

The Royal Wolverhampton Hospitals NHS Trust

Minutes of the Board Assurance Committee held on the:

Date **30 August 2012**
Venue **Conference Room, Hollybush House**
Time **12:30 – 14:30**

Present:

Name	Role
B Jaspal Mander (BJM)	CHAIR – Non Executive Director
J Vanes (JV)	Non Executive Director -
M Ogden Meade (M OM)	Chief Operating Officer
C Etches (CE)	Chief Nursing Officer
M Arthur (MA)	Head of Governance & Legal Services

In Attendance:

Name	Role
Z Young (ZY)	Head of Nursing – Division 1
G Wilde (GW)	Healthcare Governance Manager – Div 2
M Gibbs (MG)	Healthcare Governance Manager – Div 1
S Khunkhuna (SK)	IM&T Lead
<i>T Morris (TM)</i>	<i>Attending to take the minutes</i>

Apologies:

Name	Role
D Loughton (DL)	Chief Executive
Dr J Odum (JO)	Medical Director

Item No		Action
1	Apologies for absence – were noted.	
2	Declaration of Interest – None to note.	

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3	Minutes of Previous Meeting dated 28 June 2012 - accepted as an accurate record.	
4	<p><u>Matters Arising from the Minutes & Action Summary:</u></p> <p>5 – CE updated that falls will be split between minor and serious falls to provide more comparable data.</p> <p>6 – BAF Action is closed. BJM advised that one risk is outstanding regarding PAS which the C.O.O. agreed to pick up with the Finance Director.</p>	
4.1	<p>SUI Action Tracking Update Report</p> <p>ZY provided an update for Division 1. Dates of deadlines are being monitored via Divisional Governance and where there are delays, she believed these were justifiable. She highlighted the following:</p> <p>Maternity Services – actions in progress and within date.</p> <p>Gynae – There were a number of these including Never Events. Safe practice work and internal care pathway work is on-going. Work has progressed regarding documentation in theatres. Instigation of stickers to insert into notes planned for roll out within the Trust had been rejected by Surgery.</p> <p>Trauma / Orthopaedics – HAPU actions are in progress. Management changes in Orthopaedics will support and provide improvements.</p> <p>Dental Services (Delays) – There were no points overdue and challenge is regarding capture of data. The WHO checklist has been modified.</p> <p>Cardiac – All are within timescale.</p> <p>General Surgery – There is a Divisional action plan in place for HAPU Grade 3 & 4's which are monitored closely via Nursing.</p> <p>The committee discussed whether dates were realistic in order to ensure a thorough piece of work and performance management of processes. ZY advised that challenge of directorate dates set as well as actions are undertaken and explained the process via the Division. Accountability for Divisions and also operationally was considered whereby leads need to account for as to why there are delays. Assurance to be provided on status details and not just that there is a delay.</p> <p>It was advised that for Division 2; it is planned for a system change to occur for a delegated line and to ensure accountability to inform the core meeting. Centrally mechanisms will be developed regarding updating of actions on Datix to ensure an automatic feed re RCA's etc.</p> <p>GW explained that for Division 2 Governance Officers are working with Directorate Management Teams. There has been a significant number of actions closed off.</p>	

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	<p>GW went on to highlight: HAPU Grade 3 (78444) – this was not Adult Services and should be Haematology. An action plan is in place. CAPU Grade 4 (7054) and CAPU Grade 3 (7056) – Not Adult Services. Update awaited and will be followed up.</p> <p>BJM advised that she would request that as for Division 1, she would expect that processes are identified and monitoring of action plans continue. Also to ensure that action plans are deliverable. It was also suggested that Leads responsible be included in the report.</p> <p>The committee discussed formatting reports i.e. a grading report to focus attention. Consideration of what constitutes a red, amber etc. should be considered. It was suggested that QSC to perhaps receive an overarching score type report. BAC to have an assurance report regarding RCA's and timescales, not necessarily the detail but to ensure that actions are being closed off and where there are issues.</p> <p>Governance support was also discussed regarding resources. It was advised that systems could be better organised particularly for Division 2.</p> <p>RESOLVED: Routine SUI Tracker report due October 2012. Divisions to present and provide update.</p>	
5	<p><u>Board Assurance Dashboard</u></p> <p>MA advised that all areas are updated and there was nothing significant to report regarding incident trends or new actions. Progress is being made with mattresses and there is a plan for a 24 hour helpdesk from September. A tagging system for Safe Hands is working well.</p> <p>There was nothing significant to report regarding complaints. Uptrend of staff attitude was minor and a separate report is due at October BAC. Response times have decreased due to a carry over from February and changes in the complaint process. PALS/PET targets are green. Serious complaint actions are not overdue. Two were added for June and are within timescale. The NHSLA will wish to see tracking of actions for serious complaints so the report needs to evidence this.</p> <p>CE added that the complaints policy is approved. A new Complaints Manager is in post who had considered that the deadline be removed. Via monitoring of second response letters, Directors will be able to pick up on delays. The number of complaint trends has reduced and there are other mechanisms in place for improvement.</p>	

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	<p>MA went on to advise that for KPI's; Q1 (12/13) had not been added to. Divisions are due to report in September. Dates may also change due to demand regarding new complaint process and also requirements regarding NHSLA. Audit results are awaited.</p> <p>There were no overdue safety alerts. For H&S audits, the black squares indicated audits scheduled. There were no amber or reds for Div 1 or 2 for those areas audited. An annual audit is undertaken for each area with a quarterly follow up on gaps. Due to resource issues, there has been a decrease in the number of audits undertaken since April.</p> <p>MA pointed out that the Industrial area refers to incinerator areas. MA to check the schedule plan with the H&S Lead.</p> <p>An external audit is added to the action plan tracking for CQC Responsive Review; Never Events action plan which is accepted by the CQC.</p> <p>MA highlighted actions regarding the Francis report; Monitoring and complaints and also the Mental Health Policies, which is ongoing due to trust reconciliation and approval. CE explained that the Black Country Partnership had written a policy which impacts on our services and which operationally is not accepted. CE is due to meet with the Chief Nurse (Sue Marshall) to undertake some joint working; however this would not be a short timescale to complete. CE also advised that she is considering a re-structure of her department and there may be a lead for Mental Health. BJM asked that this be added into the comments. MA updated that regarding the Francis report; PA work (February 2012) deadline is ongoing however monitoring is complete. Training is also ongoing. The Records Management Strategy and the audit tool are approved. Only the complaints and performance action is outstanding.</p> <p>The committee discussed the CQC Responsive Review report. The report will be signed off at September 2012 Trust Board. The revised action plan is accepted by CQC and they will probably undertake a spot check.</p> <p>BJM questioned amber trends regarding KPI's. It was explained that we are required to show evidence of trends discussed in minutes. A re-developed agenda and minutes template is being used within directorates to steer staff on what to include.</p> <p>For RIDDOR; the issue is that reports should be attached onto the datix system.</p> <ul style="list-style-type: none">• RESOLVED: Report noted by the Committee. MA to check schedule re Industrial areas. Mental Health Policy comments to be noted in the Dashboard.	<p>MA</p> <p>CE/MA</p>
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6	<p><u>Board Assurance Framework</u></p> <p>SK reported that there were 9 risks contained within the framework which included two red; 2962 Health Visiting Services and 2965 Failure to reduce Never Events. There are 29 risks contained within the register with two red assigned to the Finance Director; 514 Failure to deliver recurrent efficiency gains and CIPs and also 1739 Failure to develop Service Line Reporting. One new risk 3081 Insufficient budget to provide manual handling training to meet NHSLA Level 3 standards, had been added in August.</p> <p>The committee discussed the risk regarding Health Visiting. It was advised that an external company is undertaking a 3-day review across the region to benchmark plans, leadership, projectories etc. It is a free independent evaluation which will hopefully be incorporated into existing plans in place within the trust.</p> <p>The committee also discussed Service Line Reporting regarding timescales and risks to be managed initially. CE considered that a development day may be required to discuss if it is still a strategic direction that we are moving in.</p> <p>Risk 2917 regarding achievement of NHSLA assessment was also discussed. Considerable work has been undertaken and a former NHSLA assessor has been appointed on a temporary contract to support the assessment. CE advised she sits on the NHSLA working group. There is a big push regarding level 3 requirements which includes review of 50 policies. We need to demonstrate evidence of audits and improvements. A live note audit will be undertaken and a number of staff have volunteered to complete spot-checks. 75% compliance is required and if we fail, we cannot go to Level 2. Feelings are positive currently and there has been a shift in a sense of change that this is not just a governance exercise.</p> <p>Maternity will be reassessed for Level 2 in March 2012 and the plan is for Level 3 to be undertaken in the next financial year.</p> <p>BJM asked for an update on actions completed. It was assured that actions regarding level 1 & 3 are completed. Workshops have been undertaken and preparation packs completed. A draft Divisional Governance Strategy is ongoing due to discussions but is due for completion next month. BJM asked than any issues be monitored and raised for awareness where necessary.</p> <p>The C.O.O. enquired about risk 2719 PAS admission. SK explained that this is an action plan reported to the SHA. It is an inherited risk from the Finance Director. It is a complicated plan but one that is being actioned and improvements are being seen. Discussions have been held at Trust Board. The C.O.O. explained further that this is a contract risk regarding E-discharge. It was agreed for further discussion at Directors Meeting. C.O.O. to action.</p>	<p>MA</p> <p>C.O.O.</p>
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	RESOLVED: MA to monitor NHSLA. C.O.O. to raise risk 2917 PAS admission at Directors Meeting for discussion.	
7	<p><u>Trends Registry (Presentation)</u></p> <p>SK presented the system which provided a track on current status for the period July 2011 – 30 June 2012. He explained the different tabs; Trust Overview broken down into quarterly data for treatments / procedures etc. Increased data has been aligned due to the PCT. Data can be used as a collective tool and the system allows you to look at the detail behind trends. It can be viewed via quarter to look at progress. It is also a tool that can be used for NHSLA.</p> <p>SK explained that the registry was developed as a requirement for RSM Tenon to look at 12 months of data and what we are doing to manage trends. MA added that this is a performance document which is considered against the Trust Risk Register to look at the work of falls, PU's, medical equipment and allergy boxes. It gives a bigger picture to show if actions are having the desired effect.</p> <p>The committee discussed the registry in detail; regarding triangulation of reports and whether it should be presented quarterly to ICC and BAC. CE felt that the report should replace other forms of reporting perhaps e.g. Master trend report for QSC. It was considered that this could be a six month report to QSC and for incident / complaint trends to be removed from the Dashboard report. CE suggested a benchmark against other organisations on how they are distinguishing and using trends data. Discussion to also be undertaken with M Cooper / S Mahmud regarding statistical / pattern recognition of intelligent information.</p> <p>JV also suggested consideration be given to other levels of reports i.e. DIPCI Report, Quality Accounts, Mortality Review and Quality Accounts.</p> <p>RESOLVED: Benchmark against other organisations to be undertaken. Six monthly report to be considered for QSC and consultation regarding statistical data and other levels of reporting to be undertaken.</p>	<p align="center">MA</p> <p align="center">MA</p>
8	<p><u>CQC ESQS Compliance Report</u></p> <p>MA advised that this is a picture of internal monitoring compliance with regulations. The report is split into 1/ Directorate Self Assessment; 2/ Corporate Leads. There are five areas with amber levels of compliance; 3/ Exception report regarding detail.</p>	

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	<p>MA went on to highlight the following:</p> <p>Consent to care and treatment – Issues related to delegated consent training and DNAR. Re-audits are planned for September.</p> <p>Meeting Nutritional Needs – There are inconsistencies regarding accuracy of MUST screening and also regarding patient opportunities for choices of meals. Actions include an Audit Programme and a Task and Finish Group. A trial use of a menu tablet is due to start on D16.</p> <p>The committee also discussed risk 2449 Safeguarding on the BAF Report. Issues regarding the internal system and processes are in progress.</p> <p>Cleanliness & Infection Control – The Hygiene Code assessment is still outstanding.</p> <p>Safety, availability and suitability of equipment – gaps regarding medical device training. Communications are being raised and other solutions being considered. An MHRA alert has been received (maintenance contracts) and an exercise is being undertaken which is due for reporting.</p> <p>MA reporting that self assessments by directorates are undertaken and a report submitted via Compliance Committee four monthly. From June, community services have been using the PA tool. For Outcome 8 – Therapy Services; a meeting is being held in September to consider work to be completed for a full score. CE enquired about theatres. MA explained this was regarding Outcome 10 and she will follow up on the exception report.</p> <p>RESOLVED: MA to follow up on exception report regarding Outcome 10 – theatres.</p>	MA
9	<p><u>Issues of Significance Arising from Audit Committee</u></p> <p>An Audit meeting had not been held since April 2012.</p>	
10	<p><u>Issues of Significance for Trust Board</u></p> <p>RESOLVED: BJM to provide a report to Trust Board.</p>	
	<p><u>Any Other Business</u></p> <ul style="list-style-type: none"> • Committee TOR (QSC/Compliance/Policy) – MA reported that Compliance TOR are a draft and would be approved at the September Compliance Committee meeting. 	

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16	<p><u>Date and time of next meeting:</u></p> <p>25 October 2012 @ 12:30 – 14:30 Conference Room, Hollybush House</p>	
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COMMITTEES OPEN / CLOSED ACTION SUMMARY REPORT – 30 August 2012

ITEM	Action to be taken raised from the meeting	Lead	Carried forward from	Committee Review date	Status
4.1	SUI Tracker – Routine report due October. Divisions to present and provide update.	LG/TP ZY/RB	June 2012	October 2012	Agenda Item
5	Board Assurance Dashboard – MA to check schedule re Industrial areas. Mental Health comments to be noted in the Dashboard.	MA SK	August 2012	October 2012	Open
6	Board Assurance Framework – MA to monitor NHSLA. C.O.O. to raise risk 2917 PAS admission at Directors Meeting.	MA C.O.O.	August 2012	October 2012	Open
7	Trends Registry – Benchmark to be undertaken against other organisations. Six monthly report to be considered for QSC and consultation re statistical data and other levels of reporting to be undertaken.	MA	August 2012	October 2012	Open
8	CQC ESQC Compliance Report – MA to follow up on exception report re outcome 10 (theatres)	MA	August 2012	October 2012	Open