

Minutes of the Quality Governance Assurance Committee 24 January 2018

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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 24 January 2018
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
	J Hemans (JH)	Non-Executive Director
	D Loughton (DL)	Chief Executive
	G Nuttall (GN)	Chief Operating Officer
	Dr J Odum (JO)	Medical Director
	J Small (JS)	Non-Executive Director
Apologies:	J Darby	Non-Executive Director

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1	<p>Apologies for absence</p> <p>Apologies were noted.</p> <p>1a Declarations of Interest</p> <p>There were no Declarations of Interest.</p>	
2	<p>Minutes of Previous Meeting – Quality Governance Assurance Committee:</p> <p>MA asked for the following change to be made on page 6, item 4.3 3rd paragraph: <i>It was also noted that we are under our peer groups for medication, documentation and implementation of on-going monitoring of care.</i></p> <p>MA asked for the following change to be made to the Chairman's report from the CLIP meeting, page 8, item 5.5, line 10: <i>judged</i> not judges</p> <p>RESOLVED: Minutes of the Quality Governance Assurance Committee held on 22 November 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 – December - C Etches & G Nuttall</p> <p>CE presented the Quality section of this report.</p> <p>The meeting was informed that there is a downward trend of the number of complaints and the rate. There were 25 complaints in December compared to 35 in November. Also being maintained is the compliance of the response rates. Directorates are showing that they have more effective systems in place and are therefore not breaching without consent. In December there were 29 complaints closed, 14 were closed within 30 working days and 15 took longer than 30 days but all had consent to breach. CE informed the meeting of a lesson learnt from a complaint regarding the general lack of care of a patient. The lesson was to ensure that information is displayed above the patient's bed to identify those who require assistance with eating and drinking. This is being progressed by the Matron group for roll out across the Trust once ratified.</p> <p>Excluding the Emergency Department, the FFT results are showing an increase in the response rates and recommendation rates. The Trust is still not hitting the England target on the recommendation rate. CE advised the meeting that the Trust patient feedback leaflet is being reviewed and will be re-launched.</p> <p>CE explained to the meeting that the FFT report response rates for the Emergency Department over the last 12 months shows that the figures very rarely hit or exceeded the</p>	

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	<p>England average around the Emergency Department but there has been a small increase which is encouraging. The recommendation rates show our figures (82%) are below the England target of 87%. CE informed the meeting that the Patient Experience Department are working with the Emergency Department and they are undertaking a bespoke survey to try and obtain some triangulation with some of the data from FFT and then a bespoke survey neutral people.</p> <p>It was noted that there is deterioration in late observations within both Divisions.</p> <p>The late patient moves is the highest it's been after 10pm. CE feels that this is due to the operational pressures and delays in moving patients. There has been a dip in the overall admissions within the Trust and an increase in the over 4 hour breaches within the Emergency Department.</p> <p>There is an improvement in the number of pressure injuries and also the unavoidable reduced from 34 in November to 24 in December. In December there was an increase of 1 avoidable from November. CE feels that the work that is being undertaken is having some sustained improvement. RE asked if our figures could be compared to other Trusts. CE replied that we are not comparing like for like. CE assured the meeting that every pressure injury within the organisation is known and what grade it is throughout the patient journey.</p> <p>RE asked CE for an update on the Toto Business Case. CE replied that the CCG had not approved the business case. Instead the CCG had proposed setting up a night service which would involve two staff travelling to each patient in need twice a night to turn them manually. CE explained that there are a significant number of patients within Wolverhampton who are bed ridden. While a Toto bed which continually moves the patient this does not suit everyone, it was the best solution to prevent pressure injuries developing. The Trust would be meeting the CCG again and CE assured the meeting that she will report back with a progress update.</p> <p>Safety thermometer is showing a sustained improvement.</p> <p>The meeting noted that C-Diff was 1 for December; however, the Trust is currently 2 cases ahead of target as of December. The Trust has seen another case of MRSA and is currently 2 cases above target at the end of month 9. A table top was held in regards to this case but due to the Trust being unable to demonstrate what we had the case had to be declared as avoidable. E-Coli's have increased in December. There is an upward trend of MSSA Bacteraemia. December saw no new cases of confirmed CPE.</p> <p>CE reminded the meeting that there had been an outbreak of flu within the Organisation. This will be discussed further within the January IQ&P report.</p> <p>Medication incidents in December have been low level harm. CE confirmed that she had asked for the definitions of the harm and was assured that they are national definitions that we are using.</p> <p>CE explained to the meeting that there is a challenge for staff to complete the Safeguarding Level 3 training for adults and children. CE advised the meeting that bespoke training is taking place around the site. CE assured the meeting that the Trust is ok contractually but not in terms of our own standards. RE asked about the standards that we have set ourselves, which are quite high, if we are going to reflect on this and have standards that are achievable. JH confirmed that this will be discussed at the new Workforce Group. CE spoke to Fiona Pickford in regards to Safeguarding moving forward. CE noted to the meeting that adult referrals against us and to us are low. The meeting agreed that this figure should be higher;</p>	<p>CE</p>

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	<p>this was discussed further within the meeting.</p> <p>Midwife to birth ratio is currently at 1:31 with midwifery recruitment underway for minimum vacancy. Recruitment is from Walsall, Dudley and some are staff returning to the Trust after leaving.</p> <p>Number of Mothers delivered has reduced in December to 434 from 482 in November. The December figure is still above the Trust target of 416. RE asked about the implications for Consultant numbers now that the annual births are over 5,000. GN said that Middle Grade cover and Consultant cover were both on the Divisional risk register. DL replied that discussions would need to be held with the Commissioners.</p> <p>CE advised that the Maternity Directorate have invited in the company who run Birth Rate Plus who will take away 3 months figures and analysis in depth.</p> <p>CE informed the meeting that Trust appraisal rate is above target in December.</p> <p>The meeting discussed the figures for the Safer Staffing. This shows the staffing of nursing, midwives and care staff for days and nights. RE asked about the Trust being a national outlier for staffing as stated on the Trust Risk Register. CE assured the meeting that the Trust does not feel like an outlier. CE explained to the meeting that Trusts may decide on different safe staffing levels for each ward; some may set a level of 4 nurses where another will only have 2. A Trust which sets a high level of staffing but then does not achieve it will show up as having failed to meet the standard, when it might have the same or better level than the Trust which sets itself a lower level of staffing. CE informed the meeting that following the Quality Review Visits run by the Trusts only one area has raised concerns about their staffing levels.</p> <p>GN presented the performance section of this report.</p> <p>GN drew the meeting's attention to the red on December's cancelled operations rate; this was the first red for a long time. This was due to the Cath lab broken down for Cardiology, equipment not available for General Surgery and patient not listed correctly and kit date expired within Orthopaedics. GN reported that January will be there or there about.</p> <p>GN informed the meeting that a full elective operating programme was due to commence the second week of January, however due to the national pressures, 15 operations were cancelled. These were cancelled prior to the day of surgery they will not reflect in the January numbers.</p> <p>The meeting discussed how exceptionally challenged the Emergency Department had been in November and December. January has also been a challenging month and this will be reflected in the next IQ&P report. GN stressed to the meeting that when the Emergency Department is crowded there are incidents and things are missed. Currently there is nothing coming through PALs at the moment but a spike is expected. JO advised the meeting that mortality rates may also increase.</p> <p>Ambulance handover's also deteriorated in November and December and there was one 12 hour breach in December. This was a child who needed a bed in PICU and was transferred to Stoke. GN has not heard if there were any adverse incidents in the delay.</p> <p>GN informed the meeting that the Trust is in the middle of the national table for Emergency Department and we are currently performing better than some of our neighbouring Trusts.</p>	

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	<p>The meeting expressed its deep concern about Vocare's performance. It was agreed that if Vocare were to hit 100% it would help the Trust Emergency Department figures. While Vocare is nothing to do with this Trust and is in fact run independently from this Trust, the public will not see it that way. Vocare even had to shut due to lack of staff one night in January. It was intended to take up to 40% of patients coming to the Emergency Department but is in fact only able to treat 6%. The meeting asked that this item be noted in the Chair's report for escalation to the Trust Board.</p> <p>CE asked GN who sets the targets for the Cancer waiting times; GN replied that they are nationally set.</p> <p>GN advised the meeting that there is a revised cancer action plan, written by Dr Simon Grumett, which she will share with the NEDs. GN informed the meeting that this plan has been signed off by the CCG and the Regional Cancer Clinical Lead. The Trust will monitor the action plan on a regular basis.</p> <p>The meeting noted that the 2 week wait for cancer and the 2 week wait for breast symptomatic have not been red for a significant amount of time but in December they were red. This was due to challenges with Christmas (2 week wait for cancer) and the 2 week wait for breast symptomatic was due to a 40% increase in referrals. GN informed the meeting that she is not aware of any reasons for this increase but it seems to be a Wolverhampton issue.</p> <p>RE commented that the actions to reduce delays in transfer of care seem to be working and showing signs of significant and continued improvement.</p> <p>Resolved: Report was accepted</p>	GN
4.2	<p>Board Assurance Framework / Trust Risk Register – M Arthur</p> <p>Board Assurance Framework Key Issues</p> <p>MA advised the meeting that there had been no grade changes and all of the risks have been update this month.</p> <p>0 new risks.</p> <p>2 amber risks:</p> <p>SR6b - Black Country or Staffordshire STP has an adverse impact on RWT income or services SR11 - Condition of the existing Estate - Quality and flexibility</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 SR4 - Risk of adverse impact on the Trust following service transfer in November 2014 due to underlying financial gap of £6million SR8 - That there is a failure to deliver recurrent CIP's. SR9 - 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. SR10 - That the Trust fails to generate sufficient cash to pay for its commitments.</p>	

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	<p>RE commented that the BAF format is now very clear and having the updates in red is helpful.</p> <p>Trust Risk Register Key Issues</p> <p>1 new risk:</p> <p>4903 - <i>Risk of non-compliance with Thoracic Service Specification (COO)</i> – the meeting was informed that this risk was well populated with controls but it is too early to see if there is any evidence of it working or not working. A decision is still being waited following an issue raised with the NHS England. GN assured the meeting that action is being taken and will progress. Once a reply is received a business case will be developed.</p> <p>3 risks removed:</p> <p>2898 - <i>Patients having to wait in ED in the Ambulance off load area (COO)</i> – deescalated to the Directorate Risk Register 4715 - <i>Dermatology Service (COO)</i> – downgraded to a score of 9 and deescalated to the Directorate Risk Register 4866 - <i>£1.362m risk in the income plan (CFO)</i> – removed as a risk</p> <p>5 red risks:</p> <p>MA advised the meeting that all of the following risks had been updated on the TRR:</p> <p>2080 - <i>Risk to quality of patient care: reduced manpower (COO)</i> - risk is updated, still in special measures and will therefore remain as it currently is. 4661 - <i>Lack of robust system for review and communication of test results (MD)</i> 4472 - <i>Delays in Cubicle Assessment and Triage (COO)</i> – discussions took place and it was agreed to stay as a red risk. GN to make the risk more specific. 4113 - <i>Division 1 failure to achieve CIP target (COO)</i> – positive assurance has been added in. 4903 - <i>Risk of non-compliance with Thoracic Service Specification (COO)</i> – discussed under the new risk section of the report.</p> <p>RE and JS commented that this report has been brought up to date and is much better.</p> <p>RE and JS sought assurances and updates on the following risks:</p> <p>4286 – GN informed the meeting that the recruitment is being restarted again and currently there is no timeframe. GN to update at the next meeting.</p> <p>2719 – GN reported that a pilot for additional ward clerk is about to commence. If this pilot works it will allow 7 day ward clerk coverage. The pilot will commence in February to Mid-March. It was noted that 3 of the actions under what else can we do are closed. These are to be removed.</p> <p>4523 – JS asked if the machines confirm as infected had resulted in harm to patients. CE said that 3 patients had been infected, one of whom had died. Patients were informed of the risk as part of the consent process. This Trust has stringent controls to keep the machines free of infection. The manufacturer replaces free of charge any machine which tests positive and have given this Trust a loan machine. The company have developed a new disinfectant and a new seal which is intended to prevent any escape from fluid. CE confirmed that the risk will be downgraded once devices have had the modifications.</p>	<p></p> <p>GN</p> <p>MA</p>

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	<p>4599 – GN confirmed that there is a plan and she will ask when the plan will be implemented.</p> <p>3069 – JS thanked CE for her paper on Never Events and asked to what extent human factors were a feature in Never Events. CE said that herself and JO had met with the Divisional Management Team regarding what else we can do, sharing lessons etc. CE reported that Never Events are not going down nationally. Human Factors training is being provided by AFPP and she would confirm when AFPP are back in the Trust.</p> <p>Resolved: Report was accepted</p>	<p>GN</p> <p>CE</p>
5	Sub Group Reports	
5.1	<p>Chairman’s Report – PSIG – November 2017 – C Etches</p> <p>1. Serious Untoward Incidents (SUI) Discussion took place about the number of outstanding actions related to RCA investigations. There are 26 corporate actions required for completion. It was agreed to place priority on getting corporate actions closed off. PSIG will continue to monitor open actions until significant reduction takes place.</p> <p>2. Nat Sip Audit reports and WHO Reports of compliance against standards were presented from Endoscopy Unit (New Cross and Cannock Chase Hospitals) and Theatres. The audits are observational and process focussed not outcome. Some elements of the audit cross reference with completion of the WHO checklist. In endoscopy there are 14 actions with regards to invasive procedure standards.</p> <p>In theatre compliance to standards relating to workforce and scheduling are only partial. It was agreed to undertake a safety culture in theatres to support the work around WHO checklists and recent Never Events.</p> <p>3. VTE Reporting of VTE assessments was discussed and how to improve performance of reporting within 24 hours of assessments being completed. It was agreed for a focus around education and awareness with specific directorates to improve performance.</p> <p>Resolved: Report was accepted.</p>	
5.2	<p>Patient Safety Improvement Group minutes – November 2017</p> <p>The meeting accepted the minutes from the November meeting.</p>	
5.3	<p>Chairman’s Report – QSAG – November 2017 - C Etches</p> <p>1. Quality Review Visit (QRV) – Nucleus Theatres Following a visit in August 2016 – four domains were rated good with caring outstanding. Concerns were raised around the environment in Nucleus Theatres. This is known about and in hand, but there is not a quick solution. In addition some of the detail in the report would indicate that “safe” domain should be graded as requires improvement. It was felt that the Care Quality Commission (CQC) would assess in a similar way especially with regards to medicine management. Overall the rating of good for theatres was unchanged.</p>	

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5.4	<p>2. CQC Self-Assessment The document was presented and discussion took place about our self-assessment against standards and undertaking triangulation of evidence between Directorate and Divisions. Whilst assessments are subjective it was agreed we need to have supporting evidence. The new CQC Steering Group has met and will have an overview of such assurances and agree where action needs to be taken.</p> <p>3. Nurse Assessment and Accreditation System (NAAS) The new policy grading system had been applied following review. Areas will score red or green only. It was noted that CHU is rated red. A new matron is due to provide leadership from December 2017 and an external nursing review requested in January 2018.</p> <p>Resolved: Report was accepted.</p> <p>Quality Standards Action Group minutes – November 2017 The meeting accepted the minutes from the November meeting.</p>	
	<p>NB: Both December's QSAG and PSIG meetings were cancelled due to the number of apologies.</p>	
6	<p><u>Assurance Reporting / Themed Reviews</u> There were no assurance reporting or themed reviews.</p>	
7	<p>Issues of Significance for the Board Agreed that the chair would report the following: Assured Issue: Quality Review Visits - QSAG challenge to QRV team's assessment. Following a visit to the Nucleus theatres in August 2017, 4 domains were rated good with Caring outstanding. QSAG raised concerns about the environment, which is outside the control of theatre staff, and is known about and in hand, but for which there is no quick solution. In addition some of the detail in the report would indicate that the Safe domain should be graded as "requires improvement." The discussion exemplified the role of QSAG as providing oversight of the consistency of judgments reached by QRV teams. Partially Assured Issue: NATSSIP (National Standards for safety in Invasive Procedures) Audit reports and WHO surgical checklist PSIG received reports of compliance against standards from Endoscopy Unit (New Cross and Cannock) and Theatres. The audits are observational and focused on process, not outcome. Some elements of the audit cross-reference with completion of the WHO surgical checklist. In Endoscopy there are 14 actions with regards to invasive procedure standards. In theatres compliance with standards relating to scheduling are only partial. It was agreed to undertake a</p>	

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	<p>safety culture <i>audit</i> in theatres to support the work around WHO checklists and recent never events.</p> <p>Issue: TRR Risk 4523: potential of heater cooler units used in cardiac surgery to harbour mycobacterium chimaera</p> <p>Two machines were confirmed as infected in November and December 2017, affecting 3 patients. All patients are informed of the risk as part of the consent process, and machines have been subject to stringent disinfection and testing procedures, and would not be used if they test positive. This is an international problem and the manufacturer replaces free of charge all machines which test positive. They have loaned us a new machine to replace the infected machines.</p> <p>A new disinfectant will be available in tablet form in Q2, and a modification to the machine will mean that even if the coolant becomes infected it won't escape and affect the patient. If this device modification proves effective it will be possible to downgrade the risk.</p> <p>Not assured</p> <p>Issue: provision of special beds for patients in the community with very limited mobility at risk of pressure injuries.</p> <p>RWT had made a case to the CCG for special beds to be provided for patients in the community at risk of pressure ulcers because of their inability to change position. The beds, known as TOTO, do this automatically. They are expensive, don't suit everyone, but are effective. The CCG does not at present feel able to fund these beds, and is proposing a night turning service whereby a two person team would visit the patient's home up to twice a night to turn them in bed. QGAC is concerned that this would not be effective, with the potential of increased likelihood of pressure injuries, affecting patient health and incurring greater treatment costs. A meeting with CCG is scheduled.</p> <p>Issue: Urgent Care provision at New Cross under-performing against 4 hour target for time spent in emergency department</p> <p>The Integrated Quality and performance Report shows the Urgent Care unit at New Cross run by Vocare under-performing by comparison with the Walk-in Centre and Cannock MIU which consistently achieve 100%. Vocare has been below 100% but above 95% in Q2, but throughout Q3 it fell below the 95% target. On one night in January the unit had to close due to lack of staff. The purpose of the unit was to relieve pressure on the Emergency Department but it currently takes around 6% of people attending New Cross, rather than the 40% planned. New Cross ED works closely with Vocare to seek to make the system run as smoothly as possible, e.g. carrying out joint triage, but is unable to resolve the underlying problems presented by the Vocare model.</p>	
8	<p>Evaluation of Meeting – ALL</p> <p>On time.</p>	
9	<p>Any Other Business – ALL</p> <p>RE informed the Committee that there will be a meeting of Committee Chairs on the 12 February to review what is and is not being covered. CE suggested that RE speaks to Keith</p>	

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	<p>Wilshere as he is currently doing mapping work to ensure duplication of work is not being done.</p> <p>CE advised the meeting of the changes to the QSAG and PSIG meetings. Following the update, MA informed CE that due to the Governance team being 4 Governance Officers down the quality packs will not be available for piloting until March.</p>	
10	<p><u>Date and time of Next Meeting:</u></p> <p>Wednesday 21 February 2018, 2pm, Boardroom, G099.</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 / 24.01.18	CE to feedback to the Committee any updates on the Toto Business Case.	CE	24.01.18	21.02.18	
4.1 / 24.01.18	GN advised the meeting that there is a revised cancer action plan, written by Dr Simon Grumett, which she will share with the NEDs.	GN	24.01.18	21.02.18	
4.2 / 24.01.18	4472 - <i>Delays in Cubicle Assessment and Triage (COO)</i> – discussions took place and it was agreed to stay as a red risk. GN to make the risk more specific.	GN	24.01.18	21.02.18	
4.2 / 24.01.18	4286 – GN informed the meeting that the recruitment is being restarted again and currently there is no timeframe. GN to update at the next meeting.	GN	24.01.18	21.02.18	
4.2 / 24.01.18	2719 – GN reported that a pilot for additional ward clerk is about to commence. If this pilot works it will allow 7 day ward clerk coverage. The pilot will commence in February to Mid-March. It was noted that 3 of the actions under what else can we do are closed. These are to be removed.	MA	24.01.18	21.02.18	
4.2 / 24.01.18	4599 – GN confirmed that there is a plan and she will ask when the plan will be implemented.	GN	24.01.18	21.02.18	

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4.2 / 24.01.18	3069 – CE informed herself and JO met with the Divisional Management Team regarding what else we can do, sharing lessons etc. CE reported that Never Events are not going down nationally. CE to confirm date when AFPP are back in the Trust.	CE	24.01.18	21.02.18	
4.2 / 22.11.17	RE challenged the date of origin and escalation on risk 4849 . MA agreed with the query and agreed to get the dates checked.	MA	22.11.17	24.01.18 21.02.18	Sukhbinder Khunkhuna is checking. MA reported that this currently states August 2017. However, it was not resolved until the 11 November; therefore this should be the date of escalation. MA to get this changed.
4.2 / 22.11.17	RE asked about risk 4286 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.	GN MA	22.11.17		RE reported that this risk is still the same. The meeting queried if the date should be 2018. RE commented that the work done on this risk had been excellent. MA to check the date.
4.2 / 22.11.17	JS queried risk 4528 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	24.01.18 21.02.18	Bring 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
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	24.01.18	CE informed the meeting that she had had conversations with other Trusts and there does not appear to be any correlation. Agreed to close the action.
4.2 / 22.11.17	RE queried risk 4375 where it states 0 planet jobs in October. Following discussion GN agreed to check this and update.	GN	22.11.17	24.01.18	This has been rectified in the new report - close
4.2 / 22.11.17	JS asked if there was anything further that could be done to support risk 4862 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	24.01.18	Email response from Jayne Johnson: The clinical team have a planned session on the 8 th 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

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					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 Close
5.6 / 22.11.17	CLIP Minutes - CEm to send to the Committee once completed.	CEm	22.11.17	24.01.18	Sent to QGAC members on 01.12.17 – CLOSE
6.1 / 22.11.73	<p>Actions for MA:</p> <p>EV263 – clarify sentence <i>confirmation from the HSE inspector that the notice of contravention has been received.</i></p> <p>EV305 – remove <i>and shared from 3rd sentence.</i></p>	MA	22.11.17	24.01.18	<p>Confirmation received that notice has been satisfied and closed by HSE.</p> <p>Clarification sought and received at meeting.</p> <p>Close action</p>