

# Minutes of the Quality Governance Assurance Committee held on 26 July 2017

Agenda Item No: 12.4



Minutes of the Quality Governance Assurance Committee held on the:

**Date**                      **Wednesday 26 July 2017**  
**Venue**                     **Boardroom, G099, Building 12**  
**Time**                        **2.00pm to 4.15pm**

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

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1	<p><b>Apologies for absence</b></p> <p>Apologies were noted.</p> <p><b>1a Declarations of Interest</b></p> <p>There were no Declarations of Interest.</p>	
2	<p><b>Minutes of Previous Meeting – Quality Governance Assurance Committee:</b></p> <p>The Chair asked that a duplicate paragraph on page 2 of the minutes “Pressure injuries are showing .....” is removed.</p> <p><b>RESOLVED: Minutes of the Quality Governance Assurance Committee held on 21 June 2017 were approved as a correct record.</b></p>	
3	<p><b>Matters arising from the Minutes</b></p> <p>The action log was updated accordingly.</p>	
4	<p><b>Regular Reports</b></p>	
4.1	<p><b>Integrated Quality &amp; Performance Report – D Hickman &amp; G Nuttall</b></p> <p>DH presented the Quality section of the report.</p> <p>The meeting was notified that complaints received in June were down by 3%. There were 11 cases which took longer than 30 days to respond, however consent was sought to breach meaning the Trust was 100% compliant. There is an on-going piece of work regarding re-opened complaints. Changes to policy are out for consultation in terms of the number of extensions that are agreed. All consent to breach will be closely monitored and more than one single extension will have to be approved by the Complaints Department.</p> <p>DH informed the meeting that the Trust is above the England average for response rates for Inpatients excluding the Emergency Department. Work is being undertaken to improve the recommendation rates. DH reported that there is a specific piece of work being undertaken by the Emergency Department Directorate in regards to FFT. This work is due to the response rate rises and falls as does their recommendation rates. This work will help to understand the key issues. Data will be explored further and if required a focus group, led by Patient Experience will be set up.</p> <p>Late observations remain around the same as previous months with very slight changes.</p> <p>Through the Creating Best Practise group improvements have been seen in late movement of patients.</p> <p>Pressure injuries have seen an increase in unavoidable (31 in June compared to 27 in May) and there is also an increase in avoidable (14 in June compared to 9 in May). The process (scrutiny &amp; accountability) is being reviewed as there is a rise in grade 2's. This is currently in</p>	

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	<p>discussion with the Senior Nurses and Commissioners in terms of whether this needs to be a 2 tier system.</p> <p>Safety Thermometer has been maintained at 95% and this has been driven due to the reduction in falls (prevalence and incidents). The meeting discussed the “tag” system of a nurse being in a bay to watch the patients and is not allowed to leave that area until he / she is replaced by a colleague. MM asked about a new pad by IBM which allows a patient to indicate why they are calling for assistance and MM enquired which Trusts are trialling this item. DH replied that there is a piece of work by Tele Tracking (multi company engagement) who are currently looking at a similar bed system. The Workforce Lead is in discussions to explore this further, whether we could be a trial, what is involved etc.</p> <p>There is on-going decline within C-Diff and MSSA Bacteraemia.</p> <p>Radiation incidents were discussed within the action log.</p> <p>Adult Safeguarding referrals have seen a significant decline. MCA awareness training is now part of the e-learning package and DoLS is yet to be part of the training. Work is still on-going.</p> <p>JA raised concerns regarding the number of admissions of full term babies to the Neo Natal Unit (4), this is higher than it has been for a while and the 3 babies being cooled (born here). JA asked if this was due to an increase of activity here or new-borns coming from elsewhere and wondered if there were enough neonatal beds. JO said that the 500 additional births created additional demand but RWT is not needing to turn people away, and GN said that the unit had not raised issues about staffing levels</p> <p>RE asked about CPE and the comment that one case was probably an RWT transmission and asked DH how this had been decided on. DH replied that this was following initial analysis and a full investigation will take place.</p> <p>GN presented the Performance section of the report.</p> <p>GN reminded the meeting that the Performance report was discussed at the earlier Finance &amp; Performance meeting.</p> <p>GN informed the meeting that the waiting times (number of patients waiting &gt;52 weeks and diagnostic tests) are currently green and she projected that they would continue to remain green. However, 18 weeks remains a challenge. The figure deteriorated slightly in June, but the recovery plan is still in place for 18 weeks.</p> <p>There is a slight dip for the Emergency Department at New Cross in June. The meeting discussed the Emergency Department figures within the Trust. The overall figures were adversely affected by the performance of Vocare which, unlike the other walk-in centres was achieving 97.5% rather than 100%. It was noted that the Emergency Department was above the required trajectory for STF funding. GN reported that the Finance &amp; Performance congratulated all involved within the Emergency Department at New Cross for the improvement in quarter 1 even though the department is still below its target.</p> <p>The meeting noted that the 62 day target for cancer first treatment wait deteriorated in June. GN reported that the Trust was seeing more patients and this was resulting in more breaches and advised that our performance will deteriorate before it gets better. She therefore proposed to include an average waiting time. She said that the Trust has been offered and</p>	

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	<p>has accepted a £100K one off payment to help achieve our 62 day cancer target. It will be spent on diagnostics - additional CT and MRI scans.</p> <p>JA asked why the target for Discharge Summary – Assessment Units has been reduced to 85%. GN replied that the target had been renegotiated with the CCG. Eventually the target will gradually be raised back to 95%.</p> <p>GN explained to the meeting that admissions from Emergency Department figure had crept up but had leveled off. The reasons for this are being looked into by the Divisional Medical Director.</p> <p>MA sought clarification on the 0.5 of a patient in the 62 day target table. GN replied that this represents a shared breach between two organisations.</p> <p><b>Resolved: Report was accepted</b></p>	
4.2	<p><b>Board Assurance Framework / Trust Risk Register – M Arthur</b></p> <p><b>Board Assurance Framework Key Issues</b></p> <p><b>BAF/Trust Risk Register</b></p> <p><b>0 new risks</b></p> <p><b>4 red risks</b></p> <p><b>SR1</b> - Workforce - Recruitment and Retention of staff across the Trust and in particular the future pipeline of nursing and medical staff  <b>SR8</b> - That there is a failure to deliver recurrent CIPs.  <b>SR9</b> - That the underlying deficit that the Trust has (in 2017/18) is not eliminated in medium term to bring the Trust back to financial surplus.  <b>SR10</b> - That the Trust fails to generate sufficient cash to pay for its commitments.  <b>SR11</b>: Condition of the existing estate - quality and flexibility. Noted that the new Head of Estates Development will be looking at the capital plan and in particular the maintenance programme and any works necessary for the combined Stroke Unit and pathology development</p> <p>MM asked if it would be possible for the changes to be put in red on the reports each month to make the changes clearer. MA explained that the authors make the changes and it is not always easy for Sukhbinder to know where changes have been made. It was agreed that the authors would be asked to put their changes in red.</p> <p><b>Trust Risk Register Key Issues</b></p> <p><b>1 new risk:</b> 4767 - Hip Fracture Best Practice Tariff (COO)</p> <p><b>2 risks removed</b></p> <p><b>4650</b> - CICT Model change (COO): Local Authority's new system now working as planned and co-ordination between services improved.  <b>4709</b> - Beynon Centre - Unsuitable Paediatric Environment (COO): managed on divisional risk register</p>	MA

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	<p><b>6 red risks</b></p> <p><b>4161</b> - Shortage of Qualified Nurses across the Division (COO)  <b>2080</b> - Risk to quality of patient care: reduced manpower (COO)  <b>4718</b> - Safeguarding Team Staffing (CNO): this is a small team and absences make a big impact. The position should improve now that there is a vacancy to appoint to and agreement to increase staffing.  <b>4711</b> - CCH - Handling Medical Gas Cylinders (COO) - this really will be removed to divisional risk register by next version.  <b>4661</b> - Lack of robust system for review and communication of test results (MD)  <b>4472</b> - Delays in Cubicle Assessment and Triage (COO).  <b>4113</b> - Division 1 failure to achieve CIP target (COO)</p> <p>The meeting noted that risk <b>4161</b> is now amber and will be removed from the red risk.</p> <p>The following 2 risks were also discussed:</p> <p><b>4268</b> - Diabetes best practice tariff: a small team with vacant posts. The issue was escalated to highlight the difficulties and work is underway to remedy them.</p> <p><b>3256</b> - Audiology at West Park: UKAS accreditation was withdrawn in May 2017 and plans for relocation are remote. It was agreed that this risk and the controls need a complete review.</p> <p>Resolved: Report was accepted</p>	<p><b>GN</b></p>
<b>5</b>	<b>Sub Group Reports</b>	
<b>5.1</b>	<p><b>Patient Safety Improvement Group minutes – D Hickman</b></p> <p>The meeting accepted the minutes from the June meeting.</p> <p><b>5.2 Chairman’s Report</b></p> <p><b><u>SUMMARY OF SIGNIFICANT ISSUES</u></b></p> <p><b>1. Intravenous Tobramycin via midline catheter</b>  This case was represented following significant discussion at May’s PSIG meeting. A risk assessment was also presented.</p> <p>Following a brief discussion this procedure application was approved. It was clarified that this approval is for adult patients only with an application for paediatric use to be presented at July 2017 PSIG.</p> <p><b>2. Ward performance reports</b>  It was noted that there had been significant and sustained improvement in the performance of late observations in both Division 1 and 2. Monthly monitoring continues and reported through the Integrated Quality Performance Report (IQPR).</p> <p><b>3. Serious Untoward Incidents (SUIs) Actions</b>  A report was received citing 154 actions related to SUIs across the Trust, which are still outstanding. The group were very concerned about this and requested assurance of the</p>	

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	<p>process in place to monitor actions. The group recognised the risk associated with unclosed actions and the potential for further SUIs of this nature to occur. PSIG will monitor this on a monthly basis.</p> <p><b>4. Nutritional Support Steering Group</b> Following a change in the management of dysphasia swallow assessment, senior nurses raised a serious concern over the time that patients waited for an assessment, especially over the weekend and Bank Holiday. Significant discussion took place and it was agreed that the SALT lead would present a risk assessment to the Divisional Team to agree how this is to be managed.</p> <p><b>5. Safe Discharges</b> Following a focus by matrons on this issue an action plan is in place and progress is being made. The plan will be implemented for its effectiveness and how well practice is being embedded.</p> <p>RE asked the meeting for permission for the Terms of Reference to be deferred from PSIG for 3 months due to internal Governance issues. This was agreed.</p> <p><b>Resolved: Report was accepted.</b></p>	
<p><b>5.3</b></p> <p><b>5.4</b></p>	<p><b>Quality Standards Action Group minutes – Dr J Odum</b></p> <p>The meeting accepted the minutes from the June meeting.</p> <p><b>Chairman’s Report</b></p> <p><b>1. Trauma Committee Update</b> The Trauma Unit Lead presented an update on compliance with West Midlands Trauma Network standards. The Trust is challenged in achieving data submission for eligible patients, although this should improve following the appointment of a co-ordinator who takes up post on the 12<sup>th</sup> June 2017.</p> <p>The Trust is also challenged in delivering against the standards for arranging whole body and head CT scans for trauma patients, compared with the national mean. The Trauma Committee is currently discussing the imaging requirements with the Radiology Department.</p> <p><b>2. Radiation Safety Group (RSG)</b> The RSG Chairman, Dr Strouhal (Consultant Radiologist) presented an update regarding assurance. In general, there has been significant progress in improving compliance against the actions related to Radiation safety. This includes closing off the final issues from the CQC and WMQRS visits. The significant issue of note is the backlog of unreported CT scans (N=808) and MRI scans (N=1986). The Radiology Department is currently outsourcing a significant proportion of these scans. There are significant numbers of Consultant vacancies in the Radiology Department awaiting appointment. This is a national issue.</p>	



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	<p><b>3. Quality Review Visit – Emergency Department</b>            Dr Li, Consultant Anaesthetist &amp; Intensivist, led the QRV to the Emergency Department on the 22<sup>nd</sup> March 2017. The outcome and ratings for the five domains are as follows:</p> <ul style="list-style-type: none"> <li>- Safe – requires improvement;</li> <li>- Effective – requires improvement;</li> <li>- Caring – good;</li> <li>- Responsive – good;</li> <li>- Well led – good</li> </ul> <p>Dr Li presented examples of good practice and examples of practice requiring improvement across each of these domains. The Matron for the ED was in attendance, and supported the outcomes of the visit, as presented. A plan is in place, with timelines regarding completions of the various actions.</p> <p><b>4. Quality Review Visit – A7 ( Care of the Elderly)</b>            Infection prevention nurse Claire Hayward led the QRV to A&amp; on the 26<sup>th</sup> April 2017. There was no medical representative on the assessment team for this visit. The outcome of the ratings for the various domains following the visit were as follows:</p> <ul style="list-style-type: none"> <li>- Safe – requires improvement;</li> <li>- Effective – requires improvement;</li> <li>- Caring – good;</li> <li>- Responsive – good;</li> <li>- Well led – requires improvement</li> </ul> <p>It is noteworthy that the ward was placed in ‘special measures’ in November 2016 due to escalation of pressure injuries. Examples of good practice and practice requiring improvement were presented and the matron for the ward was in attendance who supported the ratings provided by the team.            It was noted that progress continues across the ward with respect to implementation of action plans.</p> <p><b>5. MBRRACE – UK Surveillance of Maternal Deaths in the UK 2012 – 2014 and lessons learnt to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2009-2014.</b>            Dr Sullivan presented the report of compliance against the gap analysis undertaken within the Obstetric Department. There are two issues of note as follows:</p> <ol style="list-style-type: none"> <li>1. Availability of appropriate ultrasound examination to assess women with early pregnancy emergencies is inconsistently available at the weekends. This is currently under review by the directorate.</li> <li>2. Women of reproductive age presenting collapsed to the ED, in whom a pulmonary embolism is part of the differential diagnosis, should have a focused assessment with sonography in trauma (FAST) scan to exclude intra-abdominal bleeding from a ruptured ectopic pregnancy before thrombolysis is given. Formal reassurance regarding the provision of this scan is awaited from ED.</li> </ol>	

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	<p><b>6. Monitoring of Review and Implementation of NICE Guidance</b></p> <p>Compliance with implementation of TAGs at 1 month is now 100%. This is excellent performance. Compliance at 2 months and 4 months for all other NICE Guidance is 70% and 82%. Further information has been requested regarding completeness of compliance with the non-TAG NICE Guidance.</p> <p><b>Resolved: Report was accepted.</b></p>	
<p><b>6</b></p> <p><b>6.1</b></p> <p><b>6.2</b></p>	<p><b><u>Assurance Reporting / Themed Reviews</u></b></p> <p><b>CQC Compliance Report – M Arthur</b></p> <p>MA presented the report to the meeting and explained that the report is an internal self-assessment ratings report against the CQC core services and fundamental standards of care. The self-assessments have been developed by the Divisional Management teams and Fundamental Standards leads during March and April 2017. The report included the summaries of the previous self-assessments in September and April 2016.</p> <p>The meeting commented on the large number of "requires improvement" judgments, and questioned whether some of the issues against which leads/teams were judging themselves were significant and recommended a more collegiate way of reaching judgments about ratings, to ensure an appropriate balance between insight (knowing that there is a need for improvement) and proportion (how significant any issues requiring improvement are). JO asked if the data is submitted to the CQC, MA replied only if they ask for the information. MA to provide further information about the process of reaching judgments to QSAG and to discuss at QSAG the scope for any changes.</p> <p>The meeting accepted this report.</p> <p><b>Annual Litigation Report – M Arthur</b></p> <p>MA presented the report on clinical negligence and third party claims for 2016-17.</p> <p>MA reported that there was a decrease in the number of clinical negligence claims in 2016/2017 compared to the previous financial year. There was an increase in the number of claims received within Division 2 (A&amp;E) and within Division 1 (Obstetrics &amp; Gynaecology). There has been a decrease in the number of personal injury claims received for the second consecutive year. However, there has been an increase in the number of slips, trips and falls. Inquests have seen a decrease in the number of matters listed before the Coroner's Court in comparison with the previous financial year.</p> <p>Financially, there has been a spend of £5,202,746 for clinical negligence and £258,789 for personal injuries.</p> <p>RE asked if there was a system to follow up whether learning revealed by claims had been acted on. MA said that such a system only applied to those claims reported as SUIs. MA replied that Governance were writing a learning strategy to include claims, and the meeting said they wished to see this.</p> <p>The meeting accepted this report.</p>	<p><b>MA</b></p> <p><b>MA</b></p>

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6.3	<b>Safeguarding Assurance Report (Adults &amp; Children) – deferred until September 2017.</b>	
7	<p><b><u>SUMMARY OF SIGNIFICANT ISSUES</u></b></p> <p><b>Integrated Quality and Performance Report</b></p> <p>Complaints Late Observations Falls Waiting times</p> <p>ED waiting times: challenge for RWT is exacerbated by less-than-100% performance by collocated Vocare</p> <p>Cancer: RWT is treating more patients and will experience more breaches, and the performance will deteriorate before it improves, though we will also monitor average waiting times. RWT have accepted an offer from NHSI of £100k to help with the 62 day cancer target and will use it on diagnostics.</p> <p>Theatres: showing improvements in usage; close scrutiny of two specialties to see how their pattern of use can be improved.</p> <p>Discharge summary: change of target agreed with CCG on assessment wards; targets being met.</p> <p>Admissions from ED: figure has crept up and leveled off, and reasons for this are being looked into.</p> <p><b>BAF/Trust Risk Register</b></p> <p><b>Chair’s Report PSIG</b></p> <p><b>Chair’s Report, QSAG</b></p> <p><b>CQC Compliance Internal Self-Assessment Report:</b> this is the third report of self-assessment made by Divisional Management Teams and Fundamental Standards leads against CQC guidance. QGAC questioned whether some of the issues against which leads/teams were judging themselves were significant, and recommended a more collegiate way of reaching judgments about ratings, to ensure insight and balance.</p> <p><b>Clinical Negligence and Liabilities to Third Parties:</b> this is the annual report on clinical negligence and third party claims for 2016-17. QGAC were concerned that apart from those claims reported at SUIs, there was no structure for ensuring that learning points revealed by claims were acted on systematically, and wish to see progress on a learning strategy Governance is planning to draft.</p> <p><b>Issues of significance for Audit Committee</b></p> <p>There were none.</p>	

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8	<p><b>Evaluation of Meeting – ALL</b></p> <p>Plenty of discussions, interesting.</p>	
9	<p><b>Any Other Business – ALL</b></p> <p>On behalf of the committee, RE thanked Dr Anderson for all of the work done on this committee over the years and on PSIG, which had been enormously valuable. She praised Dr Anderson’s commitment to the Trust and above all to the patients and said she would be greatly missed.</p>	
10	<p><b><u>Date and time of Next Meeting:</u></b></p> <p><b>Wednesday 20 September 2017 2pm, Room 5, WMI. Please note the change of venue.</b></p>	

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COMMITTEES ACTION SUMMARY REPORT

ITEM	Action to be taken raised from the meeting	Lead	Committee Date	Review date	Update
4.2 26.07.17	MA to ask authors to put changes in red on their BAF.	MA	26.07.17	20.09.17	
4.2 26.07.17	<b>3256</b> - Audiology at West Park: UKAS accreditation was withdrawn in May 2017 and plans for relocation are remote. It was agreed that this risk and the controls need a complete review.	GN	26.07.17	20.09.17	
6.1 26.07.17	MA to provide further information about the process of reaching judgments to QSAG and to discuss at QSAG the scope for any changes.	MA	26.07.17	20.09.17	
6.2 26.07.17	RE asked if there was a system to follow up whether learning revealed by claims had been acted on. MA said that such a system only applied to those claims reported as SUIs. MA replied that Governance were writing a learning strategy to include claims, and the meeting said they wished to see this.	MA	26.07.17	20.09.17	
4.2 / 27.06.17	<b>4791</b> - Unplanned activity leading to financial pressures (CFO). <i>GN questioned one of the examples given the risk manifesting itself and would speak to Kevin Stringer about it.</i>	GN	21.06.17	<del>26.07.17</del> 20.09.17	GN informed the meeting that she had spoken to Kevin Stringer about the risk. GN is waiting for a reply from Kevin and will feedback at the next meeting.
4.2 / 27.06.17	<b>4711</b> - CCH - Handling Medical Gas Cylinders (COO). <i>The meeting again queried whether this was a risk suitable for the TRR and agreed it should be removed and managed on the directorate risk register.</i>	GN	21.06.17	<del>26.07.17</del> 20.09.17	GN has asked for this risk to be reviewed and it has been. Update will be visible next month. Bring forward to September.

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4.1 / 17.05.17	GN to benchmark the Trust Stroke figures with other Trusts	GN	17.05.17	<del>21.06.17</del>  <del>26.07.17</del>  20.09.17	GN confirmed that she has picked up the action but it is not available to present. The data is available from the stroke database. The meeting agreed to bring forward to the next meeting.  GN asked for this item to be brought forward to the next meeting.
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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
27.06.17	<b>Terms of Reference</b> The meeting discussed the terms of reference and made several changes. MA to make the changes and submit to Trust Board in July for sign off.	MA	21.06.17	26.07.17	Completed
4.1 / 27.06.17	CE informed the meeting that a piece of work is being undertaken in regards to radiation incidents. CE reported that the figures for April and May are being clarified to see if they are all radiation incidents. CE to report back at the July meeting with the findings. In May there were 64 near misses.	CE	21.06.17	26.07.17	In the absence of CE, DH reported that the Directorate had taken a decision to include near misses in the data and so they could focus on that. Removing the near misses as per last year's data brings the data back down to the range of previous. <b>CLOSED</b>
4.1 / 27.06.17	Recruitment for Midwives is taking place in June, CE to update at the next meeting.	CE	21.06.17	26.07.17	DH reported that there was a successful recruitment and a number of offers were made. If the offers are taken up the Trust will be back to 1:30 local ratio. <b>COMPLETED</b>