguarding referrals from Cannock.</p> <p>C-Section rate has seen a slight increase in October (384) compared to September (378).</p> <p>Midwife to birth ration is now at 1:31 due to the increase in birth rates. However, CE assured the meeting that Maternity had just seen a successful recruitment.</p> <p>Resolved: Report was accepted</p>	
4.2	<p>Board Assurance Framework / Trust Risk Register – 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</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 is currently amber and Finance & Performance considered it should be red. SR8 and SR9 are already red but Finance & Performance considered they should be scored higher. DL questioned whether scores of this level were appropriate and it was agreed to discuss at Trust Board the following week.</p> <p>Trust Risk Register (TRR):-</p> <p>1 new risk:</p> <p>4661 - Lack of robust system for review and communication of test results (MD)</p> <p>3 closed risks:</p> <p>4172 - Supply Disruption of Baxter Colleague Pump compatible IV administration sets and Baxter blood admin sets (COO).</p> <p>4576 - Broken intercom system (COO)</p> <p>4582 - Trust notified by Pensions Agency of significant cost (CFO)</p> <p>6 red risks:</p> <p>4161 - Shortage of Qualified Nurses across the Division (COO)</p> <p>2080 - Risk to quality of patient care: reduced manpower (COO)</p> <p>4661 - Lack of robust system for review and communication of test results (MD)</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)</p> <p>The meeting noted that the new red risk 4661 regarding communication of high risk results</p>	

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	<p>and evidence of receipt will stay red until ICE system set up to automate process early 2017/8.</p> <p>Resolved: Report was accepted.</p> <p>NPSA NRLS Organisation Feedback Report – M Arthur</p> <p>MA presented the above feedback report. The report captures data from October 2015 to March 2016. Following a brief discussion the meeting agreed that the report gave some useful assurance about the Trust level of reporting of incidents and that how the Trust appears to be capturing the data.</p>	
5	Sub Group Reports	
5.1	<p>Patient Safety Improvement Group minutes – October – C Etches</p> <p>The meeting accepted the minutes</p> <p>5.2 Chairman’s Report</p> <p>Use of NHS Number as Primary Identifier Meetings had taken place to establish the practicality of using the NHS number as a primary identifier. Significant challenges would arise e.g. The cataloguing of current health records should we pursue this format. Resolution not agree therefore further work to be undertake outside of PSIG and then to be presented at a future meeting for an agreed way forward.</p> <p>Resuscitation Group To improve audit results of cardiac arrest trollies, a new system is being trialled and a re-audit in January 2017 will identify its effectiveness. A rollout programme of the new system is currently happening.</p> <p>Ward Performance Report Reporting of falls data was challenged for accuracy therefore no assurance on this indicator was taken.</p> <p>Late observations remain a challenge to gain continuous improvement.</p> <p>Radiology Never Event (S.I.) This has been under investigation through the RCA process. This was for the injection of the incorrect foot.</p> <p>Off-trial use of Hyperthermic Mitomycin C for BCG high risk non-muscle invasive bladder cancer An update was received from the surgeon who requested to continue its use even though BCG is now available on license. A new procedure application will be made for its use as an alternative treatment where there is failure to respond to or intolerance to BCG in palliative patients. It was agreed that written consent will be required.</p> <p>Patient Experience and Quality Safety Strategy Arbitrary milestones (targets) had originally been included in the strategy which are unrealistic. PSIG agreed for a review of the milestones and a further report with this update will be received by PSIG at a future date.</p>	

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	Resolved: Report was accepted.	
5.3	<p>Quality Standards Action Group minutes – October – Dr J Odum</p> <p>The meeting accepted the minutes</p>	
5.4	<p>Chairman’s Report</p> <p>External Reviews</p> <p>Currently the reports received following external reviews undertaken into services and departments within the Trust are managed through QSAG. A summary of the report with an action plan detailing actions in response to concerns raised is taken through QSAG. An update report regarding progress with respect to external reviews is presented 6 monthly to QSAG. The report presented on the 27th October 2016 was discussed and a revised process for managing external reviews was agreed as follows:</p> <p>Individual Trust leads will be asked to provide a RAG rating following an external review/visit.</p> <p>Trust leads will present reports relating to the external reviews to the Divisional Governance Group, confirming actions completed and closed down.</p> <p>It was agreed that high risk concerns would still be brought to QSAG for confirmation regarding closure of the action.</p> <p>Lower risk concerns would be managed at divisional level with assurance regarding closure presented through the integrated governance report and the divisional and quality reports.</p> <p>A quarterly report to QSAG would be provided following this.</p> <p>Policy will be updated accordingly and the change communicated.</p> <p>Equalities Report (quarterly)</p> <p>The report presented progress against actions currently outstanding which are being managed and monitored through the Equality Steering Group. A number of actions in the report are no longer required as they have now been superseded and it was agreed that the outstanding actions presented would be reviewed and those no longer required would be removed. Those remaining actions which are required would be prioritised according to RAG rating and legal and statutory requirements. The report would be brought back to QSAG for review.</p> <p>Information Governance Steering Group</p> <p>This report detailed a number of items. Good progress has been made with managing the IG toolkit domains. Of the 45 requirements the Trust’s position is satisfactory and the Trust remains on target to report a satisfactory position at year end.</p> <p>IG incidents remain a concern with there being continued high level reporting of breaches in confidentiality and to a lesser extent unauthorised access of records. There has been an on-going campaign across the Trust to heighten awareness of IG requirements generally and the high level of reported incidents may partly reflect increased awareness and reporting of incidents. Nevertheless there remains work to be to done to ensure knowledge and culture of</p>	

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	<p>IG requirements are embedded across the organisation with a reduction in incidents both relating to confidentiality and specifically access of records.</p> <p>Education, training and awareness will continue to be delivered across the organisation and this will include consequences of failing to conform to Trust policy and in particular the seriousness of deliberate unauthorised access of records.</p> <p>It was also noted that data protective regulations come into force in May 2018 and the ICO are currently in the process of issuing guidance around this.</p> <p>Issues for Noting</p> <p>The national maternity reviews “better births” report – 2016.</p> <p>This report was presented for noting and whilst the Trust is not compliant with some of the recommendations the trust staffing model is safe and the position presented in the report is not reflective of the Trust services – a position which pertains to many organisations. The group agreed that changing the Trust model may not be sustainable and would require national resource. It was agreed that assurance would be given by the maternity department regarding current practice against recommendations made in the report.</p> <p>Nurse Accreditation Report</p> <p>The nursing assessment and accreditation system has been set up to measure the quality of nursing care delivered in inpatient areas, starting April 2016. An internal scoring system has been designed and was presented. The information obtained through accreditation process will be triangulated with quality review visits and other information with reference to quality of care delivered in the inpatient settings.</p> <p>Resolved: Report was accepted.</p>	
5.5	<p>Academy Steering Group – Dr J Odum</p> <p>The meeting accepted the minutes</p>	
5.6	<p>Chairman’s Report</p> <p>LETC & Leadership Transformation Theme (LTT)</p> <ul style="list-style-type: none"> • BC LETC would be renamed BC LWAB from 28/9/16. The Terms of Reference will focus on workforce planning and talent management • LTT Business plan had been agreed for the year • Triumvirate programme for GP and secondary care – shared leadership model may interest vertical integration GPs • National Leadership Programmes – a short evaluation report of Nye Bevan Programme had raised concerns around the evaluation process – this had been discussed at the recent BC LLDG meeting. An alumni list is being prepared to locate the talent from these programmes. • West Midlands Leadership Recognition Awards – for the region only (not national). LN asked for sub groups to be encouraged to submit applications. <p>Finance</p> <ul style="list-style-type: none"> • The Trust is still awaiting cost collection information on base tariff. LN reported that recent LDA was £14m, a 2% uplift this year following a reduction of 2% for 15/16 	

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	<p>against the base tariff. Non-medical tariff would be calculated at 27 weeks (instead of 37).</p> <ul style="list-style-type: none"> • SIFT uplift received – not yet allocated. £87,000 for remodelling of Common Room had been set aside from SIFT allocation. SIFT finance plan to be agreed through medical education meeting • MADEL OK – 50% rule for salary replacement gone • Standards and quality matrix will change within six months from the previous Education Outcomes Framework (EOF) Performance Dashboard will need to change <p>Apprenticeship Levy</p> <ul style="list-style-type: none"> • RWT will receive £1.4m from the Levy (to April 2017) which can only be used to fund the educational element of apprentice’s training • Apprenticeship Working Group has been set up and meets on a 2-weekly basis • Bands 1-4 recruitment is ‘apprentice first’ approach • 90 new starts expected between now and the end of March 2017 • Target areas included nursing, medical physics, finance and facilities. <p>Faculty of Nursing, Midwifery & AHPs</p> <p>LDA exceptions LDA 9 - Learners had received timely and appropriate feedback and assessment. Pre Reg Nursing – measures being put in place around scheduling of intermediate interviews by pre reg team via visits to wards and support to mentors in areas with high RN vacancies</p> <p>Education standards exceptions None</p> <p>Developments</p> <ul style="list-style-type: none"> • Gained three trained assessors/mentors from staff returning to employment within the Trust • Dr Alexandra Hopkins appointed Dean University of Wolverhampton from 1 August 2016 • 19 Oman students on placement in Trust from Sept-Dec.16 <p>International recruitment</p> <ul style="list-style-type: none"> • 3 Trust HCAs have passed IELTS and commenced NMC pathway • Further 6 staff appointed to HCA role • Philippine nurses in the Trust – 3 have gained NMC PIN, one awaiting NMC PIN. LS said management of this group of staff had been a learning curve. • Return to Practice Massive campaign on this <p>Trainee Nursing Associate</p> <ul style="list-style-type: none"> • Trust part of a bid to secure funding as part of a 2 year national pilot to train HCAs through a foundation degree. The bid is being led by Walsall NHS Trust. <p>Physiotherapy</p> <ul style="list-style-type: none"> • Vicky Cooper presented with the Practice Educator Award from University of Keele <p>Faculty of Support Services</p> <p>LDA exceptions</p> <ul style="list-style-type: none"> • Meeting the quota for Modern Apprenticeships <p>Service Developments</p> <ul style="list-style-type: none"> • The faculty are reviewing their Terms of Reference and KPI’s. • Representation from all parts of the organisation occurs i.e.. clinical divisions, corporate functions, managers and supervisors 	

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	<ul style="list-style-type: none"> • Joint working with the Faculty of Nursing, Midwifery & AHP regarding the development of Band 4 Assistant Practitioner roles has resulted in 12 candidates being offered a place on the Foundation Degree for Integrated Care at Staffordshire University <p>Potential Future Development</p> <ul style="list-style-type: none"> • Developing a Supervisory/pre Management and Leadership course for bands 2-4 • Developing forums/platforms for support/mentoring and sharing good practice • Faculty Webpage development/wider use of social media – particularly around Apprenticeship programme <p>Faculty of Undergraduate Education No LDA exceptions</p> <p>Education exceptions</p> <ul style="list-style-type: none"> • Few specialties have achieved a 75% attendance at the UG Faculty Meetings • Positive verbal feedback received from the first group of students and the new timetable seems to be working well • Discussions taking place with Clinical Director /Divisional Directorate Manager of Dermatology regarding the incorporation of teaching in Job Plans & Clinical Work <p>Service Developments</p> <ul style="list-style-type: none"> • Mr D Churchill has completed a document “Making the most of your placement in Wolverhampton”, issued to the Year 3 & Year 5 students with their induction packs • Nine Clinical Teaching Fellows appointed for the 2016/17 academic year • Mr M Helme (CTF) will supervise the CTF team. There will be one CTF per Year 3 Firm, one Year 5, one Surgical and one Cardiology (predominately Year 4). • The department is currently working with Revinder Reehal (project manager) to incorporate the use of ‘Moodle’ • The department has partly funded ‘Up to Date’ and this is now live <p>Faculty of Postgraduate Medicine No LDA exceptions</p> <p>Education exceptions</p> <ul style="list-style-type: none"> • GMC Trainee Survey (FY1) had scored highest in the UK for quality of training experience and tenth in the UK for overall satisfaction • Education Audit – excellent scores in most recent GMC Survey in most areas • GMC Survey & FY JEST - Improvement required in following areas: clinical radiology, emergency medicine, general surgery, obs/gynae, urology. Comments around Cardiology will be challenged • Obs/Gynae – Deanery Visit on 3 October 2016 <p>Faculty of Education</p> <p>Leadership & Management</p> <ul style="list-style-type: none"> • The Black Country LETC funded assessment centre project is now coming to an end. The Career and Leadership Development Centres have completed, however impact evaluation continues and will be finalised by the end of the year. Impact evaluations have been received from 33% of delegates. These will be collated and analysed during September. • Advanced PCM is in its final preparation stages ready for the first course in September. All 3 advanced PCM courses have been advertised and are fully booked. <p>ESR</p> <p>Technology Enhanced Learning & ESR</p> <ul style="list-style-type: none"> • Work has commenced with Dr Bateman to review the current use of technology to support education, and explore possible new technologies. The review scope includes; KITE, e-learning, Moodle, App development etc. 	

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	<p><u>EDUCATIONAL GOVERNANCE</u> Mandatory Training Compliance</p> <ul style="list-style-type: none"> The Trust Mandatory training overall target is 90%. The Trust has remained above this target for quarter 1 of 2016/17. The overall compliance is calculated by assimilation of topics that have specific individual targets <p>Vertical Integration</p> <ul style="list-style-type: none"> The Education and Training team is working closely with the 3 GP practices through the VI Primary Care Delivery Group to support the integration of staff to RWT. <p>Library Services</p> <ul style="list-style-type: none"> There was an 8.8% decrease in books loaned in 2015/16 compared to the previous year; however there has been a significant increase in the number of e-books accessed. Negotiations are continuing with the Black Country Partnership NHS Foundation Trust regarding the provision of library service support and a Service Level Agreement has been sent to them via the Contracts Department. The value of the contract would be £13,000 which includes a commitment for the BCPFT to upgrade the book stock at Penn Hospital <p>Clinical Skills & Resuscitation Services</p> <ul style="list-style-type: none"> Risk (4287) Intermittent failure of cardiac arrest bleeps to receive cardiac arrest call messages: New bleeps and software have now been operational with all cardiac arrest teams since May 2016. Incidents of bleep failures are reduced, minor software issues have been identified, however, control measures are working effectively. Level of risk reduced to Yellow (2x3 =6), monitoring is continuing Resuscitation Council (UK) national guidelines 2015 have now been incorporated in all in-service and national course programmes <p>Resuscitation and Clinical Skills curriculum for 2017 is being scheduled, content aligned with Skills for Health – Core Skills Training Framework. BLS2 frequency will be realigned to every 12 months</p> <p>Resolved: Report was accepted.</p>	
6	<p>Assurance Reporting / Themed Reviews</p> <p>External Reviews Registry Report – M Arthur</p> <p>MA presented the above report.</p> <p>Since the last report in March 2016, 18 external review have taken place, 3 reviews have been registered but not yet taken place, 7 reviews are awaiting final report and or formal outcome, 20 reviews remain open with actions in progress and 25 external reviews have been marked for completion and consideration for closure.</p> <p>Ref EV258 MA advised the meeting that this is now with a new manager and an action plan is being developed.</p> <p>MM raised concerns about EV191 dated 03 April 2014. Following discussion, MA agreed to send this back to Directorate for clarification on the date and if applicable update to the action.</p> <p>Ref EV240 MA informed the meeting that the action plan is to be submitted to Division for closure in December.</p>	MA

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	<p>Ref EV193, noted as dated at 2014. The action cannot be closed until the re-build work has been completed.</p> <p>MA then sought the meeting's agreement to close the visits in table 4 of the report. After a brief discussion it was agreed to close.</p> <p>Complaints – A Dowling</p> <p>AD presented the 6 monthly assurance report in regards to complaints management policy.</p> <p>The meeting was informed that the Complaints Policy OP08 was ratified in March 2016. Further awareness and training has been undertaken and is still on going. Following the revised policy, improvements have been seen per quarter. AD reported that Divisions are increasingly obtaining consent to breach and failure to do so results in a meeting with CE to explain their process.</p> <p>Complaints are now a regular item on the Divisions / Directorates meetings.</p>	
7	<p>Issues of Significance for Audit Committee –</p> <p>Audit of effective of ICE once it has been in place for a period to see if it fills the gaps identified by previous internal audit.</p> <p>Issues of Significance for Trust Board –</p> <p>Integrated Quality and Performance Report</p> <p>Patient experience: cancelled operations much improved compared with October 2015. However RTT incomplete shows deteriorating performance, with orthodontics not the key problem. This could impact on access to STF.</p> <p>ED: shows a decline in performance since September but we are still on the top 25 performers. 53 people waited more than 60 minutes. RCA showed earlier escalation could have enabled better management of the high volume (31 in 2 hours) of ambulances.</p> <p>Emergency admissions via ED a continuing success story and bucking the national trend.</p> <p>Sickness absence: nearly 42% of staff have had the flu jab, well short of our target of 75% by December 2016. Will be raised at clinical directors' meeting.</p> <p>FFT: in maternity there is starting to be better and more consistent level of response, and improvements in division 2.</p> <p>Late observations: raised with matrons and accepted as a priority by Matrons</p> <p>MRSA bacteraemia - we disagree with CCG over attribution and they are taking it to arbitration.</p> <p>Safeguarding training: we have adopted 95% as compliance threshold for mandatory training hence red rating. Level 4 children training at 50% due to two new starters (out of a cohort of 4).</p>	

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	<p>Midwives to birth ratio up to 1:31, but will reduce as new staff take up post in November.</p> <p>BAF/Trust Risk Register</p> <p>F&P had challenged the scores for SR8&9, and also SR6, currently amber which they thought should be read. Agreed to discuss at Trust Board.</p> <p>TRR: new red risk 4661 re communication of high risk results and evidence of receipt will stay red until ICE system set up to automate process early 2017/8.</p> <p>NPSA NRLS Organisational Feedback Report</p> <p>Agreed that this report gives us useful assurance about our level of reporting of incidents and that we do appear to be capturing the data.</p> <p>Patient Safety Improvement Group – October – Chair's report Quality Standards Action Group – October – Chair's report Academy Steering Group – October – Chair's report</p> <p>External Reviews Registry Report</p> <p>We sought further information about actions taken on two long-standing visit reports.</p> <p>Complaints</p> <p>Shows good progress with new process. Divisions are increasingly obtaining consent to breach when necessary and those who don't have their systems reviewed</p> <p>Issues of significance for Audit Committee Audit of effective of ICE once it has been in place for a period to see if it fills the gaps identified by previous internal audit.</p>	
8	<p>Evaluation of Meeting – ALL</p> <p>Good lively discussion.</p>	
9	<p>Any Other Business – ALL</p> <p>There was no other business to discuss.</p>	
10	<p><u>Date and time of Next Meeting:</u></p> <p>Wednesday 25 January 2017 2pm, Boardroom, G099, Building 12, Corporate Services Centre</p>	

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COMMITTEES ACTION SUMMARY REPORT

ITEM	Action to be taken raised from the meeting	Lead	Committee Date	Review date	Update
6 – 23.11.16	MM raised concerns about EV191 dated 03 April 2014. Following discussion, MA agreed to send this back to Directorate for clarification on the date and if applicable update to the action.	MA	23.11.16	25.01.17	
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 25.01.17	CE has spoken to Linda Holland. CE informed the meeting that the Policy is changing in regards to the definition of long term / short term sickness. Currently there is no methodology in collating this information but this is being reviewed. After discussion it was agreed to keep this item on the action report until January.
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 23.11.16 25.01.17	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. Bring forward to the November meeting for an update. CE informed the meeting that a meeting with the company had taken place and the issue has not gone away completely. A proposal to TMC to change the system completely has been submitted for Friday.

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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> <i>☎:01902 444957 07798698922</i> </p> <p><u>john.iredale@nhs.net</u></p>
		GN		23.11.16	<p>The meeting discussed this item and considered that even the amended date for completion of the actions in the Water Safety action plan, December 2017 appeared a long way off, given the priority given to this issue. DL and CE assured the meeting that there are regular water checks and any issues are raised with themselves immediately. GN agreed to find out more about the action plan and the timetable for completion and how this affects water safety.</p>
				25.01.17	<p>The meeting discussed this item and considered that even the amended date for completion of the actions in the Water Safety action plan, December 2017 appeared a long way off, given the priority given to this issue. DL and CE assured the meeting that there are regular water checks and any issues are raised with themselves immediately. GN agreed to find out more about the action plan and the timetable for completion and how this affects water safety.</p>

