

Minutes of the Quality Governance Assurance Committee held on the:

Date **Wednesday 22 March 2017**
Venue **Boardroom, G099, Building 12**
Time **2.00pm to 4.00pm**

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

The Royal Wolverhampton NHS Trust

Item No		Action
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>Correction to spelling: page 4, 1st paragraph, 4th line – sought should read sort.</p> <p>RESOLVED: Minutes of the Quality Governance Assurance Committee held on 22 February 2017 were approved as a correct record.</p>	
3	<p>Matters arising from the Minutes</p> <p>The action log was updated 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 advised by CE that every year the indicators on the Integrated Quality & Performance Report are reviewed for quality & performance. A draft of the updated report will be presented at the next meeting for discussion and agreement.</p> <p>CE informed the meeting that there is an on-going issue with TOTO and CCG which CE will raise at the next CQRM meeting. The business case was declined but also there are concerns about the timings in which the CCG review applications for TOTO. A review can take place up to anything within 3 months. The concern is these are high risk patients. RE asked what the Trust is going to do in the meantime. CE advised that the Medical Directorate have brought 2 out of Trust funds.</p> <p>CE advised the meeting of some staff turnover in March which will be reflected in next month's figures. The meeting noted that 16 TUPE transfers of staff will be completed in April. Staff who do not want to be transferred over will be found a vacancy within this Trust.</p> <p>Sickness rate is currently above Trust target, however the figure is reducing. The new Attendance Policy has been approved.</p> <p>CE informed the meeting that from April a levy of £1000 needs to be paid upfront each year per overseas worker to the Immigration Office. Following discussions outside of this meeting CE reported that the Trust will pay for the Filipino nurses in the pipeline who are now ready to apply for their visas, however there are no plans for further recruitment from overseas.</p>	

The Royal Wolverhampton NHS Trust

Item No		Action
	<p>CE reported that there has been a reduction in complaints received in February (25) compared to 41 in January. The meeting was informed that the overall Trust response rate is slightly higher than the 93% stated. Training is being delivered in April on the quality of complaint responses to ensure that those that are re-opened are in fact new issues rather than not answering the original issues effectively.</p> <p>Friends & Family test results is showing an improvement around response rates. The work with the company who collates the data may be starting to have some affect. CE reported to the meeting that she was concerned that the Friends & Family test results would be conducted electronically only; CE was pleased to report that the cards would still be available for those who do not have computers or mobile phones. Emergency Department FFT response rates are showing a slight increase in February. CE informed the meeting that she is querying the Care at Birth rate figures as it is consistently at 100% since August 2016.</p> <p>Late observations recorded in Division 2 are still showing improvement. There are some issues with regards to Wi-Fi cover, IT are still doing scoping exercise, to date this has not been completed in full and there are still some issues within Gynaecology and their intermittent Wi-Fi signals resulting in results not always uploading at time observations are taken.</p> <p>Overall the Safety Thermometer is showing slight improvement, mainly around patients with UTI's and Catheters. Work is on-going with pressure injuries. CE informed the meeting that the CCG want the Trust to be the centre of excellence around wound care and have put in a bid through the regional network, the Trust is part of the business case. There is a slight increase within avoidable pressure injuries.</p> <p>CE reported that the Trust has been visited by and is part of the National Collaborative team, which is being helpful and the Trust has had pilot area on C24 and it does appear that there is a small decrease in falls on this ward. The actions from the pilot are reflected in the new Falls Policy. CE to feedback to the meeting once the National Collaborative team have been back in to review.</p> <p>CE informed the meeting that there is a year to date increase in Carbapenemase Producing Enterobacteriaceae (CPE). A paper on Infection Prevention will go to the Trust Board in May and will focus on CPE. The meeting discussed CPE, including drugs and costs.</p> <p>CE advised the meeting that the Trust now has a Medication Safety Officer. The Director of Pharmacy is working closely to establish how the Trust can get the best out of this post. CE reported that work is on-going with Governance to see how "other" can be categorised on datix thus giving the report better categorisation of the incidents within medication. MA clarified that some of the fields on datix can be adjusted; also a list of what the drop downs could be is being obtained regionally which will help with benchmarking in future. Once this has been agreed MA is hopeful that fewer incidents will be categorised as "other".</p> <p>CE notified the meeting that there has not been a huge improvement within the Safeguarding (Adults & Children) training. She said that a new process is being finalised which will ensure that all safeguarding referrals against the Trust that do not meet the criteria for a section 42 enquiry will be treated as complaints and handled via the complaints process. This will mean the figures for safeguarding referrals will be lower but the complaints figures will be higher. MM observed that the outcomes for the Adults are not listed though the outcomes for the Children's are, and asked what happens to the Adult referrals. CE replied that all are</p>	<p>CE</p>

The Royal Wolverhampton NHS Trust

Item No		Action
	<p>investigated but the majority are not upheld, though there may be issues for the trust to follow up. There is a much greater breadth in adult safeguarding issues. CE agreed that an action section similar to that for children would be included in future reports. [put an action against CE] PREVENT training is slow to pick up following the winter dip. The Trust has until the end of April to reach the percentage target. More training sessions have been put on with reminders being sent out. WRAP training has been arranged for the Trust Board.</p> <p>CE advised the meeting that there were 2 unexpected term babies to neo natal unit. To date one baby is awaiting a second review prior to assigning an NPSA code. The second baby received an NPSA code of 0. JA asked if the .5 numbers on the graph for Unexpected Term Babies to Neo Natal could be removed, CE agreed.</p> <p>Midwife to birth ratio remains stable at 1:31 with recruitment continuing in order to achieve ratios within 1:30.</p> <p>GN presented the Performance section of this report.</p> <p>GN raised concerns about the Diagnostics section of the Waiting Times – Referral to Treatment report, which has failed to meet the target since November. This is largely due to the increased rate of referrals for specialised CT and MRI Heart Investigations. GN explained that there has been a change in NICE criteria and guidance which has resulted in an increase in referrals for both of these diagnostics. In response, the Clinical Director for Cardiology is reviewing the referrals against the criteria and asking that Consultants to review every referral. GN is meeting with the team next week to discuss the various options. GN assured the meeting that the team are working on resolving the issues; however GN cannot give the meeting an assurances to when the target will be met. The meeting was notified by GN that there are less than 100 patients and the waiting time is 6 to 9 weeks. Reviews have found that there is no harm to patients but it is a breach. RE asked if the Trust had been aware of the NICE criteria changes and their implications for diagnostic demand. GN replied that the criteria change was known however the prospect of change in referrals around clinical guidelines had not been identified. “</p> <p>Total time spent in Emergency Department (4 hours) showed signs of improvement in February and GN reported that there is also improvement in the to date March figures. She said that the Emergency Department is now the main focus for 2017/18 for recovery. Trajectories have to be submitted for the other performance targets but the Emergency Department will be the one standard against which trusts will be judged. The aim is to reach 90% by the end of September, sustain this target and reach 95% by the end of March. GN offered to provide a paper with JO explaining the ED figures in more detail for QGAC.</p> <p>RE asked about the number of emergency admissions via the Emergency Department. GN reported that in comparison to February 2015/16 there were 212 less admissions in 2016/17. GN agreed for ease she would include the number as well as the percentage in the report. Attendances at Vocare have increased in February and there was a decline in ED attendances however Monday 20 March saw the busiest day within A&E since it opened.</p> <p>Cancer performance and standard in terms of 62 day wait for first treatment will not achieve the 85% target due to external factors. Extra lists were put on for patients within Gynaecology; therefore an improvement should be seen in March. JA asked about patients waiting over 100 days and whether any harm had arisen. GN said that harm</p>	<p>CE</p> <p>GN / JO</p> <p>GN</p>

The Royal Wolverhampton NHS Trust

Item No		Action
	<p>reviews are done for each patient waiting over 100 days and no harm had been found. JO said that patients were prioritised by tumour type, to avoid harm arising from delay.</p> <p>MM asked if Mortality could be added back into the Integrated Quality & Performance Report. This was agreed.</p> <p>Resolved: Report was accepted</p>	CE
4.2	<p>Board Assurance Framework / Trust Risk Register – M Arthur</p> <p>Board Assurance Framework Key Issues:</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>MA advised the meeting that a report has been received from Baker Tilly with recommendations regarding the BAF report. These included format changes, and a recommendation that the Trust look at what we are using, what is repeatedly not being completed and whether it is adding value, is useful, is helping the Trust to understand where we are at. Following discussions, it was agreed to bring the revised report back to the May meeting for approval. It was also agreed in principle that the BAF and TRR would be brought to this meeting and Trust Board quarterly and that this proposal would be put to the Board after the proposed changes have been discussed at the May meeting. For assurance the people who own the risks will still see the report monthly.</p> <p>Trust Risk Register Key Issues</p> <p>1 new risk:</p> <p>4599 - Emergency Services Governance Arrangements (COO). This new risk concerns lack of time to engage with governance, including managing actions related to NICE and external reviews. The risk does not currently say what work is being done to deal with the issue. This includes a workplan to deal with SUI actions and NICE guidance. It was agreed that the name within no 2 should be removed.</p> <p>Risks 4559 long Luer needles, and 4558, long hollow bore needles: JA noted these should have been updated and asked what the current position was. JO said these issues had been</p>	<p>MA</p> <p>MA</p> <p>JO</p>

The Royal Wolverhampton NHS Trust

Item No		Action
	<p>resolved nationally and the risks should be removed from the TRR.</p> <p>2 risks removed:</p> <p>2836 - Replacement of Lab 2 (COO) – Now managed on local risk register</p> <p>4616 - Safeguarding Risk Due to a Backlog and Inadequate Filing of Antenatal Summary Tracer Cards (COO) – Closed outright</p> <p>4 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>On pages:</p> <ul style="list-style-type: none"> • 1 risk 1714 • 2 risk 2719 • 10 risk 1713 – GN advised the meeting that to date no-one has been appointed yet • 24 risk 4559 – To be updated and closed by JO • 26 risk 4661 – JO to speak to Lewis Grant and update risk accordingly • 28 risk 4558 <p>There are 6 risks that have overdue action dates; updates will be sought on these. GN advised the meeting that she is meeting with Sukhy Khunkhuna to update the risks within her ownership.</p> <p>JA asked if risk 3256 could be removed. GN agreed to put the challenge in.</p> <p>JA asked about risk 4528 and queried why it had been on the risk register for nearly a year. GN to chase for an update.</p> <p>The meeting discussed risk 4596 and JO advised the meeting that discussions were taking place between various Trusts.</p> <p>Resolved: Report was accepted</p>	<p>JO JO</p> <p>GN</p> <p>GN</p>
5	Sub Group Reports	
5.1	<p>Patient Safety Improvement Group minutes – C Etches</p> <p>The meeting accepted the minutes from the February meeting.</p>	
5.2	<p>Chairman’s Report</p> <p>1. Ward Performance report</p> <p>Generally late observations are improving in both Division 1 and 2, although at a slower pace</p>	

The Royal Wolverhampton NHS Trust

Item No		Action
	<p>in Division 1.</p> <p>Falls have decreased in Division 1, but increased since December in Division 2. This reflects last year's data. The new Falls policy has been launched across the organisation.</p> <p>Staffing breaches improved in Division 2, but deteriorated in Division 1.</p> <p>2. Clinical Products Evaluation Group</p> <p>Following its formation in November 2016 the group has changed a number of products to produce savings whilst not impacting on quality or effectiveness.</p> <p>Each change goes through a QIA process. However, it is not deemed as robust as a full risk assessment. Consideration will be given to this issue. Suggestions for evaluation come from local ideas, NHS supply chain or GPO work stream</p> <p>3. Nutrition Steering Group</p> <p>NPSA Alert regarding 'NG tube placement' was discussed in terms of assurance of correct NG placement – the current audit demonstrated only 56% compliance. Patient Safety Improvement Group will receive assurance on the NPSA alert in March 2017.</p> <p>Resolved: Report was accepted.</p>	
5.3	<p>Quality Standards Action Group minutes – Dr J Odum</p> <p>The meeting accepted the minutes from the February meeting.</p> <p>5.4 Chairman's Report</p> <p>1. Radiation Safety Group – 6 Monthly Update</p> <p>For noting, the six monthly report was initially prepared in December 2016 but presentation has been deferred through to March 2017. In view of this, the report will be updated to reflect the additional time period. Also, the report will include themed reviews of radiation incidents involving Radiology and Radiotherapy delivery.</p> <p>2. Clinical Audit Planned Progress</p> <p>An update regarding delivery of the annual Clinical Audit programme was presented for end Quarter 3 position 2016/17.</p> <p>It was noted that good progress has been made over the last 3 years or so, with improvement in delivery of completion of audits against the annual plan.</p> <p>3. Quality Review Revisit Process Proposal</p> <p>Two options were proposed regarding the selection of services to undergo a Quality Review revisit process. It was agreed that service areas which have 2 or more of the 5 CQC domains rated as "requires improvement" or "inadequate", would undergo a revisit. The revisit would be unannounced, would involve 2 or 3 Reviewers, would last 2 hours and would be targeted around the domains previously rated "requires</p>	

The Royal Wolverhampton NHS Trust

Item No		Action
	<p>improvement/inadequate". These domains would undergo a further rating at the time of the revisit.</p> <p>Resolved: Report was accepted.</p>	
<p>6</p> <p>6.1</p>	<p>Assurance Reporting / Themed Reviews</p> <p>External Reviews Registry Report – M Arthur</p> <p>MA presented the above report and asked the meeting to note that there is no table of actions because QSAG's meeting to review and approve is not until 31 March. Report is for information only and will be re-submitted at the next QGAC meeting.</p> <p>Following the presented highlights by MA, MM raised concerns about the length of time some of the reviews have been on the registry report. This was discussed in-depth and agreed that MA would take back to the report author and request a cleansing exercise.</p>	<p>MA</p>
<p>7</p>	<p>Issues of Significance for Audit Committee</p> <p>To seek Audit views on frequency of BAF and TRR and the reporting it needs for its purposes</p> <p>Issues of Significance for Trust Board</p> <p>Integrated Quality and Performance Report</p> <p>CCG's decision to decline the business case for TOTO devices to support pressure relief in the community.</p> <p>Falls: the pilot ward (Ward 24) for the falls collaborative project has seen a decline in falls and this will be fed back to the national falls collaboration team when they visit in April.</p> <p>Emergency department: ED performance will be the priority target in 2017-2018.</p> <p>Referral to Treatment: diagnostic tests: delays first arose in November, and are largely due to changes in NICE guidance and in criteria for referral which have led to an increase in referrals. Actions include asking for a consultant review against the criteria for all cardiac referrals.</p> <p>Cancer waits (p31): patients waiting more than 100 days now down to single figures. A review of all over 100 day waits is done, and no harm has been found to occur. Treatment is prioritised by tumour type.</p> <p>BAF and TRR:</p> <p>Baker Tilley review of BAF and TRR: suggestions on format and level of detail and frequency of reporting. Governance will bring proposals to May QGAC.</p> <p>PSIG Chair's report of the meeting February 2017</p> <p>Clinical Products Evaluation Group doing good work</p> <p>Nutrition Steering Group An NPSA alert regarding nasogastric tube placement was discussed in terms of assurance of correct placement - the current audit demonstrated only 56%</p>	

The Royal Wolverhampton NHS Trust

Item No		Action
	<p>compliance. PSIG will received assurance on the NPSA alert at their March meeting. QSAG Chair’s report: meeting February 2017</p> <p>QSAG agreed a process for selecting services to undergo a revisit after a Quality Review Visit.</p> <p>Other business</p> <p>National Guidance on Learning from Deaths sets out the steps all trusts must take, including reporting on deaths to the board from April 2017 and having a revised policy in place by September 2017. Action for RWT will be to assess our processes against the National Guidance and implement any changes required.</p>	
8	<p>Evaluation of Meeting – ALL</p> <p>The meeting spent too much time trying to resolve issues within the meeting. Chair to direct in future that such matters be resolved outside,</p>	
9	<p>Any Other Business – ALL</p> <p>9.1 IG Toolkit Submission Approval – Dr J Odum</p> <p>JO presented the report and the meeting approved the submission.</p> <p>Any Other Business</p> <p>RE informed the meeting that she had recently attended the National Guidance on Learning from Deaths: A Framework for NHS Trusts and NHS Foundation Trusts on Identifying, Investigating and Learning from Deaths in Care. The meeting set out the steps all Trusts would need to take including reporting on deaths to the Board from April 2017 and having a revised policy in place by September 2017. There is particular emphasis on the guidance on involving bereaved families. Action for the Trust will be to assess our processes against the National Guidance and implement any changes required.</p> <p>RE agreed to do a summary of her notes and circulate to the meeting.</p>	RE
10	<p><u>Date and time of Next Meeting:</u></p> <p>Wednesday 19 April 2017 1pm, Boardroom, G099, Building 12, Corporate Services Centre. Please note this is a Joint Audit Committee and QGAC meeting.</p>	

The Royal Wolverhampton NHS Trust

COMMITTEES ACTION SUMMARY REPORT

ITEM	Action to be taken raised from the meeting	Lead	Committee Date	Review date	Update
4.1	CE reported that the Trust has been visited by and is part of the National Collaborative team, which is being helpful and the Trust has had pilot area on C24 and it does appear that there is a small decrease in falls on this ward. The actions from the pilot are reflected in the new Falls Policy. CE to feedback to the meeting once the National Collaborative team have been back in to review.	CE	22.03.17	19.04.17	
4.1	JA asked if the .5 numbers on the Unexpected Term Babies to Neo Natal could be removed, CE agreed.	CE	22.03.17	19.04.17	
4.1	GN to do a paper with JO and share with the meeting in regards to the main focus of Emergency Department.	GN / JO	22.03.17	19.04.17	
4.1	GN to include the figures and percentage for attendances to the Emergency Department.	GN	22.03.17	19.04.17	
4.1	Mortality data to be added back onto the IQ&P report.	CE	22.03.17	19.04.17	
4.2	The revised BAF to be presented at the May meeting for approval.	MA	22.03.17	19.04.17	
4.2	Risk 4599 to have the name within number 2 to be removed.	MA	22.03.17	19.04.17	
4.2	Risks 4559 long Luer needles, and 4558 , long hollow bore needles: JA noted these	JO	22.03.17	19.04.17	

The Royal Wolverhampton NHS Trust

	should have been updated and asked what the current position was. JO said these issues had been resolved nationally and the risks should be removed from the TRR.				
4.2	Risk 4559 to be updated and closed	JO	22.03.17	19.04.17	
4.2	Risk 4661 JO to speak to Lewis Grant and update accordingly	JO	22.03.17	19.04.17	
4.2	GN to challenge risk 3256 and see if it can be removed.	GN	22.03.17	19.04.17	
4.2	GN to chase an update on risk 4596 .	GN	22.03.17	19.04.17	
6.1	MA to ask the Governance Office if a cleansing exercise can be undertaken on the External Reviews Registry Report.	MA	22.03.17	19.04.17	
9.1	RE agreed to do a summary of her notes from the National Guidance on Learning from Deaths and circulate to the meeting.	RE	22.03.17	19.04.17	
4.2 22.02.17	RE asked about risk 2719 and if there were any findings from the Ward Clerk review – transformation project which was undertaken between November 2016 to January 2017. CE did not have anything to report and following discussions it was agreed to speak to GN upon her return. RE asked for an update on risk 4650 . Once again it was agreed to ask GN for an update.	GN	22.02.17	22.03.17 19.04.17	GN reported to the meeting that there has been no further information. CE chased after the last meeting and the evaluation was being pulled together which are due at the end of March. GN to feedback at the April meeting.
4.1 – 25.01.17	CE reported that there had been a peak in Radiation Incidents and these were being investigated. RE noted that there had been a rise for the last 3 months and asked what the Trust was doing in regards to the	CE	25.01.17	22.02.17	The meeting noted that Radiation Incidents for January were down. It was agreed that this item would be brought forward to the next meeting where a themed report may be available.

The Royal Wolverhampton NHS Trust

	<p>increase. CE advised that each incident is investigated with a RCA and actions associated. Recruitment within the department has improved. RE commented that the regular report to QSAG did not cover lessons learnt from RCAs. CE confirmed that the report does not indicate themes i.e. human errors. RE asked if work could be done to pick out any themes from these investigations and provide a short report. This was agreed.</p>			<p>22.03.17</p> <p>19.04.17</p>	<p>CE reported that following the last meeting a request was made for Malcolm Foley provided themed reports on radiation and radiology incidents. The draft reports have been submitted and CE and JO to meet to discuss.</p>
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The Royal Wolverhampton NHS Trust

Closed Agenda Items – To be removed at the next meeting

ITEM	Action to be taken raised from the meeting	Lead	Carried forward from	Committee Review date	Update
4.1 – 22.02.17	<p>CE advised the meeting that she has asked Paula Haydon for clarification on the unexpectedly low level of incidents reported in December which was then followed by 40 incidents reported outside of Trust Policy (more than 5 days after the incident happened). Also CE has sought clarification on the incident previously reported as causing moderate harm has been re-graded as no harm. JA queried the increase in January under “other” and asked what “other” meant. NB – 3 actions for CE to report back on.</p>	CE	22.02.17	22.03.17	<p>CE updated during the course of the meeting that an email from the Medication Officer explained that the December board report stated 80 medication incidents had been reported – this was a low figure in comparison to usual figures. What is unusual about that month, is that a further 40 incidents have been reported outside of the Trust Reporting Policy i.e. more than 5 days after the incident has occurred. Therefore the figure has been amended for the January board report and brings out reporting level to the usual levels of reporting.</p> <p>Moderate harm – the patient came in from Cannock with query PE and they had sub-therapeutic dose of Morphine and the moderate harm was actually the potential harm that the incident could have caused but the actual harm was zero, which is now why it has been removed from the previous report.</p> <p>The “other” category included:</p> <ul style="list-style-type: none"> • Several reports of incomplete/errors with PSD's- these included no doctors signature, incorrect insulin regime, wrong form, missing INR targets, missing forms

The Royal Wolverhampton NHS Trust

					<ul style="list-style-type: none"> • Security- missing drugs (loss of patients property), discrepancy in controlled drug registers • Unauthorised self-administration by a patient x 2 reports • Controlled drug register not completed on transfer • GP failure to prescribe a medication- eye drops for glaucoma • Wrong dose- warfarin dose in yellow book and INR star did not match; a second report of incorrect dosing <p>Accepted at the March meeting – agreed to close the action.</p>
4.2 22.02.17	4616 - QS104 - Gallstone Disease (COO). It was noted that this should read risk 4596 . PA to ask for the change to be made.	PA	22.02.17	22.03.17	MA confirmed that this has been corrected - CLOSE
4.1 – 25.01.17	The meeting discussed in-depth E Coli and the target changes to be set by the CCG. Following these discussions it was agreed to include CPE chart within this report.	CE	25.01.17	22.02.17 22.03.17	The meeting noted that this was not in the new report. CE advised that this should be in the next report. Bring Forward Completed - CLOSE
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	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

The Royal Wolverhampton NHS Trust

				23.11.16	system completely has been submitted for Friday.
				25.01.17	CE informed the meeting that last month the data had shown an improvement. However, there are still inaccuracies particular within Maternity Services. CE confirmed that the Trust is aware that their responses are not being reflected in the figures coming back to us. That is still on-going with the company that we use. JA asked the meeting if the graphs could show how many responses are received in figures i.e. is it 6 people or is it 67 people. CE reported that currently assurances cannot be taken from the current information. The meeting asked CE to ask the company who collates the information how many other hospitals they support.
		CE		22.02.17	CE advised the meeting that the company covers around 33% of Trusts overall and 50% of Trusts for Emergency Department and Outpatients. CE reported that the issues have not gone away completely. The Trust is currently moving away from paper to texts as it is cheaper. However, paper cannot be excluded completely due to the number of people that we would exclude. Maternity have introduced a system whereby they count how many responses are given back to the company and the company have to sign to confirm that they have received responses. CE reported that despite this system, there is still a difference in the numbers. Following lengthy discussions it was agreed to bring forward to the next meeting.
				22.03.17	Agreed to close
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	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

The Royal Wolverhampton NHS Trust

					to keep this item on the action report until January.
				25.01.17	CE asked if this action could remain on the log as there is still no methodology on how to do it. The meeting agreed.
				22.02.17	CE advised that there is no shift in this and there is no methodology. The meeting noted that the sickness absence is still going up. After lengthy discussions it was agreed that CE would speak to Linda Holland to see if it was possible to interrogate existing data and if possible to come and feedback to this meeting in person.
				22.03.17	Discussed at February Trust Board, agreed to close