

# Quality Governance Assurance Committee Minutes 22 November 2017

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Agenda Item No: 12.7

The Royal Wolverhampton NHS Trust

Minutes of the Quality Governance Assurance Committee held on the:

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

	<b>Name</b>	<b>Role</b>
<b>Present:</b>	R Edwards <b>(RE)</b> - Chair	Non-Executive Director
	M Arthur <b>(MA)</b>	Head of Governance & Legal Services
	C Etches <b>(CE)</b>	Chief Nursing Officer
	G Nuttall <b>(GN)</b>	Chief Operating Officer
	Dr J Odum <b>(JO)</b>	Medical Director
	J Small <b>(JS)</b>	Non-Executive Director
	J Vanes <b>(JV)</b>	Chairman
<b>Apologies:</b>	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><b>RESOLVED: Minutes of the Quality Governance Assurance Committee held on 25 October 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 – September - C Etches &amp; G Nuttall</b></p> <p>CE presented the Quality section of this report.</p> <p>The meeting noted that there were 42 complaints received in October compared to 31 in September. Emergency Department received 8 complaints and Diabetes 6 complaints. Of the 29 complaints closed during October, 17 were closed within 30 working days and 12 took longer than 30 days and these all had consent to breach. There were 11 complaints reopened in October, 6 for Division 1 and 5 for Division 2.</p> <p>CE informed the meeting that the Friends and Family Test response rates did not show a good picture and the concern is that nationally these rates are used as an indicator. The current figures show a dip in the Emergency Department recommendation rates. She said that if the England performance carries on the trend there will be a further dip. RE noted that the Trust has a response rate for Emergency Department close to the national level and we are getting a lower recommendation rate. For Trust wide excluding Emergency Department there is a very high rate of response compared with the national level and a lower recommendation rate. She asked CE if other Trusts with a high response rate had a similar picture to this Trust, i.e. high response rate low recommendation rate. CE advised the meeting that there was only 1% between the recommendation rate excluding Emergency Department to the England figure. CE agreed that the Trust is always below the recommendation rate and would ask the question raised by RE.</p> <p>CE reported to the meeting that both Division 1 and Division 2 had maintained improvement in late observations. CE advised the meeting that discussions had been held in regards to the 5% target being reduced and it has been agreed that this is a reasonable target and will therefore not be altered.</p> <p>The meeting noted the late patient moves after 8pm and 10pm. CE said that she is now more confident about the reasons for the patient moves. The figures do show a slight improvement.</p>	<p><b>CE</b></p>

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	<p>CE outlined the concern in regards to pressure injuries for October. There has been a significant increase in both grades 3 and 2's, both RWT and community acquired pressure injuries. CE has met with the Tissue Viability team to understand the reasons and was informed that the patients are in their late 80's and 90's. There appears to be no trend in lack of assessments or appropriate care planning or delivery of care. CE assured the meeting that this will be monitored to see if it is a genuine spike in October or a continuing trend. She said that there has been no change in the way the figures are counted.</p> <p>CE informed the meeting that Pressure Injuries were going to be renamed Pressure Ulcers.</p> <p>The safety thermometer remains slightly above the target, despite an increase in patients with catheters and a UTI. On the day of the data collection only one patient had a fall with any harm. During October there were 3 falls with serious harm.</p> <p>CE said that the CCG have started to compare cardiac arrests and outcomes from this Trust with national data, to which the Trust does not currently have access.</p> <p>CE informed the meeting that a significant discussion was held at the November PSIG meeting regarding the changes that are going to be put into place because of changes within guidance in regards to VTE's. This is likely to have an impact on the VTE risk assessment performance.</p> <p>The meeting noted that the number of cases of CPE remains at 21. CE anticipates that the Trust will be at 40+ cases by the end of the financial year. RE mentioned that CPE is on the risk register and asked CE if there was any action being taken within the Black Country / West Midlands to try and get more action from other Trusts in screening for CPE and sharing information. CE said that information is shared with Walsall and that the Trust was seeking to persuade NHSI and Dudley to adopt the same approach. A potential concern could arise over discharging patients with CPE.</p> <p>CE mentioned that there has been a reduction in E-Coli and there were none in October related to devices.</p> <p>There were a few medication incidents in October and CE has asked for more detail on a number of the incidents. There is now more categories within the datix reported medication incidents which will see "other" reduce significantly.</p> <p>Radiation incidents are down for October and zero for Radiotherapy.</p> <p>CE reported that there is a reduction in safeguarding adult referrals; however CE is unsure if this is a reduction in incidents or an issue with Trust reporting. CE feels that the Trust should welcome an increase in referrals as this shows an increase in awareness. The other issue within Safeguarding is the training in both adults and children. CE informed the meeting that Wolverhampton is not one of the priority areas for safeguarding but Walsall is.</p> <p>CE informed the meeting that a letter was sent from this Trust capping Maternity. CE reported that she had not heard from anyone who was in receipt of the letter until this week when a response was received from the Director of Quality at Staffordshire CCG challenging some of the data and actions for the short, medium and long term plans about removing the cap.</p> <p>The meeting noted that there were a few reds on the quarter 3 figures for October. CE said that the Number of Mothers Delivered was at 448 which back to the July level but still high: they are still feeling the pressure within the unit. Elective c-section rates have increased</p>	

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	<p>slightly. RE did not feel that this was a problem. Midwife to Birth ratio is currently at 1:31.5.</p> <p>It was noted that there were four early neonatal deaths during October. Following discussions it was agreed to put the data into a different format for confidentiality reasons.</p> <p>CE raised concerns regarding where the Workforce section of the IQ&amp;P report is not reported on. GN assured the meeting that it is discussed in the Finance &amp; Performance meeting which is attended by Alan Duffel, Director of Workforce. This section is also discussed in the Workforce Meeting. GN informed the meeting that following a conversation with Alan Duffel if there is anything that did need to be escalated to this meeting, GN would take responsibility in relaying the information. He said that outsourcing would provide the best solution and that something should be in place in the next few weeks.</p> <p>GN presented the performance section of this report. GN informed the meeting that the performance section of the report was discussed in-depth at the Finance &amp; Performance meeting earlier in the day.</p> <p>GN informed the meeting that cancelled operations for non-medical reasons was showing good progress.</p> <p>Referral to Treatment is in the red for 18 weeks incomplete, however the figure shows that the Trust is still achieving. GN reported that the Trust will not be booking any routine elective surgery in the first week of January, surgery will commence on Monday 8 January. This will not be applicable at Cannock.</p> <p>GN informed the meeting that ambulance conveyances are increasing and on some days there have been significant challenges.</p> <p>The number of emergency admissions via the Emergency Department in October is the highest number of admissions in this financial year. This is a significant increase to last year. The meeting discussed the figures and were assured that there are no issues to be concerned about.</p> <p>GN mentioned that Vocare's performance in October deteriorated to 94.76%, this has been flagged by this Trust to the CCG. GN informed the meeting that some cases are being diverted back down to the Trust Emergency Department especially Paediatrics. The meeting discussed this further.</p> <p>The meeting discussed in-depth ambulance conveyances and it was noted that the Trust has increased by approximately 3%.</p> <p>GN reported to the meeting that cancer is still a challenge to the Trust. In October a total of 117 patients were treated and this is the second busiest month to date. Monitoring of cancer is increasing and escalating. Working relationship with Dudley is improving with offers from Russell Hall to share breaches over referrals, this has been welcomed by this Trust. There is still a lot of work to be done to achieve the standard.</p> <p>Delayed Transfers of Care are starting to reduce from July. GN was pleased to announce that there is now a significant amount of engagement from South Staffordshire. The aim of the Trust is now to sustain the improvement and focus.</p> <p>JV asked about the reduction in General Surgery theatre utilisation. GN informed the meeting that all theatre utilisations dropped in October and this was due to half term. GN suggested that instead of sessions being cancelled they were left hence the reduction in utilisation. GN</p>	

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	<p>also confirmed that in General Surgery there had been other challenges.</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>0 new risks.</b></p> <p><b>4 red risks:</b>  <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 CIP's.  <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.</p> <p><b>Trust Risk Register Key Issues</b></p> <p><b>1 new risk:</b>  <b>4849</b> - CT reporting (COO)</p> <p><b>2 risks removed:</b>  <b>4793</b> - Risk to the income of the Trust as new clinical coding categories has been introduced (HRGv4+) (CFO)  <b>4540</b> - Non-compliance with Mandatory Training (COO) – this will now be managed on HR risk register.</p> <p><b>5 red risks:</b>  <b>2080</b> - Risk to quality of patient care: reduced manpower (COO)  <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)  <b>4866</b> - £1.362m risk in the income plan (CFO)</p> <p>RE challenged the date of origin and escalation on risk <b>4849</b>. MA agreed with the query and agreed to get the dates checked. GN informed the meeting that she has put a challenge on this risk.</p> <p>MA advised the meeting that the remaining 5 red risks have been received with either positive controls or positive assurances added to them.</p> <p>RE queried risk <b>4375</b> where it states 0 planet jobs in October. Following discussion GN agreed to check this and update. GN confirmed that she had asked for this risk to be reviewed and updated.</p> <p>RE asked about risk <b>4286</b> and noted that the risk stated <i>7) present service level will not enable compliance to BPT for 2017 (10.10.17)</i>, however in column Evidence that it is working states <i>5) Additional support enabled compliance to BPT standards for 2017 (10/10/17)</i>. This was discussed and it was agreed that GN would pick this up and GN to e-mail her findings to the meeting.</p>	<p><b>MA</b></p> <p><b>GN</b></p> <p><b>GN</b></p>

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	<p>JS asked if there was anything further that could be done to support risk <b>4862</b> and it was also noted that there were no dates on this risk. GN to pick up and email response.</p> <p>JS queried risk <b>4528</b> and asked how many and what were the incidents and what is the current update. GN replied that this has not been reviewed and will update at the next meeting.</p> <p>JS asked about risk <b>4661</b> and JO replied that it ICE system is currently being rolled out around the Trust but a timescale cannot yet be given.</p> <p>JS asked for an update on risk <b>4706</b>. GN advised that some of this risk had not been updated due to no change. RE asked if Estates had done the full drainage review and GN that she is still waiting for the full drainage review and to date the drains are still an issue.</p> <p>JS enquired about risk <b>4715</b> and asked if there were any plans in place. GN confirmed that this risk had been updated in November and will be downgraded.</p> <p>RE asked for assurance on risk <b>4849</b> and JO replied that it is not a risk particularly. JO explained the process to the meeting.</p> <p>Resolved: Report was accepted</p>	<p><b>GN</b></p> <p><b>GN</b></p>
<p><b>4.3</b></p>	<p><b>NPSA NRLS Organisational Feedback Report – M Arthur</b></p> <p>MA presented the above report.</p> <p>The meeting noted that this was the latest organisation feedback report over a 6 month period, October 2016 to March 2017.</p> <p>MA informed the meeting that the Trust reporting performance was now just within the middle 50% of trusts, without any particular actions having been taken. It was also noted that we are under a couple of our peer groups for some of the reporting. This report was accepted.</p>	
<p><b>5</b></p>	<p><b>Sub Group Reports</b></p>	
<p><b>5.1</b></p>	<p><b>Chairman’s Report – PSIG – October– C Etches</b></p> <p><b>1. Ward performance</b> Overall this provided the group with a level of assurance around improved performance, of note were:</p> <ul style="list-style-type: none"> <li>• Late observations in both divisions had reduced</li> <li>• Reduced falls, with the exemption of a patient with repeat falls</li> </ul> <p>Concern was noted with regards to patient weights in some particular area (Division 2).</p> <p><b>2. Serious Untoward Incident report (SUI)</b> The group continues to monitor unclosed action from previous SUIs. This includes actions for the operational arm and corporate areas. Reassurance was provided by governance that each directorate and division monitors outstanding actions at each governance meeting. PSIG will continue to monitor monthly until open actions reach an acceptable level.</p>	

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5.2	<p><b>3. Sign Up To Safety report</b>            A comprehensive report was received on the overall project for each area: Obstetrics and Gynaecology, Trauma and Orthopaedics and Emergency Department.</p> <p>EPAU have commenced the process and Patient Experience had just had an introduction to the programme.            Trauma and Orthopaedic and Emergency Department have a timeline for their involvement.</p> <p>The budget allocated for this project will be sustained until October 2018.</p> <p><b>Resolved: Report was accepted.</b></p> <p><b>5.2 Patient Safety Improvement Group minutes - October</b></p> <p>The meeting accepted the minutes from the October meeting.</p>	
5.3	<p><b>Chairman's Report – QSAG – October 2017 - Dr Odum</b></p> <p><b>Safeguarding Report</b></p> <p>QSAG received an update on the Trust position including the Serious Case Reviews and Health Reviews Commission. There has been an improvement in the MCA/DoLS mandatory training compliance, but there needs to be an enhanced focus across the whole organisation, including medical staff regarding completion of the training and understanding of the issues. It was noted that the training compliance has improved to 61% as of September 2017.</p> <p><b>Clinical Audit Update</b></p> <p>Good progress continues to be made with the delivery of Clinical Audit across the directorates and the Trust. The updated completion and compliance rate was noted. There is one national audit that the Trust is not participating in at present (Diabetes in pregnancy audit) which will be discussed further with the O&amp;G directorate.</p> <p><b>Internal Quality Review Visit – C25</b></p> <p>This QRV rated C25 as good for all domains except Safe where it was rated as "requires improvement". It was agreed that a further revisit would be scheduled, to be undertaken by the same visiting team, as part of the ongoing process.</p> <p><b>NCEPOD “Treat as One” Gap Analysis</b></p> <p>The main issue here relates to gaining assurance around compliance with the recommendations arising from this NCEPOD report. Further work is to be undertaken to ensure actions are assigned, dates confirmed and the report re-circulated.</p> <p><b>Information Governance/Toolkits report</b></p> <p>An update on the compliance with the 45 requirements contained within the IG Toolkit were discussed. The mid-year position is satisfactory and a compliant submission for 31st October 2017 was approved.</p> <p>For the 8 GP Practices, although a submission mid-year is not required, compliance was</p>	



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5.4	<p>reviewed and discussed. Compliance varies from 66% - 100%, and further work will be undertaken with Practices to review overall compliance with Toolkit requirements.</p> <p>The Trust receives between 500 – 600 FOI's annually, many of which are complex. There is a significant number of breaches of the 20 day response requirement.</p> <p><b>Quality Standards Action Group minutes – October</b></p> <p>The meeting accepted the minutes from the October meeting.</p>	
5.5	<p><b>Chairman's Report – CLIP – November 2017 – M Arthur</b></p> <p><b><u>Deep Dive Review – Adverse Incidents</u></b></p> <p>A report was presented which highlighted a deep dive review of the following adverse incident subcategories a) patient journey, b) treatment / procedure, c) policy and procedure breaches. The reporting period covered October 2016 to September 2017. These categories were amongst the highest reporting adverse incidents but were not routinely captured within existing topic work streams e.g. falls, medication safety, VTE etc. Patient journey incidents accounted for 1697 reports of which 1686 were no/low harm but 10 were judged to be moderate harm and 1 judged to be severe harm. Treatment incidents accounted for 2201 incidents of which 168 were reported as moderate harm, 17 were reported as severe and 10 as death. A smaller number of policy/procedure breaches were reported with 294 incidents reported with 2 being judges as moderate harm, the rest were no/low harm. Each of the moderate/severe/death harms were reviewed, it was confirmed that any incident reported as moderate harm and above had been subject to duty of candour process. A number had been subject to serious incident investigation, the rest undergoing scrutiny at directorate/divisional level. No specific ward or department was highlighted although T&amp;O reported higher numbers of skin damage (not pressure ulcer) incidents than any other area.</p> <p><b><u>Patient Experience Report</u></b></p> <p>A summary report covering quarter 1 and 2 was presented. A significant improvement with complaint management was highlighted quarter on quarter with 100% compliance now being reported. The five top complaint themes reported include a) attitude, b) clinical treatment, c) delay, d) general care and e) patient discharge. The areas with the highest numbers of incidents reported across these categories include a) A&amp;E Dept, b) Obs &amp; Gyn, c) renal. The highest number of PALs issues reported includes a) delays, b) care, c) information and communication.</p> <p>The report concludes that further work on identifying and implementing lessons learned from complaints was required. A work programme has been agreed. Specific learning identified following complaints involving rheumatology, cardiology, surgery and human resources was noted. Learning/feedback is now regularly included within the divisional level reports.</p> <p>The delay category was reported across incidents, complaints and PALs, following discussion it was agreed that these matters were being addressed through the operational management teams lead by the COO.</p> <p><b><u>Other issues</u></b></p> <p>Agreed further deep dive reviews will include section 42 – safeguarding adults at risk of abuse/neglect and legal services report.</p>	

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5.6	<p><b>CLIP Minutes</b></p> <p>CEm to send to the Committee once completed.</p>	CEm
5.7 / 5.8	<p><b>Chairman’s Report – Academy Steering Group &amp; Academy Steering Group Minutes – Dr Odum</b></p> <p>RE advised the meeting that this group would now be discussed within another committee which will be discussing HR and staffing issues.</p>	
6  6.1	<p><b><u>Assurance Reporting / Themed Reviews</u></b></p> <p><b>External Reviews Registry Report – M Arthur</b></p> <p>MA presented the above paper to the meeting and it was noted that the compliance within the policy OP61 as significantly improved in most areas. The Governance Support Team conducted a review and suggested changes to the process to reduce any unnecessary paperwork.</p> <p>The following options were presented and approved at QSAG in October:</p> <ul style="list-style-type: none"> <li>• Form A (registration) to become optional (instead of mandatory). The registration of visits is frequently done via email, phone call or discussion in a Governance Meeting. The Governance Officer then completes Form A on the Directorates behalf or inputs information directly on to the External Reviews Registry. A copy of pre-visit action plans (as required) must be provided to the Governance Officer.</li> <li>• Form B (outcome) to become optional (instead of mandatory). Outcomes and recommendations are discussed at directorate governance meetings and monitoring groups. Governance Officer to input information directly on to the registry. Copies of final report, post visit action plan (if applicable) and RAG rating by lead still to be required, along with regular verbal updates.</li> </ul> <p>There are 59 open visits listed on the Registry, 8 reviews have been registered but not yet taken place, 37 reviews have been undertaken and have actions in place, 14 reviews have been presented at Division and assurance provided of implemented actions. The visits were presented at the October QSAG and agreed to be submitted to this meeting for final approval for closure. The meeting discussed the amber and not rated.</p> <p>CE asked who would rate the <i>not rated</i>. MA advised the lead for that visit and explained that they have not given their say on the visit.</p> <p>Actions for MA:</p> <p><b>EV263</b> – clarify sentence <i>confirmation from the HSE inspector that the notice of contravention has been received</i>.</p> <p><b>EV305</b> – remove <i>and shared from 3<sup>rd</sup> sentence</i>.</p> <p>The meeting approved the closures.</p>	

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7	<p><b>Issues of Significance for the Board</b></p> <p>Agreed that the chair would report the following:</p> <p><b>Assured</b></p> <p>Issue: Clinical Audit Update: QSAG received a report showing good progress with the delivery of clinical audit across directorates.</p> <p><b>Partially Assured</b></p> <p>Issue: closing off actions raising from SUIs: PSIG continues to monitor unclosed actions from previous SUIs.</p> <p>Issue: Changing the culture: progress with Sign Up to Safety: PSIG received a comprehensive progress report on the overall project for each area - Obstetrics and Gynecology, Trauma and Orthopaedics and Emergency Department. The budget for the project will continue until October 2018.</p> <p>Issue: learning from adverse incidents: Complaints, Litigation, Incidents and PALS (CLIP) received a report on a deep dive review of adverse incident subcategories - patient journey; treatment/procedure; policy and procedure breaches.</p> <p>Issue: Safeguarding: the Safeguarding Lead for the Trust presented an update on the Trust position including the Serious Case Reviews and Health Reviews Commission.</p> <p>Trust Risk Register risk 4286: Paediatrics Diabetes Best Practice Tariff</p> <p><b>Not assured</b></p> <p>Trust Risk Register: 4706 - longstanding maintenance challenge around infrastructure/environment in Nucleus Theatres</p> <p>Trust Risk Register CPE: 4841 - as well as featuring on the Integrated Quality and Performance Report, this has now been placed on the TRR.</p> <p>Trust Risk Register; 4862 - increasing demand for neonatal cots: difficulties with staffing and equipment cited between January and October.</p>	
8	<p><b>Evaluation of Meeting – ALL</b></p> <p>On time.</p>	
9	<p><b>Any Other Business – ALL</b></p> <p>There was no other business to discuss.</p>	
10	<p><b><u>Date and time of Next Meeting:</u></b></p> <p><b>Wednesday 24 January 2018, 2pm, Boardroom, G099.</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
4.1 / 22.11.17	RE noted that the Trust has a response rate for Emergency Department close to the national level and we are getting a lower recommendation rate. For Trust wide excluding Emergency Department there is a very high rate of response compared with the national level and a lower recommendation rate. She asked CE if other Trusts with a high response rate had a similar picture to this Trust, i.e. high response rate low recommendation rate. CE advised the meeting that there was only 1% between the recommendation rate excluding Emergency Department to the England figure. CE agreed that the Trust is always below the recommendation rate and would ask the question raised by RE.	CE	22.11.17	28.01.17	
4.2 / 22.11.17	RE challenged the date of origin and escalation on risk <b>4849</b> . MA agreed with the query and agreed to get the dates checked.	MA	22.11.17	28.01.17	Sukhbinder Khunkhuna is checking.
4.2 / 22.11.17	RE queried risk <b>4375</b> where it states 0 planet jobs in October. Following discussion GN agreed to check this and update.	GN	22.11.17	28.01.17	
4.2 / 22.11.17	RE asked about risk <b>4286</b> and noted that the risk stated 7) <i>present service level will not enable compliance to BPT for 2017 (10.10.17)</i> , however in column Evidence that it is working states 5) <i>Additional support enabled compliance to BPT standards for 2017 (10/10/17)</i> . This was discussed and it was agreed that GN would pick this up and	GN	22.11.17	28.01.17	

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	GN to e-mail her findings to the meeting.				
4.2 / 22.11.17	JS asked if there was anything further that could be done to support risk <b>4862</b> and it was also noted that there were no dates on this risk. GN to pick up and e-mail response.	GN	22.11.17	28.01.17	Email response from Jayne Johnson: The clinical team have a planned session on the 8 <sup>th</sup> December to review the last 12 months activity / acuity, the numbers of refused transfers to NX from other Trusts & transfers out due to capacity. I have discussed this with Lewis as when I reviewed the data it was apparent that it is not additional cots that are required by there is not the correct number in each category to meet the change in maternity case mix, I.e potentially reduce SCBU and increase HD/ ITU. Once the clinical team I have confirmed the clinical demand a business case can then be written to reflect the appropriate nursing workforce to safely run the unit at full capacity. There be a need for some additional equipment as a result of the this
4.2 / 22.11.17	JS queried risk <b>4528</b> and asked how many and what were the incidents and what is the current update. GN replied that this has not been reviewed and will update at the next meeting.	GN	22.11.17	28.01.17	
5.6 / 22.11.17	<b>CLIP Minutes</b> - CEm to send to the Committee once completed.	CEm	22.11.17	28.01.17	Sent to QGAC members on 01.12.17 – CLOSE
6.1 / 22.11.73	Actions for MA: <b>EV263</b> – clarify sentence <i>confirmation from the HSE inspector that the notice of contravention has been received.</i> <b>EV305</b> – remove <i>and shared from 3<sup>rd</sup> sentence.</i>	MA	22.11.17	28.01.17	Confirmation recieved that notice has been satisfied and closed by HSE.  Clarification sought and received at 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
4.1 25.10.17	GN to add to the report local target, this will show how long people are waiting (Cancer Waiting Times)	GN	25.10.17	22.11.17	GN advised the meeting that this will commence in January - CLOSE
4.1 25.10.17	JV raised concerns about the Primary Care appraisal rates. This was discussed and it was agreed that JO would speak to Sultan Mahmud to clarify.	JO	25.10.17	22.11.17	Completed - Close
4.2 25.10.17	The meeting discussed on risk <b>4411</b> if the word <i>planet</i> was correct or if it was a typo error. GN to confirm and report back via e-mail after the meeting.	GN	25.10.17	22.11.17	GN confirmed via e-mail after the meeting that Planet is the Estates Maintenance programme.  Drax is the system used to transmit fire alarms to switchboard  Close
4.2 20.09.17	RE asked for an update on risk 4286. TP was unable to comment due to it being a Division 1 issue. RE asked about DNA rates and what could be done to reduce them and CE advised that adolescents have a very high DNA rates. After a brief discussion, it was agreed to raise this risk with GN.	GN	20.09.17	<del>25.10.17</del>  22.11.17	Bring forward to the next meeting at the request of GN.  Updated - Close
4.2 20.09.17	RE mentioned that risk 1713 does not reflect the much more positive information about the steps being taken which was given at Audit Committee. JO agreed to update this risk.	JO	20.09.17	<del>25.10.17</del>  22.11.17	Bring forward to the next meeting at the request of JO.  Updated - Close