

Minutes of the Quality Governance Assurance Committee of 21 March 2018

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Agenda Item No: 12.7

Minutes of the Quality Governance Assurance Committee

held on the:

Date **Wednesday 21 March 2018**

Venue **Room 5, WMI**

Time **2.00pm to 4.00pm**

	Name	Role
Present:	R Edwards (RE) - Chair	Non-Executive Director
	P Archer (PA)	Patient Safety & Shared Learning Associate
	C Etches (CE)	Chief Nursing Officer
	G Nuttall (GN)	Chief Operating Officer
	J Small (JS)	Non-Executive Director
Apologies:	M Arthur	Head of Governance & Legal Services
	D Loughton	Chief Executive
	Dr J Odum	Medical 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>RESOLVED: Minutes of the Quality Governance Assurance Committee held on 21 February 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 – February – C Etches</p> <p>CE informed the meeting that the current turnover of staff for February was 10.27% which was less than January. CE reported that this figure has not changed much during her time at this Trust. Sicknesses for January was at 5.55% which is high and double the Trust target. This was due to norovirus, flu etc.</p> <p>In February the Trust received 38 complaints compared to 41 in January. It was also noted that there were 2 complaints re-opened in February which is less than the last few months.</p> <p>The meeting noted that in February there had been a dip in response rates and recommendation rates in the Emergency Department and Inpatients Friends and Family tests. The reason for this dip is unknown; however, CE feels that the dip in Emergency Department could be due to the amount of activity recently experienced over the last couple of months.</p> <p>CE was pleased to report to the meeting that there is some improvement in regards to late observations recorded by Divisions 1 and 2. CE informed the meeting that Division 2 had a different approach to Division 1 but have now adopted Division 1's approach. The Commissioners are showing an interest in late observations and have requested to see the action plan of Division 2.</p> <p>CE reported to the meeting that late patient moves after 8pm was not good for the month of February, this is despite all admissions and Emergency Department admissions reducing. CE explained to the meeting that when there is snow there is a decrease of patient activity however, patients then arrive at the hospital a couple of days later and they are sicker and stay longer.</p> <p>CE said that the Trust is now required to publish statistics on avoidable deaths but stressed to the meeting that the stage two reviews may change the assessment significantly so the figure</p>	

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	<p>for avoidable deaths given her may be subject to changes. This was discussed further and it was agreed that the data would be more readily understood when the reporting system has been fully developed. CE advised the meeting that JO and Maggie Vasiliu have developed a dashboard around mortality and the figures and narrative regarding avoidable deaths will go into this new mortality report. PA suggested putting what was learnt from these deaths in the report and it was confirmed that this would be included in the new dashboard on mortality.</p> <p>CE informed the meeting that pressure injuries was a good news story as there was a significant reduction in the avoidable and unavoidable pressure injuries in February. CE is not aware of any different process but did mention that each pressure injury is scrutinised, an RCA is undertaken for each injury and learning events are held.</p> <p>CE advised the meeting that the Trust is above the national target of patients with any harm from a fall. The meeting noted that in February there was zero falls with serious harm.</p> <p>The meeting noted that there have been zero C Diff cases in February. CE advised the meeting that 2018 / 19 target has been received and this is 34. CE informed the meeting that she is waiting for the nationally yearly figure in regards to E Coli. In February there was only 1 CPE case.</p> <p>CE explained to the meeting the one medication incident which was amber for level of harm caused. The initial findings of this incident show the Trust is not responsible but an RCA is being undertaken to confirm the outcome. CE informed the meeting that EPMA went live on Tuesday morning and went smoothly.</p> <p>CE advised the meeting that level 3 adult safeguarding training is the same as January but is not far off achieving the green target. CE assured the meeting that the reducing number of safeguarding adult referrals (it has been zero for the last 2 months) is being investigated by Fiona Pickford. CE was pleased to report that safeguarding children training is up and bespoke training is being offered by the team, who are also going to VI practices.</p> <p>The meeting was advised that there is no real change in the Midwife to Birth ratios at 1:31, there are minimal vacancies within the department. There has been a reduction in births in February to 374 compared to 428 in January. Despite the reduction in births there has been an increase in elective and emergency C-Section rates, this increase is being reviewed by the Directorate team. JS and RE expressed concerns about the rise in emergency C-Section rates, which had been increasing since November 2017 when it first went red and now stood at 20.6% compared with target of 14%. CE said that the rate tended to rise and fall over the year and usually ended up at around 20-24%. RE commented that this set of figures was looking more like a trend and JS asked if a report could be presented at either the April or May QGAC meeting with the findings of the review conducted by the Directorate. CE to request the said report.</p> <p>RE asked about the processes behind the Duty of Candour tables and whether their effectiveness had been reviewed. CE replied that the Duty of Candour takes place at many levels in the organisation. These figures capture whether the Duty of Candour has occurred and whether it was timely, for those incidents subject to RCAs. It is picked up at RCAs and then reviewed again at the investigation.</p> <p>GN presented the performance section of the report.</p> <p>GN informed the meeting that at the Finance & Performance meeting earlier a lot of time was spent on the performance section of the report.</p>	<p>CE</p>

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	<p>GN mentioned to the meeting that there was 12 Cardiothoracic cancelled operations in February due to no beds, however a number of these cancellations were due to no critical care beds. GN explained to the meeting that a cancelled operation is not done on a financial basis; it is purely done on a clinical need. GN continued that cancelled operations are conducted by a multi-disciplinary discussion often with the Anaesthetist taking the lead within the discussions. GN assured the meeting that this was discussed in-depth at the Finance & Performance meeting. The meeting was informed that the organisation went to level 4 in Emergency Department a couple of weeks ago and that was only the second time ever.</p> <p>GN advised the meeting of a slow improvement in the 18 weeks – incomplete. Diagnostics are doing well and are under significant review due to the cancer 62 day pathway.</p> <p>The meeting discussed in-depth the performance within the Emergency Department and the pressures on ambulance handovers. It was noted that the Trust is normally around 80% to 85% and GN informed the meeting that last week the Trust achieved 83% and were 47th nationally out of 137 Trusts.</p> <p>GN informed the meeting of an error on page 26 of the report which states “<i>that there were no patients who breached the 12 hour decision to admit target during February 2018</i>”. It should read that there were 2 patients. RCA’s are conducted for all 12 hour breaches to provide assurance.</p> <p>GN advised the meeting is the continued recruitment for out of hours Middle Grades within the Emergency Department. This is part of a long term recruitment plan and to recruit Consultants so there is more senior cover within the department.</p> <p>GN mentioned that there are more positively identified cases of flu within the Trust than normal.</p> <p>The meeting discussed the cancer target compliance figures. GN said that Dr S Grummet chairs weekly reviews of all patients on the 62 day pathway where there is no date for treatment to set dates for tests etc. GN mentioned that the meeting can be assured around clinical engagement. The booking time for diagnostics is the rate-limiting step and each case is reviewed at the clinical review. GN felt that the reported figures will get worse before they get better.</p> <p>GN reported that delayed transfers of care figures were still good despite a slight increase in February and this would continue into March due to pressures on Care Homes due to flu etc.</p> <p>Resolved: Report was accepted</p>	
4.2	<p>Board Assurance Framework / Trust Risk Register – P Archer</p> <p>PA presented the BAF and TRR papers to the meeting.</p> <p>Board Assurance Framework Key Issues</p> <p>0 new risks.</p> <p>3 red risks:</p> <p>SR1 - Workforce - Recruitment and Retention of staff across the Trust and in particular the</p>	

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	<p>future pipeline of nursing and medical staff.</p> <p>SR8 - That there is a failure to deliver recurrent CIP's.</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.</p> <p>Grade changes</p> <p>SR4 - Risk of adverse impact on the Trust following service transfer in November 2014 due to underlying financial gap of £6million (was RED now AMBER). The meeting discussed this risk and the potential removal of this risk. After discussion, it was agreed that CE would speak to Kevin Stringer.</p> <p>SR10 - That the Trust fails to generate sufficient cash to pay for its commitments (was RED now AMBER).</p> <p>RE commented that the new format, for example the positive and negative assurances being separate were much easier to read and the updates in red were good.</p> <p>Trust Risk Register Key Issues</p> <p>1 new risk:</p> <p>4962 - NNU Staffing - Neonatal Workforce (COO).</p> <p>1 risk removed:</p> <p>4791 - Unplanned activity leading to financial pressures (CFO)</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)</p> <p>4903 - Risk of non-compliance with Thoracic Service Specification (COO)</p> <p>The meeting discussed the following risks and agreed the following changes:</p> <p>4286 – RE asked if this risk could be updated in the light of the new information provided in the column “what is the risk”? She considered that this information provides a much more positive picture. PA to ask Jo Colgan to update the risk and put it in the correct format.</p> <p>1714 – Discussions took place on this risk and it was agreed that this was no longer a Trust risk anymore and should be moved to Divisional risk register. CE mentioned that under the column what else can we do? the actions are out of date, GN confirmed that these actions have all been updated and asked PA to check if the update has been received.</p>	<p>CE</p> <p>PA</p> <p>PA</p>

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	<p>4862 – JS asked for an update on the column <i>what else can we do?</i> and have there been any developments on the recruitment of additional staff. GN replied that the business case has been agreed in principal but not seen the written version yet. GN informed the meeting that there will be an update at the next meeting. CE mentioned to the meeting that staff are being developed internally for this role. A recruitment plan is in place.</p> <p>1713 – RE mentioned the cost of the NHSI recommended software to assist with Consultant job planning and that at a NED forum on the Model Hospital she had asked NHSI if they were going to use their negotiating power NHS wide to seek a better deal for Trusts. She had been told that something of this sort was being considered. Discussions took place and it was agreed that GN would contact NHSI to see if they were pursuing the possibility of negotiating reduced prices for all Trusts. GN confirmed that the RWT business case is still in progress.</p> <p>4718 – JS mentioned that at the last meeting Fiona Pickford had presented a report which meant some of the items listed in <i>what else can we do?</i> could now be aligned and updated following said report. Following discussions, the meeting asked PA to remove the risk.</p> <p>4161 – RE asked about the roles of the Nursing Associates who were being assigned to all areas, whether these would have common features or be developed in different ways in different areas. CE informed the meeting that this is a new national role that is being created. This role is more than an HCA; the Nursing Associate will be able to give certain drugs. Currently they are not quality nurses and not HCA's but they will be registered with them NMC. This role has to be integrated so the workforce model will be changed. The current impact of this new role is not currently known. Currently the Trust has 19 Nursing Associates and then a further 14 from the second cohort. Once they have completed the 2 years it is likely that a number will go on to complete their training as nurses.</p> <p>4472 – JS asked for an update on the section <i>what else can we do?</i> GN confirmed that the business case is going through the process and has been identified as a priority for the capital programme next year. IT are reviewing the escalation tool and once the review has been completed will be closed.</p> <p>4661 – JS asked how number 3 in the any evidence that it is not working ties in with what else can we do 1 – 4. GN advised the meeting that JO needs to review this risk and confirmed that ICE has been rolled out and is in place now. The meeting discussed this risk further and agreed to seek a further update from JO. RE to e-mail JO for an update.</p> <p>4706 – RE understood that the source of insects in Theatres had been reported to be found and dealt with and asked if there had been any further outbreaks of insects since the last one reported in 2017. GN to remove the comments 1 and 2. In 2017 there were 16 incidents reported on Datix of insects in Theatre, two during operations with no known patient consequences (September 2017). PA to ask Jo Colgan to update the risk.</p> <p>4711 – Following brief discussions, agreed that as this risk was now yellow it should have been removed with no explanation in the covering note why it had been removed. This should be done for all yellow risks. The risk would be removed from the next TRR.</p> <p>4849 – It was mentioned that under the section <i>Any evidence that it is not working</i> number 3) Excessive use of on call for emergencies can result in on call sessions being cancelled [13/03/18] should say elective sessions and not on call session.</p> <p>Resolved: Report was accepted</p>	<p></p> <p>GN</p> <p>PA</p> <p></p> <p></p> <p></p> <p>RE</p> <p>GN PA</p> <p>PA</p>

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5	Sub Group Reports	
5.1	<p>Chairman’s Report – PSIG – February 2018 – C Etches</p> <p>CE presented the report. She had put it into a new format to make clear whether items were for assurance, partial assurance, etc.</p> <p>1. NatSSIPs – ASSURANCE</p> <p>CE mentioned that JO had been very pleased with the performance of Obstetrics and Gynaecology and that this represented the best data so far across all directorates - NatSips audit – obstetrics and gynaecology</p> <p>2. Ward Performance – PARTIAL ASSURANCE</p> <p>Division 1 – It was noted that there had been an increase in medication errors in month.</p> <p>SCU/General Surgery was rated red, the first red ward since April 2017.</p> <p>A5 had taken part in a Pressure Injury Collaborative and trialled the use of heel balm applicators and female urinals successfully.</p> <p>Division 2 – The key indicator of concern for this Division is late observations. A full Divisional review will be conducted and an action plan produced, which will be presented to the CCG at their request. Asked about the method used in Division 2, CE replied that it had been using a different method from Division 1 but had now adopted Division 1’s.</p> <p>3. Serious Incident – open actions – ADVISE</p> <p>There is a focus on the closure of actions following an incident’s RCA. The chair of PSIG will focus on corporate actions and Divisions on their own actions.</p> <p>4. Safety Checklists – ALERT</p> <p>Division 1 – Obstetrics and Radiology have been the areas of concern.</p> <p>AfPP proposal has been submitted and a date for implementation is to be confirmed. This has been triggered by recent Never Events.</p> <p>Division 2 – Emergency Department, Dermatology and Respiratory are key areas of concern. Cannock Chase Hospital requires improvements around joint injections.</p> <p>5. Sign Up 2 Safety (SU2S)</p> <p>The Early Pregnancy Assessment Unit worked with the Trust SU2S team to review the department’s philosophy, processes and objectives. A technique called Team Optimisation Model (TOM) was implemented which helped with the culture and team working. CE told the meeting that the techniques quickly changed the dynamics of the team. JS asked if the experience could be showcased, and CE replied that it had been presented at NHS Resolution. It was being rolled out to the Patient Experience team where there had been changes and new staff taken on.</p>	

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5.2	<p>There is still external funding for a further 10 months of SU2S project work within the organisation</p> <p>Resolved: Report was accepted.</p> <p>Patient Safety Improvement Group minutes – February 2018</p> <p>The meeting accepted the minutes from the February meeting.</p>	
5.3	<p>Chairman’s Report – QSAG – February 2018 - C Etches (in the absence of Dr Odum)</p> <p>1. Cervical Cancer Audit Performance Report 2017 - ASSURANCE</p> <p>The report gave assurance on the performance for 2017, with 3 exceptions:</p> <p>In future this report will be presented to the Compliance Oversight Group (COG).</p> <p>2. Quality Review Visit (QRV) – revisit to A6 – ALERT</p> <p>The initial visit took place in April 2015 and revisited in November 2017. An action plan had been implemented. There had been an improvement in 2 domains (effective and well-led). Overall the rating is ‘Requires Improvement’. A further revisit will take place in March 2018. In future this report will be presented to Quality and Safety Intelligence Group (QSIG).</p> <p>3. Quality Review Visit (QRV) – Nursing Audit Standards (NAAs) and Leadership Walkabouts – ADVISE</p> <p>Following a presentation of NAAs results it was agreed that a review of QRV, NAAs and Leadership Walkabouts is to take place for evidence of effectiveness and assurance levels. Due to new Chief Nursing Officer taking up post in April 2018 this should be informal initially.</p> <p>Resolved: Report was accepted.</p>	
5.4	<p>Quality Standards Action Group minutes – February 2018</p> <p>The meeting accepted the minutes from the November meeting.</p> <p>CE reported that they had now completed the first cycle of the new meetings, Compliance Oversight Group (COG) and Quality and safety Intelligence Group (QSIG). This time the meetings had been only 5 days apart but in future they would be 2 weeks apart. Issues will be escalated from these meetings to QGAC, as at present from QSAG and PSIG. Divisions come to the meetings prepared with an information pack - which they have praised - to discuss performance. Reaction so far is that the new meetings are more positive and give better oversight of performance.</p>	
6	<p><u>Assurance Reporting / Themed Reviews</u></p> <p>External Reviews Register Report – P Archer</p> <p>PA informed the meeting that compliance with the policy has improved overall since the last report. There are some specifics mainly, only 42% of final reports have been provided to the</p>	

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	<p>Governance Department. The outcome and impact assessments were not always RAG rated by the leads (in 60% of the cases). There was 100% compliance with risks being identified pre visit by the relevant departments and then entered into the relevant departments.</p> <p>The meeting asked PA to seek clarification on the following sentence: <i>These closed visits have then been detailed in Table 1 of this report for QGAC (or equivalent meeting) for final approval</i> as the meeting was unsure what it meant.</p> <p>Following a brief discussion, the report was approved.</p>	PA
7	<p>Issues of Significance for the Audit Committee</p> <p>Potential need for audit of effectiveness of ICE in reducing the risk of delayed or missed high risk/abnormal/unexpected test results (TRR 4661) now ICE is in operation.</p> <p>Issues of Significance for the Board</p> <p>Agreed that the chair would report the following:</p> <p>Assurance</p> <p>Issue: NatSSips audit – Obstetrics and Gynaecology Audit results presented to PSIG from the Local SSIPs were very positive. Summary of results are:</p> <p>Obstetric: Normal birth - 100% Fetal blood samples - 92% (October and November, 100% December) (Instrumental delivery checklists were missing in some areas) Instrumental delivery - 100%</p> <p>Gynaecology: Colposcopy – 100% Hysteroscopy/Biopsy and insertion of IUD – 100%</p> <p>This is the best directorate data so far across all directorates.</p> <p>Issue: Sign Up 2 Safety (SU2S)</p> <p>The Early Pregnancy Assessment Unit worked with the Trust SU2S team to review the department’s philosophy, processes and objectives. A technique called Team Optimisation Model (TOM) was implemented and made a notable improvement to the culture and team working</p> <p>There is still external funding for a further 10 months of SU2S project work within the organisation</p> <p>Issue: Cervical Cancer Audit Performance Report 2017</p> <p>QSAG gained assurance from this report overall across the performance in 2017. Exceptions were:</p> <p>Percentage of high grade samples was slightly lower than the national standard (0.8 – 1.7%)</p>	

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	<p>at 0.7% in Quarter 2 – overall for the year it is 0.82%.</p> <p>DNA rates for Quarter 1 and Quarter 3 for colposcopy follow-up appointments, were 19% and 20%, the target is <15%. Text reminders are sent to patients.</p> <p>Attendance of colposcopists at MDT meetings only 3 out of 9 of colposcopists met the 50% attendance target. Scheduling of robotic sessions will be amended to prevent coincidence with MDT meetings.</p> <p>Partial assurance</p> <p>Issue: Ward Performance</p> <p>Division 1 – PSIG noted that there had been an increase in medication errors in month.</p> <p>SCU/General Surgery was rated red, the first red ward since April 2017.</p> <p>A5 had taken part in a Pressure Injury Collaborative and trailed the use of heel balm applicators and female urinals successfully.</p> <p>Division 2 – The key indicator of concern for this Division is late observations. A full Divisional review will be conducted and an action plan produced, which will be presented to the CCG at their request.</p> <p>Issue: Quality Review Visit (QRV) – revisit to A6</p> <p>The initial visit took place in April 2015 and revisited in November 2017. An action plan had been implemented. There had been an improvement in 2 domains (effective and well-led). Overall the rating is 'Requires Improvement'. A further revisit will take place in March 2018. QGAC noted that this shows the QRV assessment being applied robustly.</p> <p>Issue: TRR Risk 4862 neonatal cots</p> <p>20 additional staff agreed to be needed. NNU staffing business case agreed in principle, is to be presented at Business Forum, and as this is such an urgent matter recruitment has been started in anticipation.</p> <p>Issue: TRR Risk 4472 - long waits for assessment in ED cubicles (p27):</p> <p>Business case for capital to increase cubicles included in 2018/19 capital programme.</p> <p>Alert</p> <p>Issue: IQPR - Maternity (page 24) Emergency C-Section rate:</p> <p>This went red in November 2017, has been steadily rising since then and now stands at 20.6%. QGAC has requested a report into the reasons for this rise and any actions the Trust is taking or can take.</p> <p>Issue: accuracy of IQPR data page 26:</p> <p>12 hour decision to admit target should show 2 breaches:</p> <p>Patient 1 - condition was too unstable to move from department, eventually moved onto ITU</p>	

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	<p>Patient 2 - paediatric patient awaiting a bed - tried to secure a bed outside of the Trust without success.</p> <p>Issue: TRR Risk 4661 communication of high risk/abnormal test results (P 31):</p> <p>ICE now largely rolled out, and QGAC seek to know at what point an evaluation of its effectiveness will begin.</p> <p>Advise</p> <p>Issue: new structure for groups reporting to QGAC</p> <p>The first cycle of the new meetings which are intended to replace PSIG and QSAG have been held. In future Compliance Oversight Group will take place 2 weeks before Quality and Safety Intelligence Group. Divisions liked the new format, and the information pack, and felt it gave a better view of quality and performance. QGAC will be seeking a review of the effectiveness of the new structure later in 2018/19.</p> <p>Issue: Quality Review Visit (QRV)</p> <p>Nursing Audit Standards (NAAs) and Leadership Walkabouts –</p> <p>Following a presentation of NAAs results QSAG agreed that a review of QRV, NAAs and Leadership Walkabouts should take place for evidence of effectiveness and assurance levels.</p> <p>Issue: TRR updating:</p> <p>QGAC asked for updating of a number of risks including:</p> <p>4288 Diabetes Best Practice Tariff (p3) to put the update into the correct format and reconcile/remove superseded evidence.</p> <p>4706 maintenance issues in theatres (p34): insect ingress route has previously been reported as resolved, so this item of evidence should be updated.</p> <p>1714 discharge process (p5) - in view of improvements in performance by LAs since November risk owner to consider re-rating and returning to divisional risk register.</p> <p>Risks now yellow should automatically be removed from TRR and put back on the divisional register and a note of the reason given in the covering paper (risk 4711, gas cylinders, risk 4718 shortage of staff in safeguarding team - QGAC were pleased to see this issue largely resolved as shown in the report to QGAC in February).</p>	
8	<p>Evaluation of Meeting – ALL</p> <p>Good, discussions took place on key issues with actions agreed.</p>	
9	<p>Any Other Business – ALL</p> <p>RE advised the meeting that the Audit Committee and the Finance & Performance meeting use a self-assessment form. RE will review and adapt to this committee.</p>	

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	<p>RE asked if they feel that they would need any strategic objectives for this Committee. This was discussed further and it was suggested evaluating the 2 new meeting groups which commenced last week to ensure that the Committee is getting the correct assurance. Review the Committee's themed reviews.</p> <p>RE noted that this would be CE's last attendance at QGAC. RE thanked CE for her contributions to QGAC and the groups reporting to it and for her impressive and sustained work on quality and safety at RWT and wished CE a very happy future beyond the Trust.</p>	
10	<p><u>Date and time of Next Meeting:</u></p> <p>Wednesday 25 April 2018, Boardroom, GO99, Building 12</p> <p>Please note: 1pm to 3pm – Joint Audit Committee 3pm to 5pm - QGAC</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 / 21.03.18	JS and RE expressed concerns about the rise in emergency C-Section rates, which had been increasing since November 2017 when it first went red and now stood at 20.6% compared with target of 14%. CE said that the rate tended to rise and fall over the year and usually ended up at around 20-24%. RE commented that this set of figures was looking more like a trend and JS asked if a report could be presented at either the April or May QGAC meeting with the findings of the review conducted by the Directorate. CE to request the said report.	CE	21.03.18	April or May meeting	
4.2 / 21.03.18	SR4 - Risk of adverse impact on the Trust following service transfer in November 2014 due to underlying financial gap of £6million (was RED now AMBER). The meeting discussed this risk and the potential removal of this risk. After discussion, it was agreed that CE would speak to Kevin Stringer.	CE	21.03.18	25.04.18	
4.2 / 21.03.18	4286 – RE asked if this risk could be updated in the light of the new information provided in the column “what is the risk”? She considered that this information provides a much more positive picture. PA to ask Jo Colgan to update the risk and put it in the correct format.	PA	21.03.18	25.04.18	JC replied to PA’s e-mail to advise that this risk will be discussed at Divisional Governance meeting on 11 April and the risk will be updated after this meeting.
4.2 / 21.03.18	1714 – Discussions took place on this risk and it was agreed that this was no longer a Trust risk anymore and should be moved to Divisional risk register. CE mentioned that	PA	21.03.18	25.04.18	JC replied to PA’s email to advise that this risk will be discussed at Divisional Governance meeting on 11 April and the risk will be updated after this meeting.

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	under the column what else can we do? the actions are out of date, GN confirmed that these actions have all been updated and asked PA to check if the update has been received.				
4.2 / 21.03.18	1713 – RE mentioned about the cost of the recording electronic tool to assist with job planning. Discussions took place and it was agreed that GN would contact NHSI to see if a discount could be obtained for all Trusts countrywide to purchase the said equipment	GN	21.03.18	25.04.18	
4.2 / 21.03.18	4718 – JS mentioned that at the last meeting Fiona Pickford had presented a report which meant some of the items listed in what else can we do? could now be aligned and updated following said report. Following discussions, the meeting asked PA to remove the risk.	PA	21.03.18	25.04.18	
4.2 / 21.03.18	4661 – JS asked how number 3 in the any evidence that it is not working ties in with what else can we do 1 – 4. GN advised the meeting that JO needs to review this risk and confirmed that ICE has been rolled out and is in place now. The meeting discussed this risk further and agreed to seek a further update from JO. RE to e-mail JO for an update.	RE	21.03.18	25.04.18	RE e-mailed JO in regards to the risk on 29 March. JO replied “The ICE system has now been rolled out and today we have sent out a message to all staff about the reviewing and filing of results, which will take place from 3 rd April. I’ll ensure the risk is updated accordingly.”

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4.2 / 21.03.18	4706 – RE asked if there had been any further outbreaks of insects since the last one reported in 2017. GN to remove the comment 1+2. In 2017 there were 16 incidents reported on Datix of insects in theatres, two during operations with no known patient consequences (Sept 17). PA to asked Jo Colgan to update the risk.	GN / PA	21.03.18	25.04.18	PA emailed Jo Colgan for clarification – 03.04.18. Jo Colgan to speak to Lewis Grant and update the risk accordingly.
4.2 / 21.03.18	4711 – Following brief discussions, agreed that as this risk was now yellow it should have been removed with no explanation in the covering note why it had been removed. This should be done for all yellow risks. The risk would be removed from the next TRR.	PA	21.03.18	25.04.18	
4.2 / 21.03.18	4849 – It was mentioned that under the section Any evidence that it is not working number 3) Excessive use of on call for emergencies can result in on call sessions being cancelled [13/03/18] should say elective sessions and not on call session.	PA	21.03.18	25.04.18	Confirmed via the Governance Officer that this was a typo and has been amended. Radiology Group manager confirmed.
6 / 21.03.18	The meeting asked PA to seek clarification on the following sentence: These closed visits have then been detailed in Table 1 of this report for QGAC (or equivalent meeting) for final approval as the meeting was unsure what it meant.	PA	21.03.18	25.04.18	Following e-mail correspondence MA confirmed QGAC is not due to change and there is no other group that would sign off the closed review post COG.
9 / 21.02.18	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.	CEm	21.02.18	21.03.18	CE informed the meeting that herself and RE had spoken. The terms of reference has is for Compliance Oversight Group and Quality & Intelligence Group. It was agreed that after 3 months the meetings would be evaluated to see the impact in terms of QGAC and to make sure that this meeting is assured that the attendees are not missing out on information that is filtering up.

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		CE		25.04.18	Bring forward – Review of how the pilot committee structure is working. CE to speak to Keith Wilshire re sub groups being on Boardpad.
		CEm		25.07.18	
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	22.11.17	24.01.18	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.
		MA		21.02.18	Bring forward to the next meeting.
				21.03.18	GN confirmed that this had been updated; however RE commented that it still had the same issues. PA confirmed that the entries are correct. This risk was discussed and PA to ask MA to send an e-mail confirming that the entries are correct. Close when MA's email is received.
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	Bring forward to the next meeting
				21.02.18	GN confirmed that this had not been updated and bring forward to the next meeting.
				21.03.18	GN confirmed that this had not been updated and asked that this is brought forward.
				25.04.18	

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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	CE to feedback to the Committee any updates on the Toto Business Case.	CE	24.01.18	21.02.18 21.03.18	MA reported from the IQ&P report there is a meeting to be arranged. Bring forward for CE to update. CE advised the meeting that the CCG have declined the Toto Business Case, however they are going ahead with a night service and will be specifying the equipment requirements with Social Services / Local Authority. Agreed to close this action.
4.2 / 24.01.18	4472 - Delays in Cubicle Assessment and Triage (COO) – 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 21.03.18	GN reported that she had updated the risk and sent back to the Division – it has not been changed. Agreed to bring forward to the next meeting. GN confirmed that this risk had been updated – close action.
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	GN to update after Thursday's meeting with the Ward Clerks. Bring forward to the next meeting. MA advised the meeting of the 3 closed actions (page 4 of the TRR). GN confirmed that on this risk, number 4 – additional support from Teletracking to optimise use of real time system can be closed. Number 2 – Ward Clerk review completed Pilot for weekend working commences Feb 18 will be merged and changed. The third action has been closed by MA. Bring forward.

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				21.03.18	GN informed the meeting that this risk had not been updated. The pilot has finished with regards to 7 day working, it was very successful. The business case is now being pulled together. GN to update the risk but it will go through a business planning process. Agreed to close this risk.
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