

The Royal Wolverhampton Hospitals NHS Trust

Minutes of the Board Assurance Committee held on the:

Date 26 April 2012
Venue Conference Room, Hollybush House
Time 14:00 – 13:00

(1st part – Joint meeting with Audit Committee)

Present:	Name	Role
	B Jaspal Mander (BJM)	Non Executive Director - CHAIR
	J Vanes (JV)	Non Executive Director -
	D Loughton (DL)	Chief Executive
	V Hall (VH)	Chief Operating Officer
	C Etches (CE)	Chief Nursing Officer
	M Arthur (MA)	Head of Governance & Legal Services
In Attendance:	Name	Role
	S Khunkhuna (SK)	Governance IM&T Lead
	M Gibbs (MG)	Healthcare Governance & Quality Manager
	<i>T Morris (TM)</i>	<i>Attending to take the minutes</i>
Apologies:	Name	Role
	Dr J Odum (JO)	Medical Director

Item No		Action
1	Apologies for absence – were noted.	
2	Minutes of Previous Meeting dated 23 February 2012 RESOLVED: Following amendment to page 2 (paragraph 4) wording to be amended to ‘ <i>sub optimal care</i> ’ the minutes were <i>accepted as an accurate record</i> .	TM

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3	<p>Matters Arising & Action Summary Report</p> <p>4. Incident 73039 General Surgery – The action regarding management process of delays due to sickness absence was noted as closed.</p> <p>4. Police Proforma / benchmark – JV advised that he had been unable to make contact with leads and that the original action was around learning from the Policy FOI process. He would continue to pursue but this would not be a quick turnaround regarding response. Action is therefore on-going.</p> <p>5. Board Assurance Dashboard / SHA Risks – MA explained that the difference between BAC & SHA was with regards to the time period. VH explained that she had asked for assurance regarding the outstanding number; however it was assured that there are no issues. MA also advised that the 80% threshold regarding Risk Assessments which was not good will be fed back to the H&S Steering Group.</p> <p>7. Membership regarding Real Time Patient Feedback Report – West Park is included in the membership.</p>	
4	<p><u>Standing Reports</u></p>	
4.1	<p>Board Assurance Dashboard</p> <p>MA provided the following updates from the report:</p> <p>Patient Experience – there was no figure for March. Grading is green on the tracker and for PALS activity. Regarding red and amber complaints; action plans are in place.</p> <p>There are three red areas against Governance KPI's; RIDDOR (regarding investigation reports) and FOI responses for Division 2 and Corporate. From March, the FOI process has been managed within Nursing & Quality Admin. The committee discussed that it is good practice to have a rating for achieving timescales and it was noted that the time taken in processing FOI's can be an issue i.e. point of process of requests or investigational time required. CE suggested that reasons for breach should therefore be reflected in the narrative.</p> <p>H&S Compliance – For April 2011/12 there has been a total of 98 MDA alerts. 90% of alerts received have been closed and none are overdue. A number are in the process of being responded to. MA explained that the report this time was different due to the Audit Programme now in place which looks at Risk Assessments and work activity planned for the year. Discussions are undertaken with staff individuals and H&S inspections (Environmental / Fire etc) are included too.</p> <p>Division 2 did not included Community data which Maria agreed to circulate. She advised that three areas had scored a 0 (Health Visiting / Community CPT's and Rehab CNRT). CE confirmed that Clinical Practice Tutors were transferring to N&M Education & Development. VH stated that a piece of work is being undertaken for Health Visiting.</p>	

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	<p>National Guidance – there are three reports; MA stated that the Francis Report recommendations and Mental Health Regulated Activity are under review by the relevant committees.</p> <p>The Mental Health Policy is noted on the May Policy Committee agenda. Detail of reports is reviewed by the Compliance Committee.</p> <p>The committee discussed mattresses which had been reported in February but was unresolved. The issue was not that there were not enough mattresses but issues relating to taking patients off mattresses that are needed elsewhere. Assessment work is in progress which is being led by the Head of Clinical Engineering. Work being undertaken on wards is linked to Pressure Ulcer work.</p> <p>RESOLVED: The committee noted the report.</p>	
<p>4.2</p>	<p>Board Assurance Framework</p> <p>SK advised there were three new risks on the framework; 2928 Impact of economic environment, 2929 Failure to deliver CQUINS schemes and 2927 Failure to deliver against QUIPP scheme resulting in lack of investment.</p> <p>With regards to the risk register; risk 2891 Loss of GP Direct Access work is closed against VH, two new risks have been added for the Medical Director; 2920 Provision of vascular services and 2922 IG Toolkit Level 2 maintenance. A new risk 2917 Risk of non-compliance with NHSLA standards to achieve 12/13 CIP has been added under CE's remit.</p> <p>The committee discussed the risk of industrial action (2831). It was assured that robust plans are in place. There was a detailed discussion where this particular risk was used as an example.</p> <p>Some risks are national, the other example being pay claims.</p> <p>Using the example of the industrial action to what extent is this risk covered through the business continuity plan/ emergency planning procedures.</p> <p>The committee agreed that the each risk / threat is reviewed and is an on-going risk for monitoring. It was noted that this risk should be lower than C4 amber.</p> <p>The committee discussed the level of detail that is looked at, at Trust Board meetings. VH advised she would make sure that the risk of mitigation is being looked at, at Directors meetings.</p> <p>JV suggested the report be as succinct as possible however it was explained that this is a live report and the Chair advised that the level of detail is helpful for understanding of the risks contained within the framework.</p> <p>The following risks were also highlighted for discussion:</p> <p>Risk 2699 Planning & Contracting – Not realising the benefits with integration of the two organisations. This is being managed through Performance Monitoring.</p>	

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	<p>Risk 2765 High levels of sickness / maternity leave affecting Health Visiting within the Bilston Team which was subject to external review. The first copy of the draft report has been received. Issues are on-going and this risk will be graded yellow once actions are completed.</p> <p>Risk 2917 Potential loss of savings if NHSLA assessment is not achieved. MA advised that we are on track with the project plan. Level 1 policy work is being progressed and in January / February – a process of assessment was undertaken to request evidence across all areas. Community now have a guide regarding samples required. The plan is still to go for level 3 and confirmation / challenge meetings are being set up to look at level and practice of policies in place. There is a routine NHSLA focus group monitoring work activity. A pre-assessment visit is expected on 11 June and this will be used as a test for agreement with the assessors on compliance and if we are still on course for level 3. Level 2 is a bigger piece of work.</p> <p>Risk 2448 Failure to have effective systems in place for patients with learning disabilities or requiring application of Mental Capacity Act - BJM advised she would pick up this up at next committee meeting.</p> <p>Risk 2492 Failure to ensure that inpatient, outpatient, day case and theatre capacity meets demand. It was discussed that this was a huge piece of work regarding urgent care and challenges regarding the health economy were noted.</p> <p>Risk 2719 PAS admissions – VH assured that this is being looked at and she is currently trying to ascertain the status of the risk.</p> <p>BJM also advised that we need to be careful when identifying risks as to whether they are a risk or not and also to consider resources in place.</p> <p>RESOLVED: The committee noted the report.</p>	
5.0	<u>Update / Performance Reports</u>	
5.1	<p>Policy Management Report</p> <p>MA reported that 89% of policies are in date with 11% out of date. These are monitored via monthly Director Policy reports. A sample of policies has been audited regarding our OP01 process which are reasonably good. Implementation plans were mandated from November 2011 for every Policy to have and we continue to work towards 100% compliance.</p> <p>Table 1 provides a summary of work regarding integration of policies. 151 are non clinical / 348 clinical. A number of policies have been integrated via the Trust process due to NHSLA. Table 2 details policies approved and Table 3 details policies that still require integration.</p>	

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	<p>CE pointed out that the policies detailed on the database are Acute Trust policies, not Community ones.</p> <p>It was confirmed that a date of October 2012 is set for Director Leads to complete integration work, which was agreed at a recent Executive Directors meeting.</p> <p>MA explained that of the actions pending, two remain open regarding naming of standard documents and work around department level policies. The process has commenced. BJM asked that timescales be adhered to and any risks regarding compliance be picked up.</p> <p>RESOLVED: The committee noted the report. Timescales be adhered to and risks of regarding compliance to be picked up – Deadline October 2012 regarding integration work.</p>	
6.0	<u>External Reports</u>	
6.1	<p>External Review Annual Compliance Report</p> <p>MG presented the report for 2011/12 and explained that appendix 1 provided a summary of the visits and appendix 2; the actions taken. The External Reviews Policy has been updated and is approved, and electronic proformas updated.</p> <p>The committee discussed EV42 Cancer Services / six serious concerns. VH explained that response had been provided and reviewers were now satisfied. Actions are in place and the six serious concerns weren't actually serious at all. CE added that the response regarding the Maternity NHSLA visit EV89 was due to be sent out and a meeting is being arranged.</p> <p>With regards to EV98 MHRA Investigator Site Inspection, the Pharmacy actions have been pursued and followed up.</p> <p>BJM asked that timescales be clear for completion of actions against all visits.</p> <p>RESOLVED:</p> <ul style="list-style-type: none"> • Timescales to be made clear for future reports. 	MG
7.0	<u>Committee Quarterly / 6 monthly Reports</u>	
7.1	<p>Research & Development</p> <p>RESOLVED: Deferred to the next meeting in June.</p>	

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8.0	<u>Issues of significance arising for Audit committee / Issues of significance arising for Trust Board</u> Discussed during the first part of the Joint Meeting.	
9.0	<u>Any Other Business</u> There was no other business to report.	
10.0	<u>Date and time of next meeting:</u> 28 June 2012 @ 12:30 – 14:30 Conference Room, Hollybush House	

COMMITTEES OPEN / CLOSED ACTION SUMMARY REPORT – 26 April 2012

ITEM	Action to be taken raised from the meeting	Lead	Carried forward from	Committee Review date	Status
2	Amendments to minutes – Page 2 (paragraph 4) wording to read sub optimal care.	TM	April 2012		Closed
4	Police proforma FOI process – action is on-going.	JV	Dec 2011		On-going
4.1	Reasons for breaches regarding FOI's to be included in the narrative of the Board Assurance Dashboard report. Community data to be circulated.	MA MA	April 2012	June 2012	Agenda Item Closed Closed
4.2	Board Assurance Framework: Risk 2448 Mental Capacity Act – BJM to pick up.	BJM	April 2012	June 2012	Agenda Item Open
5.1	Policy Management – Deadline of October 2012 is in place re integration work.	MA	April 2012	October 2012	On-going
6.1	External Reviews Annual Compliance Report – timescales to be made clear in future reports.	MG	April 2012	April 2013	
7.1	Research & Development Report – Deferred to June 2012.	YH	April 2012	June 2012	Agenda Item