

**BOARD ASSURANCE COMMITTEE – 20 December 2012 -CHAIRMAN'S SUMMARY REPORT**

*This summary sheet is for completion by the Chair of any committee/group to accompany the minutes required by a trust level committee.*

<b>Name of Committee/Group:</b>	<b>BOARD ASSURANCE COMMITTEE</b>	
<b>Report From:</b>	<b>CHAIRMAN – Balsinder Jaspal Mander</b>	
<b>Date:</b>	<b>20 December 2012</b>	
<b>Action Required by receiving committee/group:</b>	<input checked="" type="checkbox"/> For Information <input type="checkbox"/> Decision <input type="checkbox"/> Other	
<b>Aims of Committee:</b> Bullet point aims of the reporting committee (from Terms of Reference)	<ul style="list-style-type: none"> <li>• <b>Corporate Governance (compliance with Terms of Authorisation and constitution, Codes of Conduct and maintenance of Registers of Interest)</b></li> <li>• <b>Information Governance</b></li> <li>• <b>Research Governance</b></li> <li>• <b>Education &amp; Training</b></li> <li>• <b>Audit &amp; Effectiveness</b></li> <li>• <b>Patient Safety and Experience</b></li> <li>• <b>Management of Non – Financial Risk</b></li> <li>• <b>Legislative and regulatory compliance</b></li> <li>• <b>Accreditation and Assessment</b></li> <li>• <b>Policy Management Framework</b></li> <li>• <b>Internal Audit reports relating to Governance &amp; Risk processes</b></li> </ul>	
<b>Drivers:</b> Are there any links with Care Quality Commission/ Health & Safety/ NHSLA/ Trust Policy/ Patient Experience etc.	<ul style="list-style-type: none"> <li>• <b>DoH</b></li> <li>• <b>Care Quality Commissioner</b></li> <li>• <b>NHSLA</b></li> <li>• <b>Monitor (when authorised)</b></li> </ul>	
<b>Main Discussion/Action Points:</b> Bullet point the main areas of discussion held at the committee/group meeting which need to be highlighted	<ul style="list-style-type: none"> <li>• <b>Board Assurance Dashboard –</b> Downward trend regarding incidents; PU's / allergy boxes. Formal complaints have increased regarding clinical treatment / delays. There will be a change regarding indicators as per the SHA for KPI's.</li> <li>• Alerts - one alert is red regarding the Patient Passport and Safer use of insulin. A pilot has commenced on ward D16. Alert to be closed by the end of December 2012 and to be graded green on rollout. Health &amp; Safety Audit Reports now have a revised deep</li> </ul>	

	<p>dive way of audit and processes are in place for follow up of risk assessments.</p> <p>CQC responsive review (consent) is closed. An action plan is agreed and a visit awaited. Phase 2 of the Francis Report is planned for early 2013.</p> <p>Mental Health Regulated Activity – Outstanding Further work is required around our organisational policy.</p> <ul style="list-style-type: none"> <li> <p><b>Board Assurance Framework</b> – 10 risks are contained within the framework and 27 risks contained within the Trust Risk Register; New risk – 3277 Failure to meet Catheter Safety CQUIN requirements (red) and 3278 Management of Policies version control, publication and archive (amber).</p> <p>Risk 2570 Inadequate Estates as part of the Transfer of Community Services / WCPCT Provider Services (1 April 2011) – This is an outline agreement for transfer of properties and provision of services undertaken which require approval from the SHA to proceed with Health Centres for GP’s, the latter of which is a national issue.</p> <p>Risk 2893 GP Workload / Commissioning tender – risk has moved on and is minimal. Financial hit had not been as significant. Elements of pathology will be broken down. Action to be picked up regarding capture of all risks discussed at a recent Seminar e.g. delivery of cytology services across the Black Country.</p> <p>Risk 2929 Failure to deliver CQUINS – Review target date is November 2012.</p> <p><b>BAF - One off piece of work to be undertaken to compare data from December 2011 – June 2012.</b></p> </li> <li> <p><b>NPSA / NRLS Report</b> for data for the period October 2011 to March 2012; The Trust is commended as a high reporter. Future reports will be split into community / figures to be provided for both the Trust and overall to provide a comparison against others within the cluster as we could now be a medium reporter.</p> <p>Extra data to also be included in future reports on whether the ‘incident is deemed to be closed off’.</p> <p>1.8% of incidents reported by RWH include some form of personal identifiable information which is an increase from 1.2% April 2010 – March 2011. Anonymised data is submitted to the NPSA. Quality assurance checks are in place.</p> <p>Degree of Harm; more information regarding no harm and near misses is uploaded by our organisation compared</p> </li> </ul>
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with other Trusts. There have been 28.40% of incidents uploaded across the cluster for patient accident compared with 18.70% by our organisation. Medication incidents are slightly higher regarding administration. Action plans are picked up and monitored. The policy has been amended regarding doctor errors. There is an increase in prescribing errors. A report has been requested via QSC from the Medicines Management Committee.

- **CQC ESQS Compliance Report** – No red outcomes reported against self assessments; DNAR / Policy re-audits will be undertaken for level 3 against harmonising Acute / Community processes. Action plan completed against Care and Welfare of people who use our services. WHO Checklist – audit to be presented January regarding qualitative data. Self assessment has been completed regarding the Hygiene Code. A re-audit is to be continued regarding storage and prioritisation. Records remains amber and audits will be followed up. An ICO visit had taken place and we are aware of issues regarding record retention and disposal.

**Peer Review tool to be developed which will feed into KPI's and Performance Reviews.**

- **BAC Sub Group Reports** –

- **Infection, Prevention & Control** – MRSA bacteraemia objective breached by one single case. C.Diff remained within objective. November performance has improved. Major projects are underway and include a study of surgical site infection with universal SSI surveillance for the Trust. Clinical trials will be undertaken. An IV Team is up and running. Compliance regarding mandatory training; hand hygiene and infection prevention is at its highest. Compliance with the Health & Social Care Act (8 out of 10 criteria). Work is ongoing regarding policies to ensure they are compliant with legislation with decontamination.

There is a group in place to work around safe sharps and a short timescale of February 2013 is in place.

Five moments / escalation of reporting; a report has previously been submitted to Trust Board and an action plan provided for TNO areas not achieving a green. Improvements and upward reporting is evidenced. NED's receive reports on an on-going basis.

- **Research & Development** – 460+ projects are active with targets of around 3000 patients to recruit. The WMNCLRN group membership is down. Funding regarding commercial income / work with DoH and National research is on a downturn. There will be a pull back on recruitment targets. The portfolio is improved regarding approval of 30 days of completed documentation and R&D actively engages Managers across the Trust. 40 day target is a national one. Incidents continue to be uploaded onto Datix and risks detailed on the Risk Register. KPI's - commercial income is reducing so there will be a link into path building and shared case arrangements. Work is on-going regarding the electronic patient record and external monitoring. R&D is working towards level 3 NHSLA compliance. Mandatory training is 100% with the exception of Manual Handling. There is a bid to host a new infrastructure regarding the WMNCLRN Business Planning and the deadline for notification is early 2013.
- **Education & Training** – QRP outcome 14 results were better or similar to expected and progress is satisfactory. NHLSA Level 2 achieved for standard 3. Issues are around induction of temporary workers which is being addressed with processes being strengthened. Work continues towards level 3 and escalation process to be in place regarding mandatory training.
- Investigation of incidents, complaints and claims is being followed up and implementation will be January 2013. Post Graduate Medical Education internal visits have taken place in various departments and a mock up of a Deanery visit completed. *This has been seen as excellent practice and will be recommended to other Trusts.* Internal Performance Dashboard / action plan has been accepted by the Deanery regarding the visit undertaken in General Surgery (Trauma & Orthopaedics July 2012) and this will be monitored via the Post Graduate Education Committee. A report is awaited regarding the Foundation Programme (October 2012). A verbal update has been received and there are no areas of concern. Lessons learned will be monitored via the PGEC. Education is a strong hand for the Trust regarding NHLSA. NED's mandatory training to tie in with appraisal process and timescales.

	<ul style="list-style-type: none"> <li> <b>Health Records Committee</b> – Harmonised Health Records Policy OP07 now approved and mechanism to be in place for all acute clinics to operate notelessly by the end of June 2013. The IEPR will be looking at a noteless inpatient working which will be completed by the end of 2013. Trust compliance against generic standards is 94.1% as at the end of November. A one off proposal for a training package is to be discussed at the Health Records Committee meeting December 2012. Scanning / Clinic Web Portal work is on-going. The Referrals database has been reviewed and correspondence to GP's / electronic work flow – letters is part of the IPR programme. Outpatient work is being piloted. Management of potential risks relating to gaps was discussed i.e. no e discharge or notes available; every patient is to have an e discharge and for the GP summary care record to be available. From January 2013 a business case will be developed. There is to be a process of change with our way of working. Discussion was also undertaken regarding the huge cultural organisational change and the risks of not doing. Risk will be around IT failure and how we assess it. There is a better understanding of our IT infrastructure and a piece of work is being undertaken regarding quality networking. Target is 100% attainment by the end of March 2013.                 </li> <li> <b>Issues of Significance for Audit Committee</b> – Several internal audit reports are completed; PU's, Business Continuity, Hygiene Code and the Toolkit. Assurance was provided on key points. Bribery Act - adequate procedures are in place and a wider policy is required to improve compliance. Corporate Governance policy to also be considered.                 </li> </ul>
<p><b>Risks Identified:</b></p> <p>Include Risk Grade (categorisation matrix/Datix number)</p>	<p><b>As identified on the Board Assurance Framework</b></p>