

The Royal Wolverhampton Hospitals NHS Trust

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.

Name of Committee/Group:	Board Assurance Committee	
Report From:	Chair of BAC – Balsinder Jaspal-Mander	
Meeting Date:	13 th July 2011	
Action Required by receiving committee/group:	<input type="checkbox"/> For Information	For information and discussion
	<input type="checkbox"/> Decision	
<input type="checkbox"/> Other		
Aims of Committee: Bullet point aims of the reporting committee (from Terms of Reference)	<p>The Board Assurance Committee provides the Trust Board With assurance in relation:</p> <ul style="list-style-type: none"> • Corporate governance (compliance with terms of Authorisation, and constitution, Codes of Conduct, maintenance of Registers of Interest) • Information Governance • Research Governance • Education and Training • Audit and Effectiveness • Patient safety and experience • Management of non- financial risk • Legislative and regulatory compliance • Accreditation and assessment • Policy management framework • Internal audit reports relating to governance and risk processes 	
Drivers: Are there any links with Care Quality Commission/Health & Safety/NHSLA/Trust Policy/Patient Experience etc.	<ul style="list-style-type: none"> • DOH • Care Quality Commission • NHSLA • Monitor (when authorised) 	
Main Discussion/Action Points: Bullet point the main areas of discussion held at the committee/group meeting which need to be highlighted	<ul style="list-style-type: none"> • Report on pressure ulcers • Report on falls • Training of Junior doctors • Time scales for responses to complaints 	
Risks Identified: Include Risk Grade (categorisation matrix/Datix number)	As identified on the BAF	

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Minutes of the Board Assurance Committee held on:

Date	13 July 2011
Venue	Room F119 Clinical Skills & Corporate Services Centre
Time	14:00pm – 16:00pm

Present:	Name	Initials	Role
	Balsinder Mander-Jaspal [Chair]	BJM	Non-Executive Director
	Cheryl Etches	CE	Director of Nursing & Midwifery
	David Loughton	DL	Chief Executive
	Sukhbinder Khunkhuna	SK	Trust IM&T Lead
	Mari Gay	MG	PCT Director of Nursing & Quality
	Vivien Hall	VH	Chief Operating Officer
	Chris Wanley	CW	Head of ICT & Health Records
	Judy Phazey	JP	Governance Healthcare Manager – Division 2

In Attendance:	Name	Initials	Role
	Mike Cooper	MC	Consultant Microbiologist
	Michaela-Alicia Smith [Minutes]	MAS	PA to Head of Governance & Legal Services

Apologies:	Name	Initials	Role
	Maria Arthur	MA	Head of Governance & Legal Services
	Mr J Samra	JS	Consultant Gynaecologist
	Jeremy Vanes	JV	Non-Executive Director
	Kelly Emmerson	KE	Governance Healthcare Manager – Division 1

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1	The above apologies were received and noted.
2	Minutes of previous meeting: 28 April 2011 The minutes of the last meeting were reviewed and agreed as an accurate record of the meeting.
3	Matters arising from minutes: <u>3.1 Management of Falls – progress update</u> MG provided the report and updated the Committee. The report informs the Committee of the work being done and the actions being taken to reduce the number of falls in an inpatient setting. MG informed the Committee that the data provided by the Falls Prevention Committee for the year 2010/11 stated that the incidence of falls measured per 1000 occupied bed days had risen to 6.19, however MG stated that this figure was incorrect and the correct figure was 5.6. MG explained that there is still a large amount of work to be done which is ongoing and this is being monitored on a weekly basis. MG advised the Committee of the Trust's target to reduce the number of occupied bed days. It was queried as to whether there has been a recognised trend as to where the falls are mainly occurring. MG advised that it has been recognised that a high percentage of falls are occurring at night whilst patients were using the toilet, and a number of incidents related to patients falling out of bed. A number of patients were also subject to slips occurring whilst using the shower. CE advised the Committee of the refurbishments that have taken place on ward D18 and described the new designs of the bathrooms. CE added that it is hoped the new layout will assist with reducing the number of accidents that occur whilst patients are using the bathrooms. MG stated that the main focus is to centralise the nurses in the bays with the patients, which will enable them to monitor patients more closely and assist them with moving. MG also advised that the Falls Committee is going from strength to strength and MG is also a member of the Regional Falls Prevention Committee. The Rapid Improvement Programme which was implemented in June is to be reviewed. CE closed discussions by adding that it was assuring to see that the work is ongoing and progress is being made. <u>3.2 Management of Pressure Ulcers – progress update</u> MG presented the report and provided an update. The aim is to raise awareness regarding the reporting of pressure ulcers. The Trust's reporting process is not as robust as it should be but it has improved significantly. MG advised the Committee of the reporting process for grade 3 and 4 pressure ulcers. A rapid improvement programme similar to the one used for the falls plan is to be developed and implemented in clinic areas across the health economy that have the highest number of pressure ulcer incidents. MG added that one of the advantages of TCS is that the Tissue Viability Teams have been brought together to form one central team. Training is also in place and a care bundle has been agreed. The national definition regarding the grading of pressure ulcers has been revised and pressure ulcer incidents raised are to be reported within a 48 hour period. CE advised the Committee to note that pressure ulcer incidents are reported through SUI. There has also been an increase in grade 3 pressure ulcers and any grade 2 ulcers which have a 'head' on them should be classed and reported as a grade

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	<p>3. It was highlighted that during walkabouts around wards and discussions with nursing staff, concerns have been raised that patient's may be contributing to the deterioration of wounds as many are not active or do not wish to be assisted by nursing staff. MG advised of a national campaign called 'Your Turn' which is hoped will raise awareness and educate patients. CE queried the work undertaken by the Tissue Viability Team in the community and asked if funding was being provided. MG explained that issues have arisen regarding funding and asked CE if they could meet to discuss these issues outside of the meeting.</p>	MG/CE
	<p><u>3.3 Statement of Internal Control – for information</u> The statement was provided for information.</p>	
4	<p><u>Declarations of Interest</u> No issues were raised for discussion.</p>	
5	<p><u>Board Assurance Dashboard – For Assurance</u> SK presented the Dashboard to the Committee on behalf of MA. Incident Management - SK went through the incidents with the Committee. In relation to incident no.68468 the action indicates the need to provide enhanced information for dialysis patients returning from abroad. VH raised concerns as to why the Trust was awaiting leaflets from the West Midlands Renal Network instead of the Trust implementing its own. Discussions took place and it was agreed that the leaflets could be provided by the Trust. Governance KPI Measures – SK discussed information relating to the scorecards with the Committee. CE raised concerns regarding the response timescale currently in place for responding to FOI's and it was agreed that the response period should be lowered to 15 days as it is felt many FOI's are left until the last minute instead of being responded to immediately. Further discussions took place and it was agreed that the ways of improving the process for FOI's should be explored. In relation to the managing of complaints, BJM advised that the Patient Experience Lead is providing a report, which BJM will discuss at the next meeting.</p>	BJM
6	<p><u>Board Assurance Framework – For Assurance</u> CE presented the report to the Committee which is to inform the Committee of the updates made to the Board Assurance Framework (AF) and the Trust Risk Register. A few changes have been made as recommended by Monitor. Following feedback received from David Sutton it was also requested that the risks are colour coded.</p>	
7	<p><u>SUI Tracking Report</u> JP presented the report on behalf of both Division One and Division Two. The reports provide a summary of actions that have arisen from RCA investigations. Concerns were raised regarding the timescales set by which the actions should be completed or measures put into place. JP advised that this is due to the reason that many due dates have not yet been finalised as work is still ongoing.</p>	
8	<p><u>NPSA/NRLS Report – for note</u> SK provided the quarterly report of the Trust's incidents for the period of April – September</p>	

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2010. SK advised the Committee that following changes by the NPSA the information is now presented in the form of a basic excel spreadsheet. SK asked if members wished the information to be presented in another format such as a graph, however the Committee agreed that they were happy with the format in which the information was presented.		
9 <u>Committee Quarterly/Six Monthly reports –</u>		
<u>9.1 Infection, Prevention & Control</u>		
MC provided the report to the Committee. MC apologised as the information has not yet been populated into the electronic compliance format with the code of practice and advised that the work is in progress. The Committee discussed the content of the report and concerns were raised regarding Criteria 9 'review all policies'. MC stated that this is to be done as it is essential that the policies cover all aspects. BJM raised concerns regarding the timescales set to ensure that the work is completed to which MC added that many implications have arisen such as the TCS merger and issues regarding funding. Timescales for which the work is to be completed have also been extended. MC advised that the Trust achieved the 85% target rate which has now risen to 90% for 2011/2012.		
<u>9.2 Education & Training</u>		
Dr Samra was not in attendance at the meeting due to clinical duties, therefore BJM presented the report for the Committee to discuss. Upon reviewing the information presented it was noticed that the figures appear to be declining to which DL added that this could be a result of the work pressures staff are under at present. VH questioned whether the information was gathered from the recent Staff Survey that was carried out. DL stated that this issue needs to be discussed at Board Level as it needs to be recognised that a number of issues e.g. training are being affected due to some of the difficulties the Trust is facing at present. The Trust are receiving a high volume of patients at present and implications around staffing means that staff are unable to attend training sessions on many occasions. Further discussions took place and it was agreed that this matter should be discussed at the Board level.	Trust Board	
<u>9.3 Health Records Committee</u>		
CW advised the Committee that the business case was agreed at TMT. CW has met with Oncology which CW described as a positive meeting. ICCU charts are scanned and then uploaded to the Clinical Web Portal. BJM questioned what the process was in terms of benchmarking to which CW advised that the Trust has joined a regional team. Discussions took place regarding sharing records with other agencies and the local authority. CW advised of the ways in which information is shared with those external to the Trust such as GP's and social services. A lot of information is faxed or emailed as well as information stored as part of a paper file. CW advised that discussions are taking place with IT at present as a new central electronic database is to be implemented, which will allow information to be shared with agencies such as social services and GP's. The database will allow for GP's to access information relating to their patients under the care of the Trust, likewise clinicians will be		

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able to access information relating to patients such as those subject to child protection orders etc.	
<u>9.4 Compliance Committee</u>	
JO was not present at the meeting to provide an update for this Committee. Minutes were provided for information.	
<u>9.5 Quality & Safety Committee</u>	
CE advised of the Committee re-structure that has taken place and explained that the Quality & Safety Committee has been split into three separate committees and two new Committees have been formed which are named Policy Committee and Compliance Committee. CE reported that the process is much better under the new structure. BJM queried the membership and terms of reference for the new Committees which CE advised that the membership and the terms of reference (TOR) are similar to the QSC membership and TOR both of which will be reviewed annually.	
10.0 <u>Issues of Significance Arising from Audit Committee</u>	
This item was deferred to the next meeting as JV was not present at the meeting to discuss.	
11.0 <u>Issues of Significance for Trust Board</u>	
No issues were raised for discussion.	
12.0 <u>Any Other Business</u>	
12.1 Letter from Strategic Health Authority	
CE advised the Committee of the letter received from the SHA in relation to Clostridium Difficiln (C-Diff) and advised members that a copy will be circulated for information.	CE
13.0 Date and time of next meeting:	
<i>Thursday 25th August 2011 12:30pm – 14:00pm Conference Room, Hollybush House</i>	

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BAC OPEN / CLOSED ACTION SUMMARY REPORT – 13 July 2011

Agenda Item	Action arising from the meeting	Lead	Carried forward from	BAC Review Date	Status
3.2	<u>Management of Pressure Ulcers</u> MG to meet with CE to discuss issues relating to the work being undertaken by the Tissue Viability Team	MG/CE	13 July 2011	25 August 2011	Open Agreed as ongoing 25/8/2011
5.0	<u>Board Assurance Dashboard</u> BJM will provide an update to the Committee regarding the Trust's complaints process following receipt of the Complaints Report from the Patient Experience Lead.	BJM	13 July 2011	25 August 2011	Verbal Update Agenda Item
9.4	<u>Committee Quarterly/Six Monthly reports – Compliance Committee</u> THIS ITEM WAS DEFERRED FROM THE LAST MEETING JO to provide a report and update at the next meeting.	JO	13 July 2011	25 August 2011	Agenda Item / Minutes
10.0	<u>Issues of Significance Arising from Audit Committee</u> THIS ITEM WAS DEFERRED FROM THE LAST MEETING JV to provide an update at the next meeting.	JV	13 July 2011	25 August 2011	Verbal Update Agenda Item
12.1	<u>Letter received from SHA in relation to C.Diff to be circulated to members</u>	CE	13 July 2011	25 August 2011	Open