

Minutes of the Quality Governance Assurance Committee 21 February 2018

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Agenda Item No: 12.7

Minutes of the Quality Governance Assurance Committee

held on the:

Date **Wednesday 21 February 2018**
Venue **Boardroom, G099, Building 12**
Time **2.40pm to 3.40pm**

	Name	Role
Present:	J Small (JS) - Chair	Non-Executive Director
	M Arthur (MA)	Head of Governance & Legal Services
	D Loughton (DL)	Chief Executive
	G Nuttall (GN)	Chief Operating Officer
	J Vanes (JV)	Non-Executive Director
Attendees:	F Pickford (FP)	Head of Safeguarding
Apologies:	R Edwards	Non-Executive Director
	C Etches	Chief Nursing Officer
	Dr J Odum	Medical Director

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1	<p>Apologies for absence</p> <p>Apologies were noted.</p>	
1a	<p>Declarations of Interest</p> <p>There were no Declarations of Interest.</p>	
2	<p>Minutes of Previous Meeting – Quality Governance Assurance Committee:</p> <p>RESOLVED: Minutes of the Quality Governance Assurance Committee held on 24 January 2018 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 – January - G Nuttall</p> <p>Due to the late start of the meeting, it was agreed that the report would be accepted with questions only. The Performance section of the report was covered in-depth at the Finance & Performance meeting earlier in the day.</p> <p>JV commented that the cardiac arrests for January have increased. GN informed the meeting that following a conversation that she had recently had, post a cold snap and 48 hours later there is always an increase nationally in cardiac arrests, especially when there has been snow. This is likely to be due to people clearing the snow, pushing their cars in the snow etc. GN assured those present at the meeting that staffing levels in the Cardiology labs had been checked due to the forthcoming expected bad weather.</p> <p>JV noted that Safeguarding Children referrals have increased.</p> <p>JV mentioned that despite the pressure in Emergency Care that it appeared that not a lot of operations had been cancelled. GN replied that the performance within the Trust has deteriorated for the November, December (2017) and January. January's performance is middle of the table in terms of national performance. February's initial figures are showing slow signs of improvement. GN assured the meeting that the figures (for ambulances and admissions) for January 2018 look quite similar to those of January 2017. Flu is a major issue this year and there remains a large number of patients in the Trust with flu. Emergency Department performance nationally is showing deterioration.</p> <p>Concerns were raised by JV regarding the increase in number of ambulance handovers of 60 minutes and over during January. Over 2 days in January there were up to 180 ambulances each day and on one occasion there were 24 ambulances in 1 hour. GN assured the meeting that this is not a cause for concern. MA asked if there was a talk on capping the fines if due to the issues nationally. GN replied that there are no talks this year however in the operating model for next year if a Trust signs up to a Strategic Transformation Fund all fines will be</p>	

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	<p>removed. If you do not sign up, all fines will be applicable. For this Trust it would equate to at least £5million in fines.</p> <p>GN mentioned that Delayed Transfers of Care was a good news story for the Trust.</p> <p>JS asked whether any feedback had been received in response to the sudden increase in suspected breast cancer referrals. GN replied that she has received some feedback via the VI GPs rather than the Commissioners. There has been a national campaign with Primary Care to improve the referral rate for Black & Minority Ethnicity patients in practises. This campaign is for breast cancer and stomach/gastro cancers. GN mentioned that Sandwell and West Birmingham have seen a spike, along with Bradford. Concerns were raised, and discussions took place as to why Primary Care had not communicated this to Acute Trusts. This campaign has now finished in GP practises but there is another breast campaign for ladies over 75 years of age and will run for 1 month from next week.</p> <p>Resolved: Report was accepted</p>	
4.2	<p>Board Assurance Framework / Trust Risk Register – M Arthur</p> <p>MA presented the BAF and TRR papers to the meeting.</p> <p>Board Assurance Framework Key Issues</p> <p>MA informed the meeting that the 7 risks on the BAF had been reviewed and updated.</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. Update: the action around considering a local bank arrangement has been closed.</p> <p>SR4 - Risk of adverse impact on the Trust following service transfer in November 2014 due to underlying financial gap of £6million. Update: NHSI have been followed up in February around the gap and there is still no response. Kevin Stringer is escalating to the National Finance Director.</p> <p>SR6b – no changes to this risk.</p> <p>SR8 - That there is a failure to deliver recurrent CIP's. Update: the updated copy was circulated. Risk 4113 on the Trust Risk Register which is the achievement of CIP Division 1 have reported some positive assurance this month. MA circulated a revised version of risk SR8.</p> <p>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. Update: there will be a detailed budget report to Trust Board in February around the current position around the deficit.</p> <p>SR10 - That the Trust fails to generate sufficient cash to pay for its commitments. Update: the Internal Audit cash review has produced some findings but there will be a full report early in March and the Finance Department have had those findings to action as an interim.</p>	

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	<p>SR11 – Condition of the existing Estate – Quality and flexibility. Update: work is already on-going with a backlog maintenance programme and it updates to say that it will be completed by the end of February.</p> <p>Trust Risk Register Key Issues</p> <p>1 new risk:</p> <p>4955 - MRET/Readmissions/Fines monies (CFO) – this is an amber risk regarding funding of fines. This has not yet been forthcoming and the CCG have asked for further detail around the evidence on why the Trust feels that we are entitled to it. GN advised the meeting that this risk should be closed by the end of March.</p> <p>2 risks removed:</p> <p>4523 - Failing Heater Cooler Units (COO) – Cardiac Department – this risk has been de-escalated to the Division. 4412 - NX09 McHale Building - Fire Safety (COO)</p> <p>5 red risks:</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>4113 - Division 1 failure to achieve CIP target (COO) – update – positive assurance update received.</p> <p>4903 - Risk of non-compliance with Thoracic Service Specification (COO) – update – positive assurance. GN updated the meeting and mentioned that a business case has been approved for additional staff and the Trust is in discussion Walsall with regards to increasing the number of referrals with and discussions are also taking place with specialist commissioners around how they are counting certain procedures.</p> <p>MA advised the meeting that she had spoken to Fiona Pickford with regards to risk 4718. FP to review the risk and confirm if it still needs to be on the TRR.</p> <p>Resolved: Report was accepted</p>	
5	Sub Group Reports	
5.1	<p>Chairman’s Report – PSIG – January 2018 – M Arthur (in the absence of C Etches)</p> <p>1. New structure for PSIG and QSAG</p> <p>The outline of rationale for changing these groups to Compliance Oversight Group and Quality and Safety Intelligence Group (Q&SIG) was given. Discussion regarding changes to terms of reference was agreed. The principles of each group are:</p> <ul style="list-style-type: none"> • Compliance Oversight – Corporate specific performance will be presented and identify key lines of enquiry with Divisions at Q&SIG 	

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5.2	<ul style="list-style-type: none"> • Quality and Safety Intelligence – This group will undertake deeper dives into quality and safety issues within the 3 Divisions <p>2. NatSipps presentations</p> <ul style="list-style-type: none"> • Radiology – following a Never Event in 2016 local SIPs were developed and approved by the Directorate. These will be audited throughout 2018. LOCSIPs relating to radio-pharmaceuticals will be taken to the Medicines Management Group • Dermatology – A number of LOCSIPs have been developed. Some audit has taken place and demonstrated poor compliance to WHO checklist. A modified checklist has been developed <p>3. Ward Performance Division 1 – Mortuary performance with late observations and reduction in falls with harm. An MRSA bacteraemia (avoidable) had occurred in cardiology.</p> <p>Division 2 – Late observations are an issue for 5 wards. There were 6 cases of MRSA on the Stroke Unit, it was noted that a deep clean had not taken place yet. This ward will move to the new unit in Spring 2018</p> <p>4. Serious Incident Actions PSIG will continue to monitor the outstanding actions from both Divisional and Corporate actions. This will continue until assurance is obtained that actions are being closed within set timescales.</p> <p>5. Reintroduction of 20cm Midline Leaderflex Device Following an issue with this device 18 months ago RWT withdrew this device. The company and MHRA undertook their investigation. No other issues had been reported from elsewhere. The report indicates the devices are safe to use. PSIG approved the risk assessment and reintroduction of the device when used with a grip lock securement device.</p> <p>Resolved: Report was accepted.</p> <p>5.2 Patient Safety Improvement Group minutes – January 2018</p> <p>The meeting accepted the minutes from the January meeting.</p>	
5.3	<p>Chairman’s Report – QSAG – January 2018 - M Arthur (in the absence of C Etches)</p> <p>1. New structure for PSIG and QSAG The outline of rationale for changing these groups to Compliance Oversight Group and Quality and Safety Intelligence Group (Q&SIG) was given. Discussion regarding changes to terms of reference were agreed. The principles of each group are:</p> <ul style="list-style-type: none"> • Compliance Oversight – Corporate specific performance will be presented and identify key lines of enquiry with Divisions at Q&SIG • Quality and Safety Intelligence – This group will undertake deeper dives into quality and safety issues within the 3 Divisions <p>2. QRVs C17 – a very positive report with QSAG altering the “Caring” element to outstanding</p> <p>Fairoak, Cannock Chase Hospital – this was a revisit from August 2015 and improvements</p>	

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5.4	<p>were evident. The rating was good for all domains.</p> <p>3. Better Births A report was presented and actions plans are being monitored by the Local Maternity System (LMS). QSAG agreed for action plans to be combined from all other national reports into one i.e. National Maternity Reviews, Saving Babies Lives and Each Baby Counts etc. Many of the actions overlap therefore it was agreed as a sensible approach.</p> <p>4. NCEPOD – Acute non-invasive ventilation There is general compliance with acute provision of NIV requirements. The consultant raised concerns regarding nurse to patient ratios. Chief Nursing Officer agreed to pick this up with the Head of Nursing. It was suggested a risk be raised around this.</p> <p>5. Clinical Audit Quarter 3 position was reported as 41% against a projection of 46%. It was noted that there has been an improved performance in January 2018. It was also confirmed that we are now partaking in the National Diabetes Pregnancy Audit.</p> <p>Resolved: Report was accepted.</p> <p>Quality Standards Action Group minutes – January 2018</p> <p>The meeting accepted the minutes from the November meeting.</p>	
6	<p><u>Assurance Reporting / Themed Reviews</u></p> <p>Safeguarding Assurance Report – F Pickford</p> <p>FP informed the meeting that this report had gone through various committees and would be presented to the CCG and to the Local Authority Safeguarding Board.</p> <p>FP reported that the following issues had been cited for escalation to the Committee:</p> <ul style="list-style-type: none"> • Looked After Children – more assurance is required regarding overall Governance • Serious Case Review action plans – to feedback actions into the Divisions • Safeguarding Children level 3 training compliance is low <p>However, there have been improvements in MCA / DoLS and the figures show an increase from 60% in October to 81% now.</p> <p>FP updated the meeting on various quarter 3 updates and actions. These updates have been to various meetings and Trust Board.</p> <p>GN asked how the recruitment was for the Safeguarding team. FP replied that the team is nearly at full complimentary; the department is still waiting for the Named Midwife post to be concluded. FP has written the job description and is to meet with the Head of Midwifery to discuss funding. The Lead for Adults will be in post next month and there is extra funding for a Named Nurse Practitioner to support the high turnover of MASH enquiries that the department is now receiving for adults. JV praised FP on achieving the full establishment.</p> <p>FP mentioned that concerns regarding the small office space where the Safeguarding team are currently based has been escalated to the Estates department and CE.</p>	

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7	<p>Issues of Significance for the Audit Committee</p> <p>Escalate the two new Terms of References to the Audit Committee.</p> <p>Issues of Significance for the Board</p> <p>Agreed that the chair would report the following:</p> <p>Assured</p> <p><u>Issue: new structure for groups reporting to QGAC</u></p> <p>The two groups currently reporting to QGAC, the Patient Safety Improvement Group and Quality Standards Action Group will be replaced by two new groups, Compliance Oversight and Quality and Safety Intelligence. The former will receive information on corporate performance and identify key lines of inquiry to follow up in greater depth at Quality and Safety Intelligence. The intention is that reporting to and attending meetings will be more streamlined and the information more useful and relevant to the divisions, including new Division 3. The new system will be piloted before being finalised.</p> <p><u>Issue: Quality Review Visits</u></p> <p>C17: a very positive report with QSAG altering the “Caring” element to outstanding. Fair oak Ward, Cannock Chase - this was a revisit after an initial visit in 2015 where 3 domains required improvement. The new rating was good for all domains.</p> <p><u>Issue: Clinical Audit</u></p> <p>The Q3 position was 41% against a projection of 46%, but it was reported that there had been an improved performance in January. It was confirmed that RWT are now taking part in the National Diabetes in Pregnancy Audit.</p> <p><u>Issue: Mental Capacity Act (MCA) and Deprivation of Liberties Safeguards (DoLS) Training</u></p> <p>The Q3 position is 75.5 percent for MCA training, and 75.6 percent for DoLS which is positive.</p> <p>Partially assured</p> <p><u>Issue: Local Safety Standards for Invasive Procedures (LocSSIPs) and National Safety Standards for Invasive Procedures (NatSSIPs)</u></p> <p>PSIG received reports on progress with developing LocSSIPs. In Radiology following a never event in 2016 LocSSIPs were developed and approved by the directorate. These are to be audited throughout 2018. LocSSIPs relating to radio-pharmaceuticals will be taken to the Medicines Management Group. In Dermatology a number of LocSSIPs have been developed. Some audit has taken place and demonstrated poor compliance with the WHO checklist, and a modified checklist has been developed.</p>	
8	<p>Evaluation of Meeting – ALL</p> <p>The meeting started 40 minutes late due to quoracy issues and finished 30 minutes early.</p>	

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9	<p>Any Other Business – ALL</p> <p>MA mentioned that CE and RE were going to discuss at this meeting NED attendance at the PSIG and QSAG meetings, which are due to be renamed in March. Following a brief discussion, it was agreed to defer to the next meeting. CEm to add to the March agenda.</p>	CEm
10	<p><u>Date and time of Next Meeting:</u></p> <p>Wednesday 21 March 2018, 2pm, Boardroom, G099.</p>	

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4.2 / 22.11.17	RE asked about risk 4286 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 to e-mail her findings to the meeting.	GN MA	22.11.17	24.04.18 21.02.18 21.03.18	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. Bring forward to the next meeting.
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	24.04.18 21.02.18 21.03.18	Bring forward to the next meeting GN confirmed that this had not been updated and 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 / 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	GN reported that this had been completed. GN to share with the NEDs. Close
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	GN reported that the pilot had commenced for 1 month and the business case for additional Ward Clerks. The business case will go to the March meeting of Contracting and Commissioning. GN is meeting with the Ward Clerks on Thursday 22 February to feedback the results. Agreed to close this action.
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	GN mentioned that this was around the action plan for medical staffing. GN confirmed that this is working process. Action to be closed as this will be monitored through the PSIG meeting.
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	GN confirmed that the AFPP have been in and met with the Division and they will come back pre-Easter and do some observational work in Theatres. A timetable will be developed when the actual training will take place. The risk register to be updated accordingly. Close
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. MA confirmed that this action can now be closed

