

The Royal Wolverhampton NHS Trust

Minutes of the Quality Governance Assurance Committee held on the:

MA amended / D Ritchie amended

Date **20 August 2013**
Venue **Board Room, Corporate Services Centre**
Time **12:00 – 14:00**

Present:	Name	Role
	D Ritchie (DR)	Chair
	J Vanes (JV)	Non Executive Director
	J Anderson (JA)	Non Executive Director
	G Nuttall (GN)	Chief Operating Officer
	C Etches (CE)	Chief Nursing Officer
	M Arthur (MA)	Head of Governance & Legal Services
In Attendance:	Name	Role
	T Morris (TM)	<i>Governance – attending to take the minutes</i>
Apologies:	Name	Role
	D Loughton (DL)	Chief Executive
	J Odum (JO)	Medical Director
	Mr R Harris (RH)	Chairman
	S Kalirai (SK)	Non Executive Director
	R Edwards (RE)	Associate Non Executive Director
	Professor D Kelly (DK)	Associate Non Executive Director

Item No		Action
1	<u>Apologies for absence</u> – were noted.	
2	<u>Declaration of Interest from Directors and Officers</u> – There were no declarations in respect of items on the agenda for this meeting.	

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	<p>RESOLVED: It was agreed by members that this item was no longer appropriate for future agendas. A register of interest can be kept if required. Members can make a declaration of interest where necessary.</p> <p><u>Welcome by Chair</u></p> <p>DR provided a welcome to the new style Quality Governance & Assurance Committee. He stated that if we get the remit right, we will provide a key focus on risk management, quality and governance within the Trust and thereby relieve pressure on the Board in its consideration of those issues.</p> <p>DR stated that the NHS is currently in the public spotlight to an unprecedented extent, with the focus sharply on patient care. Trusts were rightly expected to achieve the highest standards. DR felt that on the basis of his experience so far, RWT seemed well managed and dealt with issues quickly as they arise although there will always be room for improvement. Whilst there will be a number of papers that the committee will receive routinely, with the attendant bureaucratic risks, w0e must not lose sight of our core remit which is to ensure that patients are always treated to the best achievable standards. The committee will seek assurance on all key indicators of patient care and on the risks within the Trust and where there isn't any / or adequate assurance decisions will be made on how we can manage better and provide accountability.</p> <p>CE agreed and stated that we need to be assuring ourselves and the Trust Board that our systems and processes of managing patient safety are robust and effective, and that issues / risks / trends are flagged before incidents or Never Events occur. To achieve this we will need to use our intelligence via performance and management meetings.</p> <p>JV added that further to feedback following the Foundation Trust application, he agreed that in-depth work needs to occur more frequently and hence this Committee is proposed to meet monthly.</p> <p>MA stated that currently assurance is provided via compliance/performance reporting and through sub group detailed reports fed up to the committee. Moving forward other areas of internal assurance would need to be strengthened including clinical audit, policy review, quality/peer assessment, metrics monitoring.</p>	

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3	<p><u>Minutes of Previous Meeting dated 27 June 2013</u></p> <p>JV stated that discussion had been undertaken at the last meeting and members were aware that it would be the last BAC meeting prior to implementation of the new Quality Governance Assurance Committee within the new committee structure. Several topics / reports had been discussed and accepted. There were no further comments.</p> <p>RESOLVED: The BAC minutes were approved by those who had attended it as an accurate record of the previous meeting.</p>	
4	<p><u>Matters arising from the Minutes</u></p> <ul style="list-style-type: none"> • Risk 3256 Premises at West Park - Audiology / hearing booths. GN stated that this risk was being updated and would be processed via the Divisional Risk Register. The action is closed for the committee. 	
5	<p>Terms of Reference</p> <p>Members discussed the following items from the Terms of Reference:</p> <p><u>Trust Strategic Objectives</u> – Agreed.</p> <p><u>BAF Risks</u> – Numbers to be removed. This item will be an agenda item monthly.</p> <p><u>Meeting Purpose / Remit</u> – Agreed as this is similar to the vision however the sentence beginning ‘<i>To provide assurance on the operation etc.</i>’ to be changed to ‘<i>The risks within the Trust are identified early and properly managed</i>’.</p> <p>MA explained that the Integrated Governance Strategy is the overarching document of how we manage risks. It is the whole framework of processes and systems in place in order to inform internal controls for risk and compliance.</p> <p>DR stated that performance against the Trust Strategic Objectives should be reviewed every 4-5 meetings as this is around assuring ourselves.</p> <p><u>Responsibilities</u> –</p> <p>Sections 1 – 4 were agreed.</p> <p>Section 5 – The Divisional element was discussed as to whether this is already included. MA explained that this the divisional contract of minimum indicators /</p>	

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<p>deliverables regarding HR, finance and governance risk. It was agreed that that wording should be changed to <i>'including compliance with divisional agreement'</i>. The remainder of the sentence to be removed.</p> <p>Section 6 – Discussion was undertaken regarding the Quality Account. This has moved to the Patient Safety Improvement Group and will be reported to Trust Board. The Committee will receive a Chairman's report and minutes from the PSIG but not the detail. JA suggested that this item could be reported via the Audit Committee. CE stated that exception reporting can be provided to us as a recommendation of PSIG. It was agreed that the Quality Account should be formally reported to the Board for sign off. With regards to the Annual Governance Statement, the Committee will be expected to provide assurance regarding any shortcomings. It was highlighted that management of other Sub Groups are listed within the TOR.</p> <p>Section 7 – It was advised that the Clinical Audit plan has been the subject of discussion at Compliance Committee where there were issues. The detail around this item will be received via the Quality Standards Action Group. The audit plan is also required for the Trust Board. Historically we have provided an annual audit plan and annual report. DR stated he was happy to take this report out of the responsibilities of the Trust Board. Wording to change to <i>'approve Clinical audit plan'</i>. Remove <i>'submission to the Board'</i>.</p> <p>Section 8 – Full title to be used for the Academy Steering Group. Wording to be added <i>'to ensure that work reflects quality'</i>.</p> <p>Section 9 – It was agreed that wording should change to <i>'to review a log to manage issues and lines of inquiry to obtain assurance'</i>.</p> <p>Section 10 – Agreed that this should be Number 2 in the responsibilities list.</p> <p>Section 11 & 12 – Agreed.</p> <p>Authors & Accountabilities and Reporting Arrangements – Agreed.</p> <p>Membership – Discussion was held regarding divisional representatives and it was agreed that they can be invited where there are issues for them but when they did attend this would be invitation, not as members. Discussion was also held regarding NED representation and it was commented that, with the curtailed executive membership, there was a risk that the suggested number of NEDs would simply replicate the Board. It was proposed that we only required four NED members. JV stated that he was happy to stand down. Following</p>	

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	<p>further discussions to the appropriate representation, DR said he would email a proposal to the Chairman.</p> <p>Attendance – Divisional representation to be added in, all of the attendees to be ‘as necessary’.</p> <p>Quorum – to be 2 NED’s and 2 Executive Directors. It was stated that no tabled papers is a good discipline however it was suggested that a sentence be included to state ‘<i>except with approval by the Chair</i>’.</p> <p>Frequency – Agreed as monthly although this may be reviewed in the future.</p> <p>RESOLVED: MA to update the TOR.</p>	DR
6	<p>Committee Work Plan</p> <p>Members held a detailed discussion around the content of the work plan and the level of detail that should be received for the Quality Governance Assurance Committee and also Trust Board.</p> <p>It was agreed that the Academy Steering Group should have a full title. This will be chaired by the HR Director.</p> <p>The members discussed the Integrated Quality & Performance Report which will require further development to the report routinely provided to the Quality & Safety Committee. DR stated that this report wherever possible should include comparative data from other Trusts. The list of quarterly reports was also discussed in detail and it was questioned whether these should be submitted via the Quality Standards Action group. It was felt that as the QGAC will be the first time that some NED’s will see reports, some degree of detail for this level of committee will be necessary. It was agreed that in general the quarterly reports could in fact be received six monthly but exception reporting could be received as necessary. DR stated that we should be in a position to report to the Trust Board that we have received and discussed the detail of reports and that we are able to provide assurance to the Board. It was discussed whether we could remove the Quality Standards Action Group to remove duplicated reporting, however it was felt that at this point we should not, although this may be a future development. CE suggested a Quality Governance Assurance overarching report with the detail attached separately for the Trust Board if they wish to refer to it.</p>	

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	<p>The following proposals were also discussed and agreed: Some elements of patient experience and Education reports were contained within the Integrated Quality and Performance report and will report monthly. Safeguarding Assurance Reports to remain quarterly. Internal / External Audits (RSM Tenon, PwC, ICO etc). – DR said that the Committee would need to spend time each year deciding whether they wanted the Internal Auditors to look at any particular issues, before their work programme was agreed by the Audit Committee.</p> <p>All other monthly / annual reports detailed within the plan were agreed.</p> <p>RESOLVED: MA to update the Committee Work Plan.</p>	MA
7	<p><u>Issues of Significance Arising from the Audit Committee</u></p> <p>RESOLVED: There were no issues from the Audit Committee.</p>	
8	<p><u>Issues of Significance for the Trust Board</u></p> <p>RESOLVED: DR advised he would provide feedback and proposals from the meeting today to the Chairman.</p>	DR
9	<p><u>Any Other Business</u></p> <ul style="list-style-type: none"> • Board Walkabouts – It was noted dates are in diaries for NED’s. CE to check with Deputy Chief Nurse and feedback to DR. • CQC Visit – It was noted that the visit will take place on 25 August and they would wish to observe meetings taking place during their time with the Trust. • Board Assurance Escalation Framework – MA stated she would provide the draft document to the next meeting. • <u>Standing Items for future agendas agreed:</u> to include evaluation of meeting • Vision of the Trust to be included 	

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10	<p><u>Date and time of Next Meeting:</u></p> <p>RESOLVED: To be arranged and circulated to committee members. Dates to tie in with Trust Board meetings – possibly 30 September 2013. It was agreed that meetings will be held for a duration of 2 hours.</p>	

COMMITTEES OPEN / CLOSED ACTION SUMMARY REPORT – 20 August 2013

ITEM	Action to be taken raised from the meeting	Lead	Carried forward from	Committee Review date	Status
2	Declaration of Interest – to be removed from future agendas	Gov Admin	August 13	Sept 13	Closed
5	TOR – To be updated.	MA	August 13	Sept 13	Agenda Item
6	Committee Work Plan – To be updated.	MA	August 13	Sept 13	Agenda Item
8	Issues of Significance for TB – DR to email proposals of membership to the Chairman	DR	August 13	Sept 13	Open
9	<p>AOB:</p> <ul style="list-style-type: none"> • Board Walkabouts – CE to feedback dates to DR. • BA Escalation Framework – MA to include for the next meeting • Standing future Agenda Items to be added. 	CE MA Gov Admin	August 13	Sept 13	Open Agenda Item Closed