

The Royal Wolverhampton NHS Trust

Minutes of the Board Assurance Committee held on the:

Date **27 June 2013**
Venue **Conference Room, Hollybush House**
Time **12:30 – 14:30**

Present:	Name	Role
	J Vanes (JV)	Chair – Non Executive Director
	D Loughton (DL) Part Meeting	Chief Executive
	G Nuttall (GN)	Chief Operating Officer
	C Etches (CE)	Chief Nursing Officer
	M Arthur (MA)	Head of Governance & Legal Services
In Attendance:	Name	Role
	S Khunkhuna (SK)	IM&T Lead - Governance
	K Emmerson (KE)	Healthcare Governance Manager – Division 2
	Dr M Cooper (MC)	Microbiology Consultant
	J Emery (JE)	Patient Experience Lead
	L Nickell (LN)	Head of Education & Training
	T Morris (TM)	<i>Governance – attending to take the minutes</i>
Apologies:	Name	Role
	J Odum (JO)	Medical Director

Item No		Action
1	<u>Apologies for absence</u> – were noted.	
2	<u>Declaration of Interest</u> – none to note.	
3	<u>Minutes of Previous Meeting</u> dated 25 April 2013 & Action Summary / <u>Joint Meeting with Audit Committee</u>	

The Royal Wolverhampton NHS Trust

Item No		Action
	<p>RESOLVED: The BAC minutes were approved as an accurate record of the previous meeting. The Audit Committee / Joint Meeting minutes were accepted and approved at the Audit Committee. Actions were focussed on audit and there were no further actions for Board Assurance Committee.</p>	
4	<p><u>Matters arising from the Minutes & Action Summary</u></p> <p>RESOLVED: There were no further matters arising from the minutes. Actions listed under Action Summary were closed.</p>	
5	<p>Board Assurance Dashboard</p> <p>MA highlighted the following points from the report:</p> <p>Complaints – less in May 13 compared with previous year and no increase in PALS. More than half have been responded to for May and there is a month on month increase. Themes are around information / administration / general care / delays and notification has been provided to Divisions for action.</p> <p>Net Promoter (May) – Target achieved for this year. JV pointed out issue in A&E where visitors had not been asked for comments however it was discussed that this was a mandated process and a disc should be provided. JE confirmed that the service is a 24 hour one and he would pick up outside of the meeting. In Maternity e.g.; there are four points at which ladies will be asked the question.</p> <p>Complaints Action Tracking – A number have been closed. Those open, have on-going actions.</p> <p>Friends & Family Test – (May 72.1%) Reduced compared to previous month. National Survey, subject to on-going monitoring. Results are detailed in the table. The graphs show a reflection of patient experience at high pressure times and this reflects capacity issues / patient movement within the hospital. We are aware of two areas considered a hot-spot and due to leadership change.</p> <p>KPI's (Q4 2012) – New indicators added. Division 1 & 2 are showing red regarding documentation not available and recorded which is around how we obtain information, how we implement policies. An audit is due to be held in July to look at this.</p> <p>NICE Guidance Proformas – There will be more time regarding actions to be undertaken. There are new indicators under the Audit Plan and we will start to see a record of progression for Q1. Delegated consent is on the action plan and there will be a track of competency documents.</p> <p>Corporate Division have improved on FOI responses.</p> <p>H&S CAS alerts – Tab has changed. One is overdue and there is a National issue regarding spinal needles. On-going alerts are in timescale.</p>	

The Royal Wolverhampton NHS Trust

Item No		Action
	<p>H&S Audits – Good progress has been made. For those amber, there is a plan set for a re-visit in three months depending upon actions. Nothing of significance to note.</p> <p>National Guidance – Deadline for evidence is July 13. For Mental Health Regulated activity; implementation of policy and training is key. Dr Kohli is lead for delivery of training.</p> <p>The Dashboard report will be developed regarding new information the committee require.</p> <p>CE highlighted inclusion of time period of complaints regarding closure which will be required for Trust Board. Information to be included in future Trust Board reports regarding worst case scenario. JV also pointed out data on the Internal Business Plan (65% for complaint response) which the Board will wish to know reasons why.</p> <p>RESOLVED: The committee accepted the report.</p>	
6	<p>Board Assurance Framework</p> <p>SK reported that there were 12 risks contained within the Framework and 35 risks within the Trust Risk Register. A new risk had been added under the Director of Human Resources regarding funding allocation from HEE WM for LBR and Second Registration (previous Deanery function). The risk is regarding changes on how we are paid for student placements and gap in funding over the next two years.</p> <p>The following risks were highlighted from the report:</p> <p>3256 – Premises at West Park. A business case has been developed. This risk is linked to audiology / hearing booths. Concern is around the type of provider and risk of whether we make investment if we then don't do the work. GN stated she would add to the update for the next report.</p> <p>2492 – Failure to ensure that inpatient, outpatient, day case and theatre capacity meets demand. It was noted e.g. capacity issues will be detailed under one risk. JV agreed but asked that we ensure that we do not miss anything and also consider other areas that can be re-grouped. It was also noted that this is completed for HCAI's and PU's.</p> <p>Never Event – SK highlighted that the NE received today will be updated to red following Trust Board discussion which members were aware of.</p> <p>3330 – Impact on Trust of Mid Staffs. It was noted that there will be more detail over this in the next few weeks.</p>	GN

The Royal Wolverhampton NHS Trust

Item No		Action
	<p>2449 Safeguarding Vulnerable Adults. It was highlighted that due to BJM no longer being a NED, a lead will be required. This has been picked up by the Chairman (RH) including presence for Maternity too.</p> <p>2448 (Risk Register) Mental Capacity Act. It was queried as to whether the risk should remain D3 yellow and when it is likely to be green. It was stated that we should expect to see something reasonable in three months as this one has only just had an audit imposed.</p> <p>2680 (Risk Register) Interpreting & Translation. Query was raised regarding block ban on face to face interpreting, however there is not a complete block. Risk needs to be assessed on not providing the service. Delivery of bad news will be undertaken face to face. Implications regarding e.g. <i>complications in labour etc.</i> to be considered and also budget controls. The option is there to use telephone interpreting. Where volunteers are trained, there are no risks and cost is minimised. Face to face service should not be considered the first point of call and quality aspects should be considered. JV stated he would discuss further with JE outside of the meeting.</p> <p>MA enquired if staffing includes legal aspects regarding risk assessments to which it was answered that it is. It was suggested that categorisation be reworded and fields to be more restricted e.g.'a stop all'.....</p> <p>CE highlighted that as part of the governance review, documents will be streamlined and the focus for the board is to look at gaps in reporting on assurances. The challenge is for divisions to make sure they make appropriate changes. JV stated that a deep-dive assessment can be completed by BAC as the report is available here.</p> <p>RESOLVED: The committee accepted the report.</p>	
7	<p>Patient Experience Survey / Patient Experience Tracker</p> <p>JE presented the report on patient feedback of complaints and themes. A number have reduced and there are eight themes; diagnosis, attitude, facilities, discharge, communication, delay, clinical treatment and general care of the patient. JE highlighted that with regards to delay, people tend to be more forgiving when spoken to by staff. Action plans are being completed. There is a robust log on actions regarding elderly care. A complaint has been closed with actions detailed regarding cancellation of surgery.</p>	

The Royal Wolverhampton NHS Trust

Item No		Action
	<p>PALS staff continue to undertake walk-arounds. Data to be included in the activity graph.</p> <p>Results regarding Friends & Family Testing is within the normal limits. A&E Scores are lower. There is no benchmarking data as yet however Maternity will be on board from October 13.</p> <p>Patient Opinion Feedback is monitored and there is a month on month improvement. Good practice has been highlighted.</p> <p>The Patient Experience Forum has now merged with West Park and the TOR are due to be circulated. Governor involvement is required and also NED attendance. Different groups external to the Trusts will also be considered. JE confirmed he is working closely with Health Watch via e.g. Joint Engagement Committee / Quality Accounts and Scrutiny Groups.</p> <p>CE also stated that a meeting had been held with the Chairman and how the Trust can work more positively with Health Watch. It was noted that audit will also link in with work and a Health Watch Representative will have a seat on the PEF.</p> <p>RESOLVED: The committee accepted the report.</p>	
8	<p>SUI Action Tracking Report</p> <p>KE reported that for February – May 2013, there were 128 SUI's reported in the period; Division 1(37), Division 2 (90) and Corporate (1). This included three Never Events. 101 SUI's were closed within the period; Division 1 (28) and Division 2 (73). 16 are on-going and 6 are overdue for Division 1. There is to be an extraordinary meeting in the next week to look at closing these SUI's and also to look at pathway meetings where sign off occurs i.e. for Division 2; sign off occurs at team / core and Divisional meeting.</p> <p>Outstanding actions have been reported monthly to QSC since March 2013. For Division 2, there were historic incidents regarding Adult Committee which have now significantly reduced (172 down to 33). A huge piece of work has been undertaken in this area.</p> <p>There was nothing of any further significance or concern to raise.</p> <p>CE raised a question regarding 'Number of RCA investigations with outstanding actions' which KE clarified i.e. 2nd part is RCA with actions in totality.</p>	

The Royal Wolverhampton NHS Trust

Item No		Action
	<p>KE confirmed that the Division 1 are working with speciality directorates. Whilst this is work in progress, numbers continue to reduce.</p> <p>Division 2 were congratulation on their good work.</p> <p>RESOLVED: The committee accepted the report.</p>	
9	<p>NPSA / NRLS Report</p> <p>JV stated that he felt this was a good news report and we should continue to maintain good reporting. SK advised that we are reporting less patient accidents and medical incidents compared with the rest of the cluster and we are considered a Healthy reporting organisation. Exact figures are detailed on page 4 of the report. SK highlighted that we are actively reporting No Harm and Near Misses.</p> <p>A question was raised regarding Medical device / equipment as to whether this was Synergy related. It was confirmed that incidents in this area have reduced however this is around reporting arrangements as not all Trusts in the cluster report the same as we do. DL pointed out that other organisations return incidents and they are not classified, however we are because we have a contracted out service. A new lead is in post in Synergy and good progress has been made.</p> <p>It was discussed that Medical Dispensing / Pharmacy and been picked up on wards rounds and a business case is being developed.</p> <p>CE commented that for the Board assurance in the future, we may need to understand this report in more detail and it will be considered post governance review. JV stated that this only features in one sentence in the internal business plan and may require highlighting more. Staffing alerts had been raised following the Q&S report and data is collected, encouraged and reported.</p> <p>RESOLVED: The committee accepted the report for assurance.</p>	

The Royal Wolverhampton NHS Trust

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10	<u>BAC Sub Group Reports:</u>	
10.1	<p>Compliance Committee Chair Report (April 2013 Minutes)</p> <p>CE presented the reports and highlighted the following points:</p> <ul style="list-style-type: none"> - Poor compliance around the Audit Plan has been raised at the Board. Decision now taken that until audits are completed, actioned and re-audited, they will not be closed. There are variations regarding percentage of compliance. The Chair of Clinical Audit & Effectiveness Committee had amended his report for Compliance Committee and restrictions have been included on the amount of audits that will be completed within the year. - NHSLA preparation regarding General and also Maternity Actions (Level 2 Assessment). For the Live Health Record check we require 75% in order to pass. It is important that we evidence what we do on a daily basis; consent, DNAR forms and documentation etc. - Health Visiting programme is monitored monthly and changes in process / team is being managed. Feedback received is positive. JV stated he is also working with S McKee. It was confirmed that the Health Visiting risk is still C3 amber due to vacancies and full cohort required. The risk is reviewed monthly. The PM has requested weekly monitoring of Health Visiting numbers. - Liverpool Care Pathway / National profile. Further work is being undertaken regarding positive culture and how we implement / prevent admission where appropriate. - Health & Safety red alerts. A lot of work has been undertaken to get on top of these alerts. One regarding Safety Devices is being led by the Medical Director and there is a national issue regarding Non Leuer needles. <p>RESOLVED: The committee accepted the report.</p>	
10.2	<p>Quality & Safety Committee Chair Report (Feb – May 2013 Minutes)</p> <p>CH highlighted the following from the report:</p> <ul style="list-style-type: none"> - Improvements are now being seen regarding the Safety Surgical Checklist including significant improvements in the Non Theatre areas. This is subject to monthly monitoring via QSC, which is agreed by Heads of Nursing. 	

The Royal Wolverhampton NHS Trust

Item No		Action
	<ul style="list-style-type: none"> - Net Promoter has also seen improvements. - Results for Falls with serious harm were good in January however there has been a number of falls reported with serious injury or death since then. - New Procedures were approved March and April. - The Claims report had been presented. The external Legal Services Review is on-going and a report is due at the end of July. A more modernised approach to Legal Services will be developed. - Infection Prevention - 5 moments was 100% (green) for May 13. <p>JV stated that the minutes highlight discussions on items relevant within the last four months.</p> <p>RESOLVED: The committee accepted the report.</p>	
10.3	<p>Infection Prevention & Control Report</p> <p>MC provided an update of various projects which are underway regarding surgical site infection surveillance and funding assured for the IV Team / work related to use of urinary catheters. MC highlighted issue regarding mandatory training. We had achieved our target of 95% for NHSLA in 2012 however this has reduced to 88% and the pressure is being applied again to improve percentage in order to reach the target for this year and assessment.</p> <p>MC reported that we are nearly there regarding compliance with the Health & Social Care Act. Issue had been around safe sharps which is now resolved. The Waste Manager is currently working on the Waste Policy and a meeting of the WMEG is due in July. Target for completion of work is October 13. TSE Policy had been implemented, however national guidelines had changed and this policy will now need to be re-done.</p> <p>CE highlighted performance against external targets and numbers of C.Diff's which was 80 (between 2008 – 2011). This was confirmed as being correct. MRSA was also highlighted (184 down to 9 from 2008 to 2013). MC stated that there has been a huge amount of screening in the community and care homes. Reduced burden out in the community means we see few inpatients presenting with MRSA and acquired MRSA is lower as we have improved regarding prevention of spread within hospital. JV stated that it was good to see a positive reduction.</p>	

The Royal Wolverhampton NHS Trust

Item No		Action
	<p>It was reported that DRHABS had gone up last year and focus is via the IV Team and work around urinary catheters. It was highlighted however, that figures are not bad considering inclusion of TCS numbers / integration. MC pointed out that since the report was circulated, two DRHABS had been excluded and we are now on target.</p> <p>JV stated that this was a good report and enquired about the new Pathology building, which has improved working environment. Office space is still required for the IP/IV Team.</p> <p>RESOLVED: The committee accepted the report.</p>	
10.4	Research & Development Report – DEFERRED	
10.5	Education & Training Report	
	<p>LN presented the report and highlighted the following:</p> <ul style="list-style-type: none"> -Education & Training is rated high green regarding CQC outcome 4. -NHSLA Infection Prevention Level 2 is below 95% as reported however this would not be a fail. Discussions have been held with the Assessor regarding action plans in place and they were happy with the content. - NHSLA 5.1 Supporting Medical Staff in training is a separate assessment and relates to the GMC survey. Results have been received which was good with lots of green grades. There was less red however this was against minor issues. There have been no patient safety alerts this year and of the four last year, these were minor. There is daily monitoring and we are currently hoping to achieve a Level 3. Challenges are being prepared if we were not to gain a Level 3. There is confidence with evidence that we will. - Postgraduate Medical Education. There was minor issue regarding Oncology. An internal visit has been undertaken. There had been a red flag highlighted on the GMC survey around local teaching. Since the internal visit, the Team has appointed a new Locum Consultant and internal schedules have been commended by the Deanery. -External Visits. The Foundation programme is going well and an action plan has been accepted by the Deanery. Directorates are working on issues regarding General Surgery. A visit is due in Emergency Medicine in September. The Deanery will provide funding for 50% against 4 extra trainees. -Undergraduate (5 yearly) Monitoring Visit November 13. There were no standards set so internal ones have been developed to monitor, progress and provide assurance. 	

The Royal Wolverhampton NHS Trust

Item No		Action
	<p>LN also highlighted issue with correct process for raising concerns by Medical Students and this will be included in monthly JDF's from 1 July 13.</p> <p>RESOLVED: The committee accepted the report.</p>	
10.6	Health Records Committee Report – DEFERRED	
11	<p><u>Issues of Significance Arising from Audit Committee</u></p> <p>JV stated that work had been discussed at the recent Board meeting regarding account sign off and also at Audit Committee. There was nothing of further significance to raise.</p>	
12	<p><u>Issues of Significance for Trust Board</u></p> <p>Never Events had been discussed at Trust Board. Again there was nothing further to raise in addition to development of the new Committee structure.</p>	
13	<p><u>Any Other Business</u></p> <p>The meeting in August was discussed whether this would be the last formal BAC meeting. It was agreed that the date for August be kept provisionally until after July 13 and decision to be taken whether to have this meeting or commence with the new monthly committee in September 2013.</p>	
14	<p><u>Date and time of next meeting:</u></p> <p>29 August 2013 @ 12:30-14:30 TBC following July 13 Board Meeting New monthly meeting to commence from September 2013.</p>	