

## The Royal Wolverhampton Hospitals NHS Trust

### Minutes of the Board Assurance Committee held on the:

**Date**                                **25 April 2013**  
**Venue**                                **Conference Room, Hollybush House**  
**Time**                                    **14:00 – 15:00**

<b>Present:</b>	<b>Name</b>	<b>Role</b>
	B Jaspal Mander <b>(BJM)</b>	Chair – Non Executive Director
	J Vanes <b>(JV)</b>	Acting Chair – Non Executive Director
	G Nuttall <b>(GN)</b>	Chief Operating Officer
	C Etches <b>(CE)</b>	<b>CHAIR</b> / Chief Nursing Officer
	M Arthur <b>(MA)</b>	Head of Governance & Legal Services
	R J Harris <b>(RH)</b>	Chairman
<b>In Attendance:</b>	<b>Name</b>	<b>Role</b>
	S Khunkhuna <b>(SK)</b>	IM&T Lead - Governance
	T Morris <b>(TM)</b>	<i>Governance – attending to take the minutes</i>
<b>Apologies:</b>	<b>Name</b>	<b>Role</b>
	D Loughton <b>(DL)</b>	Chief Executive
	J Odum <b>(JO)</b>	Medical Director

Item No		Action
1	<b><u>Apologies for absence</u></b> – were noted.	
2	<b><u>Declaration of Interest</u></b> – none to note.	
3	<b><u>Minutes of Previous Meeting</u> dated 28 February 2013</b>  <b>RESOLVED: The minutes were approved as an accurate record of the previous meeting</b>	

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Item No		Action
4	<p><b><u>Matters arising from the Minutes &amp; Action Summary</u></b></p> <p>4. Action regarding Mental Health – Detailed update provided in the action summary was accepted.            4. Action regarding BAF comparison table was closed.            5 Action regarding BA Dashboard to circulate the KPI for Q3 prior to the meeting was closed.</p> <p>Page 5 Section 7 – Patient Experience / data to be inputted onto datix – action for MA/JE to meet. Discussions had been undertaken at Trust Board regarding the level of complaints and this will be seen in a wider context as part of the Governance Review.</p>	
5	<p><b>Board Assurance Dashboard</b></p> <p>MA presented the report and highlighted the following from the report:</p> <p><b>Governance Scorecard</b> – This was the first time that a number of new indicators had been added into the report and therefore there were more reds due to compliance e.g. consent.</p> <p><b>Quarter 3</b> – Different wording has been requested regarding ‘Detail of Healthcare Professionals who are authorised to take consent and evidence of competency document being available, list of procedures for which consent is authorised and assessment tool etc. Wording is lengthy and will be changed. Red areas related to listing required for those names authorised to take consent. It is known from various audit areas where improvement is required as it is for both Division 1 and 2. BJM stated that it was positive that this had been picked up.</p> <p><b>Safety Alerts</b> – A number of alerts are outstanding and detail is awaited on one; Safety Spinal Needles requires a national solution regarding procurement. Currently old needles are used with the acceptance of the risk assessment in place.            It was confirmed that directorates review safety alerts quarterly and this alert will have been reviewed in the last three months. It had also been discussed at Compliance Committee. GN pointed out the importance of regular reviews of Risk Assessments.</p> <p><b>Insulin</b> – Cabinets are being trialled on wards for patients to be able to use and lock themselves.            A third alert related to a <b>programme of inspection</b> / Dependent body to qualify safety of equipment.</p>	

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	<p>Action plans are in place.</p> <p>CE asked that as well as CAS alerts; how do we ensure the Board that this is a capture of all. MA explained that capture is via one portal and includes MDA's, DOH, Royal College via the Chief Executive / Professional Director leads etc. and there is a process for gathering of information to provide assurance to Governance. The process had been agreed with Executive Directors. It was also highlighted that the governance review will result in significant work regarding the context of reporting via committee structures.</p> <p><b>National Guidance</b> – Red. No changes and being taken forward via the Deputy Chief Nurse and Head of Nursing for Division 1.</p> <p>The committee highlighted Trust Board discussions regarding the Francis Report and evidence of discussions at a high level. It was advised that this had not fallen off the radar and is being discussed although not formally as yet. It was the recommendation of the Secretary of State for Health that we do not wait and agree the recommendations that came out of the report.</p> <p>It was advised that there would be some recommendations that we would want to take forward for our trust, with some already having been actioned regarding key issues i.e. 7-day working. It had been agreed at Trust Board that this would be brought back to the next meeting in May. H Davis is the lead. CE stated that a mapping exercise of the Francis Recommendations would be required against on-going work, assessment of actions and any further actions that are required.</p> <p>CE also enquired about September 2012 dates / rag rating and comments dating back to 2011. MA agreed to check as it was thought that a column had not printed out.</p> <p>JV highlighted that more detailed narrative provided around the risks was good and very helpful.</p> <p><b>RESOLVED: The report was accepted. MA to check National Guidance columns for future reports.</b></p>	MA/IB
6	<p><b>Board Assurance Framework</b></p> <p>SK presented the report and highlighted page 3 – mapping of risks against the strategic objectives. There are more risks on both the framework and the Trust risk register which include e.g. CNST. There are more financial based risks and also a high number relating to safe environment to patients and staff.</p>	

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	<p>It was discussed whether this comparison should be provided in future reports however it was felt that if status remains static, there would be no movement seen. It was agreed that the detail can be looked at behind the scenes and changes plotted. Therefore, comparison to be reviewed periodically. CE pointed out that this would link with the governance review and we need to consider how we show the journey over a period of time particularly where they maybe a redesign of the BAF. Structures will be streamlined.</p> <p>The committee also discussed internal audit particularly regarding dates for Executive Directors to ensure up to date review of gaps / plans in place etc.</p> <p>MA highlighted the assessment framework report i.e. use of columns regarding e.g. WHO Checklist which would be the 'control' and positive / negative results which would be the 'results'. Audit is the 'control'. It is around how we manage the risk and evidence is the outcome. Interpretation needs to be succinct.</p> <p>GN highlighted further work required against her risks in order to embed more and ensure the correct columns are completed.</p> <p>CE stated that we are looking at other trusts regarding the formatting of reports that they provide to their Trust Boards. It should not be onerous on one member of staff to 'almost' manually upload data. The report should be streamlined without losing the assurance element.</p> <p>SK pointed out risk 2965 Failure to reduce Never Events; the correct column has been used which shows improved compliance.</p> <p>MA stated that it is important to have live information in order to provide updates and that divisions complete their local registers to ensure live data as much as is possible.</p> <p><b>RESOLVED: The committee accepted the report.</b></p>	
7	<p><b>Issues of Significance Arising from Audit Committee</b></p> <p>Discussed during the Joint Meeting with Audit Committee (12:30 – 14:00)</p>	

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Item No		Action
<b>8</b>	<p><b>Issues of Significance for Trust Board</b></p> <ul style="list-style-type: none"> <li>To record that the Governance Review will yield significant changes on many of the structure levels and there will be a potential change in governance within the organisation in the future.</li> </ul>	
<b>9</b>	<p><b>Any Other Business</b></p> <ul style="list-style-type: none"> <li>It was noted that this was BJM's last meeting. She was thanked for her hard work during her term with the Trust. It was thought that JV would be taking over as Chair.</li> </ul>	
<b>10</b>	<p><b><u>Date and time of next meeting:</u></b>  <b><i>27 June 2013 @ 12:30 – 14:30</i></b>  <b><i>Conference Room, Hollybush House</i></b></p>	

### COMMITTEES OPEN / CLOSED ACTION SUMMARY REPORT – 25 April 2013

ITEM	Action to be taken raised from the meeting	Lead	Carried forward from	Committee Review date	Status
5	<b>Board Assurance Dashboard –</b> MA to check National Guidance columns for future reports.	MA/IB	April 2013	June 2013	<b>Closed</b>
8	<b>Issues of Significance for Trust Board –</b> To record that the governance review will yield significant changes on many of the structure levels and there will be a potential change in governance within the organisation in the future.	BJM	April 2013	May 2013 Trust Board	<b>Closed</b>