

The Royal Wolverhampton Hospitals NHS Trust

Minutes of the Board Assurance Committee held on the:

Date **28 February 2013**
Venue **Conference Room, Hollybush House**
Time **12:30 – 14:30**

Present:	Name	Role
	J Vanes (JV)	Acting Chair – Non Executive Director
	D Loughton (DL)	Chief Executive
	C Etches (CE)	CHAIR / Chief Nursing Officer
	M Arthur (MA)	Head of Governance & Legal Services
In Attendance:	Name	Role
	M Gibbs (MG)	Governance Healthcare Manager Div 1
	R Baker (RB)	Head of Nursing – Division 2
	J Emery (JE)	Patient Experience Lead
	S Khunkhuna (SK)	IM&T Lead - Governance
	J Holder (JH)	Non Executive Director - Observing
Apologies:	Name	Role
	B Jaspal Mander (BJM)	Non Executive Director
	J Odum (JO)	Medical Director
	C Hall (CH)	Deputy Chief Nursing Q&S

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 20 December 2012 RESOLVED: The minutes were approved as an accurate record of the previous meeting	

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4	<p><u>Matters arising from the Minutes & Action Summary</u></p> <p>4 Action for Pre-Board meeting with NED's regarding cuts to benefits / local Authority / Impact on patients – JV advised that there was to be a launch that evening and he would be happy to share the slides however it was agreed that this was not necessary for the Board Assurance Committee and action was therefore closed.</p> <p>5 GN to pick up action regarding Mental Health with the lead and report back to the meeting – this action remained open. TM to check if this could be closed.</p> <p>6 BAF – Risks 2893 and 2929 were closed. Action regarding Comparison table for the period Dec 11 to June 12 to be picked up with SK.</p> <p>11 Issues of significance for Audit Committee – Bribery Act – JV to link with the Corporate Governance Lead. JV advised that this action will be closed.</p>	<p>GN</p> <p>SK</p>
5	<p><u>Board Assurance Dashboard</u></p> <p>MA presented the report and highlighted the summary on page 1. She went on to also highlight the following detail from the report:</p> <p>There had been an increase in patient falls for quarter 3 (102 resulting in injury/ill health with five reportable to STEIS).</p> <p>Pressure Ulcer trends are down. Divisions have considered areas on the Risk Register which had been challenged by the Quality & Safety Committee.</p> <p>There has been an increase in Allergy box trends regarding Acute Medicine / Cancer. Clinical equipment trends are largely reported by General Surgery. All work is in hand.</p> <p>Quarter 4 will be reported in April.</p> <p>Complaint trends had increased, which was mainly regarding cancelled observations. For complaints received regarding Diagnosis; half were attributed to A&E. Discussions have been held with Division 2 and actions are being followed up on a previous SUI around routine checks.</p> <p>Patient Experience – we are no longer working to the 25 day target but figures are still recorded. Serious complaints are being dealt with differently via the Patient Experience Team and there is nothing significant or of concern to report. Some are amber pending a coroner's report / feedback.</p>	

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	<p>The template has been adjusted for the scorecard and information is being gathered from new sources. Q3 information is delayed.</p> <p>There has been one overdue safety alert, five are on target and 11 closed as of January 2013. Spinal needles are an issue nationally and are detailed within the Critical Care Register. The Medical Director is aware of this.</p> <p>The first round of audit results have been undertaken for Dec 12 /Jan 13 regarding the new method of delivery being used and the plan for 2013/14 is due to commence.</p> <p>National Guidance - some are ready for closure.</p> <p>CQC were satisfied with serious concerns regarding three outcomes including the WHO Checklist. Concerns will now be closed off regarding the scheduled report.</p> <p>The following questions were raised and discussions held by the committee members:</p> <p>Management of Corporate & Divisional H&S audit reports are graded red (monthly), bi monthly (amber) with action plans and reports processed via directorates with Ward Management accountable.</p> <p>Patient Experience: Datix 7894/7929 patients presenting in A&E – Junior doctors improved communication with Senior Consultants and training. It was advised that this had been discussed at Trust Board and both were very complex complaints. Issues are around senior cover for longer periods of time and also shift patterns. Recruitment is to be filled.</p> <p>Trends regarding general care / lack of care which was amber for Q2 and now red - It was discussed that all previous Q3 trends had been red and is considered a seasonal trend. Heavy pressures had been seen December, however there have been improvements in January. Quality meetings are held daily with Matrons.</p> <p>Governance KPI for Q3 – It was agreed that this would be circulated prior to the next meeting – SK to action.</p> <p>The members suggested possible work in the future around pattern recognition of trends in order to provide more assurance.</p>	<p>SK</p>

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	<p>Discussion was also held regarding the Francis Report being taken off the risk register. Only three actions remained open from the last recommendation report received and these will be added to the new Francis Report; led by the Head of Strategic Development. Agreement has not been confirmed where this will be reported to as yet as the position needs to be understood first.</p> <p>RESOLVED: SK to circulate the Governance KPI for Q3 prior to the next meeting in April.</p>	
6	<p><u>Board Assurance Framework</u></p> <p>SK highlighted the following from the report:</p> <p>New risk detailed for the Chief Executive – 3330 changes regarding Mid Staffs and impact on the Trust. Risk 2962 Health Visiting and 1739 Service Line Reporting is downgraded to yellow.</p> <p>The committee discussed the following:</p> <p>Risk 2858 NHSLA. A lot of activity has been undertaken for both Maternity and for the level 3 general standards. NHSLA are due to assess our organisation in September 2013 and actions are being escalated via the NHSLA Project Board which includes senior membership and the Project (operational) Team. Divisions are on board as a live health record check will be required and the Governance Team are meeting with Policy Leads. The next report will provide a closer feel of how we are getting on with preparations for the assessment.</p> <p>Risk 2482 Francis Report remained amber as there had been no changes since the 2nd report however the new report recently issued will now inform detail.</p> <p>Risk 2680 Interpreting and Translation Service. Discussion was undertaken regarding issues that had arisen from the Midwife led Unit, Safety Walkabouts and lack of interpreting at births. There is improvement with the use of the telephone system which will also show a cost improvement too. There has been some resistance as preference is for face to face interpreting services. There is an automated booking system and knowledge needs to be raised regarding the telephone services available. Risk Assessment processes are in place. It was advised that more intelligence is required regarding the level of assurance of the process and those accessing the system. It is early days and CIP saving may not be seen as yet.</p>	

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	<p>Risk 535 Reductions in HAIs. This related to C.Diff and is a rare post action however impact is still major and therefore remains amber on the BAF.</p> <p>The committee also discussed that as part of the Governance Review; would BAC need to see as much detail in the BAF report in future. JV felt that the answer was yes as the report provides a feel for status and prompts answers where there are concerns. Experience is required for interpreting the report and he would not suggest preference or solution. The report can be onerous for those providing the detail and it was agreed that more sophisticated reporting is probably required. The 'Review' Team may consider that too many reports are being produced. JV stated that the report in its present format provides a continuous, constant and good solid archive of detail and actions being progressed.</p> <p>RESOLVED: Received for Assurance.</p>	
7	<p><u>Patient Experience & Update on Complaints</u></p> <p>JE presented the PE report including real time feedback, PALS and complaints. He highlighted the graph on page 1 regarding complaints management and explained that subject matter is now more consistent.</p> <p>The PALS Team continue to be out and about and there will be a more community based approach i.e. visits to schools, mosques etc. The bedside element will be scaled down.</p> <p>There had been a dip at the end of December 2012 regarding Real Time Feedback which was due to staffing issues however the Friends and Family Test which is a sensitive indicator shows that for January, scores are back up. Sickness and winter pressures are under control. CE added that from a quality point of view, there is better control.</p> <p>Membership of the Patient Experience Forum will be developed for the community. The Forum for West Park will be merged with ours which will provide new opportunities.</p> <p>MA enquired about serious complaints and progress regarding actions for those that are red and amber. It was advised that data is inputted on datix. It was agreed for MA and JE to meet up outside of the meeting to discuss further.</p> <p>A report is kept regarding collection of 'green coins' at supermarkets.</p>	MA/JE

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	<p>Benchmarking of organisations was discussed regarding issues around different types of approach i.e. at Discharge a card is issued which is anonymous for our organisation. Feedback is not face to face for some organisations. We promote more feedback.</p> <p>The members also discussed Health-Watch as a report was due in the next two weeks and a new Lead / Chair has been appointed. The committee discussed surveys undertaken and that reports are not a result of all, we can provide far more data for our organisation. Health-Watch data should be evidence based and triangulated.</p> <p>RESOLVED: Received for information.</p>	
8	<p><u>SUI Action Tracking Report</u></p> <p>MG presented the report for the number of incidents reported to STEIS and those closed within the period 21 September 2012 to 3 February 2013. 18 were closed for Division 1 and 48 closed for Division 2. There has been significant improvement in the last few months.</p> <p>An SUI action tracking database has been developed for RCA actions and Governance Leads are working closely with Directorates for update to the datix report that is provided to QSC and which is due March 2013 regarding overdue RCA's.</p> <p>Never Event Actions – a report is provided to Commissioners. Three remain open; two are due to be completed by the end of March and one requires clarification of its completion date.</p> <p>The report includes detail of new incidents, as not all are overdue. PU's will be split.</p> <p>CE enquired around Never Events and those incidents which date back the longest. It was advised that one dated June 2012 regarding an incident in gynae was in its final draft with Divisional approval due March 2013. Two other incidents will be closed off by the same actions being completed. The third incident related to Cardiac dated October 2012 and actions include induction sign off of clinical / medical staff. MG advised that this is partially complete and is awaiting detail. She will speak with the Lead. CE asked if there are any issues, that detail be forwarded to her to pick up.</p>	

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	RESOLVED: SUI Action Tracking Report noted by the committee.	
9	<p><u>Policy Management Framework</u></p> <p>MA presented the report and advised that from April 2012 to Feb 2013 there had been an improvement with 72% of policies within date. 22% were out of date, six policies were now obsolete, 18 policies are due for review in the next three months and 12 policies are delayed due to various reasons. A monthly report is provided to Directors.</p> <p>A review / audit had been undertaken from July 2011 – July 2012 and results are detailed in section 6 of the report. The new process had been mandated from November 11 for the new template format, completion of implementation plans and checklists. A report for Level 3 will follow.</p> <p>Work has been undertaken regarding TCS and harmonisation of policies, and the majority of policies have been integrated or superseded. A link on the PCT policy page takes you directly to the Trust page.</p> <p>MA highlighted a risk regarding version management with variances of archive records relating to the historic count. A slot has been added to Senior Manager’s Brief to advise on what is required regarding the process of policies through the system and that the Trust Secretary will now oversee and check before policies are updated on the intranet.</p> <p>RESOLVED: Accepted for Assurance.</p>	
10	<u>BAC Sub Group Reports:</u>	
10.1	<p>Compliance Committee Chair Report (Oct / Dec 2012 & Feb 2013)</p> <ul style="list-style-type: none"> • ICO Audit – A report had been received which was positive and there were no major issues to report. • Clinical Audit – picked up via NHSLA. Significant improvements have been made attributed to the Chair of Clinical Audit Committee and focus now will be on less numbers of audits being fully completed rather than huge number of audits not always being completed. This is also a suggestion by Monitor. JO has met with the Chair and has agreed this way forward however leads will be held accountable for audits. 	

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	<ul style="list-style-type: none"> • Health Visiting – good progress has been made with changes and leadership accepted. JV highlighted the issue of child poverty which is rising. Outside elements, distractions were discussed and also better facilities for Children’s Centres. Issues will mean that work is undertaken differently. Health Visiting is contained within the BAF. Feedback is that Health Visiting is high on the profile for the Trust. <p>RESOLVED: Accepted for Assurance.</p>	
10.2	<p>Quality & Safety Committee Chair Report (Oct / Nov / Dec 2012 & Jan 2013)</p> <ul style="list-style-type: none"> • Being Open Policy – audit results are positive and there has been significant progress. • A&E Survey Results – repeated in the last month. • Environmental changes – concern is around ambulance services. • Radiation Safety Committee – The SHA had provided a report regarding lessons learned / trends and an action plan is required to provide a level of assurance. • ACP Role – (A&E Nursing extensive skills) This has had a big impact and currently we have three ACP’s roles in place. Staff can seek this role via recruitment and via training programmes. • Epilepsy 12 UK collaborative audits results – Clarification that this was for paediatrics and not adults. Issue was around contracting. • Failsafe Audit – Regarding Antenatal screening / incidents in December. No concerns were raised. • Safety Checklists – monitored monthly. There has been a cultural shift. • Transfer & Discharge Audits – Disappointing and more work to be completed. From January to February, results may be worse due to patients being moved around and it was advised that unnecessary moves should not occur in future. <p>RESOLVED: Accepted for Assurance.</p>	

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11	<p><u>Issues of Significance Arising from the Audit Committee</u></p> <ul style="list-style-type: none"> • Bribery Act – alignment with other policies will be considered and this will be presented to TMT with approval sought at Trust Board also. Conflicts of interest will also be considered. There will be a piece of work to review the effectiveness of the policy and procedure for staff declaring any conflicts of interest. It will probably need a higher profile, although level of concern is higher for some groups of employees than for others. The work being undertaken will consider the most appropriate approach and this will be discussed again at the next Audit Committee meeting. 	
12	<p><u>Issues of Significance for Trust Board – Verbal Update</u></p> <ul style="list-style-type: none"> • Work with Health-Watch to be discussed and agreed that the organisation will work more closely with them to triangulate data. 	
13	<p><u>Any Other Business</u></p> <ul style="list-style-type: none"> • Internal Audit Project on WHO Surgical Safety Checklist – will go to the Audit Committee. This is a daily audit check however we are doing all that we should as an organisation. 	
14	<p><u>Date and time of next meeting:</u> 25 April 2013 @ 12:30 – 14:30 Joint Meeting with Audit Committee Conference Room, Hollybush House</p>	

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COMMITTEES OPEN / CLOSED ACTION SUMMARY REPORT – 28 February 2013

ITEM	Action to be taken raised from the meeting	Lead	Carried forward from	Committee Review date	Status
4	Matters arising from the meeting: GN to pick up action re Mental Health with lead. TM to check action closed.	GN TM	Dec 2012	April 2013	See Update below *
*	<p><i>There have been multiple conversations with the Mental Health Provider and the CCG regarding response times from Mental Health.</i></p> <p><i>The CCG allocated additional funding to the Mental health provider as part of winter pressures. This was to ensure additional support and improved response time to the Acute Trust which did not materialise. Money has been extended into Q1 for 13/14 and an individual is currently on Induction (16 April) to work at RWT to provide additional health resource to the Trust.</i></p> <p><i>The SLA for 6 hour response time is still in negotiation between the CCG and Black Country Partnership.</i></p>				
4	BAF Action re comparison table for the period Dec 11 – June 11 to be picked up with SK.	SK	Dec 2012	April 2013	Closed
5	Board Assurance Dashboard – SK to circulate the Governance KPI for Q3 prior to the next meeting in April.	SK	Feb 2013	April 2013	Closed