

The Royal Wolverhampton Hospitals NHS Trust

Minutes of the Board Assurance Committee held on the:

Date 25 October 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 -
D Loughton (DL)	Chief Executive
G Nuttall (GN)	Chief Operating Officer
C Etches (CE)	Chief Nursing Officer
S Hickman (SH)	Compliance Manager

In Attendance:

Name	Role
S Reilly (SR)	Patient Experience Lead
M Gibbs (MG)	Healthcare Governance Manager – Division 1
S Khunkhuna (SK)	IM&T Lead
<i>T Morris (TM)</i>	<i>Attending to take the minutes</i>

Apologies:

Name	Role
Dr J Odum (JO)	Medical Director
M Arthur (MA)	Head of Governance & Legal Services
C Hall (CH)	Deputy Chief Nurse Officer – Q&S
G Wilde (GW)	Healthcare Governance Manager – Division 2
L Grant (LG)	Deputy C.O.O. Division 1
Z Young (ZY)	Divisional Head of Nursing (Div 1)
T Powell (TP)	Deputy C.O.O. Division 2
R Baker (RB)	Divisional Head of Nursing (Div 2)

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Item No	Action
1	BJM advised of changes to the timings on the agenda and detail to be picked up / discussed outside of the committee meeting due to another meeting taking place following on from Board Assurance Committee at 1.15pm. Highlights to be presented today to which the committee agreed.
2	Apologies for absence – Noted.
3	Declaration of Interest – None to note.
4	<p>Minutes of Previous Meeting dated 30 August 2012 - Accepted as an accurate record.</p> <p><u>Matters Arising from the Minutes & Action Summary:</u></p> <p>There were no further actions arising from the last meeting. Open actions would be covered by the agenda and reports provided.</p>
5	<p>Board Assurance Dashboard</p> <p>It was reported that September's complaints response was 48%. A report was on the agenda for separate presentation.</p> <p>BJM requested that for those showing amber; assessment of action plans in place and timescales should continue to be monitored and they should not be allowed to drag on.</p> <p>Freedom of Information is red; however detailed discussions have been held. FOI's had transferred back to Governance mid-September and it was advised that by November; compliance will show improvement. There were also data quality issues that required resolution.</p> <p>It was advised that compliance of National Guidance is discussed at Compliance Committee regarding action plans and their dates for completion. CQC Compliance monitoring has been rolled out and was completed in August. NCA compliance is being followed up on.</p> <p>The Risk Management Strategy was completed in March 2012.</p> <p>The IG Toolkit Inventory Project is underway and is due for completion March 2013. This is monitored via Information Governance Steering Group and Compliance Committee.</p> <p>Mental Health Regulated activity is in progress.</p>

<p>7</p>	<p>SUI Action Tracking Update Report</p> <p>MG presented the report on behalf of the divisions for the period 29 August – 20 September 2012 which is broken down into new / on-going and closed incidents. Brief details were provided in the report on the types of incidents. MG provided assurance that both the Divisions and the Governance teams continue to actively follow up on investigations and completion of incidents / RCA's. 39 incidents had been discussed and closed by the Commissioners on 11 October, which included 8 Never Events.</p> <p>MG highlighted the CQRM comment regarding improvements and reduction of overdue RCA's which is positive and that we need to continue to ensure that timelines are monitored.</p> <p>CE added that following a DNS meeting with the Strategic Health Authority whereby delays in SUI's being closed down were presented and discussed; New Cross was not the worst. She stated that it is clear that commissioners are acting in different ways. Their role is to ensure that RCA's are undertaken and actions reflect lessons learned but not to manage them. Therefore a pushback is required so that the commissioners are not waiting for RCA's to progress fully through our processes. Investigation is initially undertaken in the 48 hour time period and five day /30 day timescale undertaken where this cannot be achieved.</p> <p>SH explained that there are different templates for different types of incidents; with bespoke templates for PU's and Falls incidents. There is also a standardised template in place.</p> <p>BJN enquired about those organisations that were better than New Cross and any lessons that we could learn from. CE explained that those organisations that were smaller than ours did not have so many incidents that they were reporting and those who were worse were mostly large teaching types of organisations. High reporting has an impact on systems. Where there is a poor reporting culture, RCA's are completed more quickly. We are high reporters which is actually a positive for us. Assurance is around investigations being completed in a timely manner and where there are delays; that there are valid reasons for these. Where investigations span across different organisations; mutual agreements are required to work together in order to complete investigations and learn from incidents. Issues are discussed and monitored via Quality & Safety Committee and also in Preventing Harm forums.</p> <p>PU's were also discussed regarding targets. CE stated she had met with leads (included the Lead Nurse for Cambridge who have offered their support) but one out of 12 organisations are not predicted to achieve the SHA ambition. New Cross will continue to report what we have been asked but other organisations need to be accountable where they are not reporting.</p>	
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	<p>BJM highlighted that this emphasises our good practice of reporting.</p> <p>RESOLVED: The committee accepted and agreed the style of SUI report provided and asked that leads continue to address the detail behind the report and for updates to be provided where there are issues.</p>	
<p>8</p>	<p>Monitoring of Integrated Governance Strategy</p> <p>SH advised that this report had been completed in preparation for NHSLA and requirement for monitoring of our processes. We have looked at compliance of our Internal Governance Strategy. The report was being presented so that actions can be noted which have been identified following an audit and review. Monitoring is via the Quality & Safety Committee.</p> <p>BJM stated she had gone through the report which she felt was self-explanatory and she was satisfied that actions are in place. Action regarding the 'Medical Director' had been discussed with JO. Preference is that JO attends clinic commitments. It was also stated that JO is the Chairman of the Compliance Committee.</p> <p>JV felt that the report was very helpful.</p> <p>BJM concluded that she would share the report with the other Non Executives. The right information is being provided at the right level.</p> <p>RESOLVED: Report noted. BJM to circulate the report to other Non Executives.</p>	
<p>9</p>	<p><u>BAC Sub Group Reports:</u></p>	
<p>9.1</p>	<p>Report on Real Time Patient Feedback & Update on Complaints</p> <p>SR presented the report and highlighted the summary background regarding the decision taken for a centralised complaint management process. A complete centralised process resulted in an overwhelming workload and therefore it was agreed that complaints also be owned in areas in order to provide a better impact on learning from lessons and for the Complaint Services Manager (CSM) to oversee and manage the process.</p> <p>SR advised that the 25-work day investigation often results in a hurried investigation response and flexibility has been incorporated into the policy for 25-45 work days, which the CSM will manage.</p>	

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	<p>Revision has been undertaken around complaints leaflets and includes a questionnaire feedback. SR highlighted the Patient Experience Dashboard on page 4 of the report.</p> <p>CE highlighted that open complaints are not reduced i.e. for Q1 - 56% in 25 working days; the number is 19 so this data does not look encouraging. SR explained that delays affect every step of the process. She stated that for a 30 day investigation period, she is assured that figures are around 98 – 99%.</p> <p>DL suggested that standards be set e.g. for sign off of letters within four hours perhaps. It was explained that individual departments will have standards in place i.e. five days to review but it may take a day or two for divisional sign off which breaches the five days. There is no standard for divisional sign off. SR also stated that it is around the quality of the investigation completed and that complainants should be contacted in order to discuss the type of complaint and agree the amount of time that it could take. The committee agreed that where complainants are given a time period; they expect that we meet that time period which is fair.</p> <p>BJM requested that a further update be brought back and asked that TM check when the next routine report is due and to feedback to SR.</p> <p>BJM added that with regards to concerns / themes around administration, information and clinical treatment; she felt this was achievable. It was also discussed that Leadership is key.</p> <p>RESOLVED: Update to be provided when routine report is due.</p>	TM/ SR
9.2	<p>Compliance Committee – Chairman’s Report / Minutes June – September 2012</p> <p>BJM asked that any feedback be provide to JO. The minutes were noted.</p> <p>CE informed the members that an extraordinary Senior Manager’s Brief had been held today and staff have been informed that we are delaying the Level 3 NHSLA Assessment until April 2013. Level 2 Assessment will go ahead in November.</p> <p>She explained that our NHSLA Review Facilitator had reviewed preparation and does not believe that we are quite ready for Level 3. If we are assessed in November; we could potentially expect to achieve a level 1 or even zero. The extra time will allow us to ensure that our audit results are spot on.</p>	

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	<p>DL added that the extraordinary Heads of Department meeting provided the opportunity to emphasise that this is not an excuse and we need to keep going. The message has been reinforced that NHSLA is not for Governance to deliver but for everyone to do.</p> <p>BJM agreed that Governance have supported the organisation really well.</p> <p>RESOLVED: The committee supported the agreement regarding the NHSLA Assessment for Level 3 in April 2013 and Level 2 in November. The Compliance Report was also noted.</p>	
<p>9.3</p>	<p>QSC Committee – Chairman’s Report / Minutes – July / August / September 2012</p> <p>CE reported that the QSC Terms of Reference have been reviewed and the issue regarding Medical Director attendance picked up. The date schedule has been aligned for improved reporting for both QSC, TMT and the Board and we will now have the appropriate previous month’s data.</p> <p>Medicines reconciliation is still an issue, which the Commissioner is picking up on. E-Prescribing is not the solution and the issue still requires action. The Never Events action plan is on-going. Focus is now around non-surgical areas and use of the surgical safety checklist. The Ombudsman complaints report has been received.</p> <p>CE also highlighted issue regarding the Deanery and a comment that had been detailed in a report stating ‘dangerously low levels regarding paediatric staffing’. A subsequent report had been requested regarding nursing levels and it is fair to say that the description detailed in the report was not accurate although there are challenges to undertake. There has been a release of posts for recruitment within the divisions.</p> <p>RESOLVED: The Report and minutes were noted.</p>	
<p>10</p>	<p><u>Issues of Significance for Audit Committee</u></p> <p>RESOLVED: There were no issues to be discussed.</p>	
<p>11</p>	<p><u>Issues of Significance for Trust Board</u></p> <p>RESOLVED: BJM to provide report to Trust Board. TM to provide minutes.</p>	

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12	<p>BAC & Audit Committee – Expectations of Monitor (Discussion)</p> <p>It was agreed that a detailed discussion is required regarding alignment of committee work and the expectations of Monitor as they had not understood the roles of the committees and our processes. It was suggested that a discussion be held at a Board Development session. TM to request via the Administrator. BJM highlighted reservations regarding what we have to achieve regarding Monitor expectations.</p> <p>RESOLVED: Discussion to be held at a Board Development Session.</p>	<p>TM <i>Requested</i></p>
13	<p><u>Any Other Business</u></p> <ul style="list-style-type: none"> JV highlighted cuts to benefits by local authorities and the impact this may have on the more deprived patients, which is quite a big issue. He asked at what point would the discussion be relevant and in what forum? BJM requested that this be raised at a Pre-Board meeting with Non-Executive Directors. <p>RESOLVED: BJM and JV to action.</p>	
16	<p><u>Date and time of next meeting:</u></p> <p>20 December 2012 @ 12:30 – 14:30 Conference Room, Hollybush House</p>	

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COMMITTEES OPEN / CLOSED ACTION SUMMARY REPORT – 25 October 2012

ITEM	Action to be taken raised from the meeting	Lead	Carried forward from	Committee Review date	Status
6	Board Assurance Dashboard: BJM to check Trust Board report and request updates where necessary. Risk relating to 'Reputation' to be raised at TMT. BJM to also link with JV regarding Audit Committee discussions.	BJM BJM	October 2012	TMT October 2012	Closed
7	SUI Action Tracking Update: Style of SUI Report accepted. Leads to continue to address detail behind the report and updates to be provided where there are issues.	Divisions MG/GW	October 2012	Next Report due: February 2013	
8	Monitoring of Integrated Governance Strategy: BJM to circulate report to NEDS.	BJM	October 2012		Closed
9.1	Report on Real Time Patient feedback & update on Complaints: Further update to be provided when routine report due. TM to feedback date to SR.	TM/SR	October 2012	Next routine report due: February 2013	SR advised
11	Issues of Significance for Trust Board: BJM to provide a report. TM to provide minutes.	BJM / TM	October 2012	Trust Board October 2012	Closed
12	BAC & Audit Committee – Expectations of Monitor: Discussion to be held at a Board Development Session. TM to advise administrator for agenda.	BJM / TM	October 2012	Next Board Development session.	Administrator advised
13	Cuts to benefits / local Authority discussion: To be held at Pre-Board meeting with NEDS.	BJM / JV	October 2012	Next Pre Board meeting with NEDS	Open