

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:	25 August 2011
Action Required by receiving committee/group:	For information and discussion
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 to:</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"> • Patient Experience • Pressure ulcers - • KPI's • Risks as identified in the BAF
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 the:

Date	25 August 2011
Venue	Conference Room, Hollybush House
Time	12:30

<u>Present:</u>	Name	Role
	B Jaspal Mander (BJM)	CHAIR / Non Executive Director
	J Vanes (JV)	Non Executive Director
	C Etches (CE)	Director of Nursing & Midwifery
	V Hall (VH)	Chief Operating Officer
	M Arthur (MA)	Head of Governance & Legal Services

<u>In Attendance:</u>	Name	Role
	S Khunikhuna (SK)	Governance IM&T Lead
	T Morris (TM)	<i>Attending to take the minutes</i>

<u>Apologies:</u>	Name	Role
	D Loughton (DL)	Chief Executive
	Dr J Odum (JO)	Medical Director

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1	<p><u>Apologies for absence</u></p> <p>The above apologies were noted.</p>	
2	<p><u>Minutes of Previous Meeting dated 13 July 2011 & Action Summary</u></p> <ul style="list-style-type: none"> It was requested that future summary reports produced for Trust Board are attached and circulated with the minutes of the meeting to committee members. 	TM

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	<p>The report had been forwarded for inclusion at Trust Board.</p> <ul style="list-style-type: none"> • 3.2 Management of Pressure Ulcers remained as ongoing. • 12.1 Letter from SHA regarding C.Diff to be circulated – this was an open action. CE to forward to TM for circulation. <p>RESOLVED: The minutes were agreed as a true and accurate record.</p>	CE Received
3	<u>Matters arising from the Minutes</u>	
3.1	<p><u>Management of Complaints Report</u></p> <p>BJM provided a verbal update. She had contacted the Patient Experience Lead (ND) to request a summary report on processes around administration issues / non agreement of extension for complaints investigations and quality issues. BJM explained that sometimes the Complaints Team had to redraft letters due to quality and also send out additional letters to complainants. The team are putting in place a robust system to address issues and are looking at both the complaints procedure and strategy.</p> <p>CE stated that central control needs to be retained regarding responses received from Divisions.</p> <p>RESOLVED: A paper would be provided in October to allow measures to take effect. Data to be available for compilation of a report and review of any further actions.</p>	ND
4	<p><u>Declarations of Interest</u></p> <p>There were no declarations of interest put forward by any member of the committee.</p>	
5	<p><u>Board Assurance Dashboard – For Assurance</u></p> <p>MA provided an update:</p> <ul style="list-style-type: none"> • SUI Tracking data would be available in the next report. 	

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	<ul style="list-style-type: none"> <p>• Trends – There had been an increase in hospital acquired pressure ulcers across areas such as Critical Care, Respiratory, Cardiac and Diabetes who share common action plans. A Rapid Improvement Programme is due to be implemented. The committee discussed some of the reasons as to why Critical Care is showing higher i.e. type of patients who were immobile, treatment regimes and the level of drugs which impact on tissue viability. End of Life patients are higher risk. There is a central focus now and we are reporting more. Q1 data is used as a base line and a paper is due to go the Development sessions in September. MA advised that the report for QSC would distinguish avoidable pressure ulcers in future. A Rapid Improvement Programme has commenced for falls. There was a decrease regarding primo mattresses. There had been issue with the supply but this was being managed. There was an increase re allergies. An issue in Cancer Out Patients has been followed up with staff. There was an increase in formal complaints from 72 to 84, which was around clinical treatment, general care and staff attitude. Five involved A&E and issue is related to staff shortages.</p> <p>• Patient Experience - There wasn't a score for responses received in timescale for August. Manageable limits are being queried within PALS. One amber is incomplete. The action plan is in progress but MA agreed to check the timescale of this. CE highlighted 51-1 ratio resulting in a formal complaint and whether this was linked to the recent press coverage. BJM had requested ND to look at the increase of complaints however MA agreed to check the figures / analysis regarding upsurge of queries directly linked to press publicity. BJM also stated that during 'walkabouts' staff speak with patients to obtain feedback and requested that this be linked with complaints. MA to discuss with ND and the Deputy Director of Nursing Q&S – CH.</p> <p>• KPI's were doing well. Responses are being received regarding Freedom of Information Requests (FOI's). 13 within the quarter were overdue and a breakdown is held. Monitoring continues internally and where departments are responding late, a new policy will look at streamlining processes and this would be consulted on at the Information Governance Steering Group. The committee discussed the types of people who raise FOI's which is considered a mixture of people. Process is to be tightened up</p> 	<p>MA</p> <p>MA</p> <p>MA/ND/CH</p>

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	<p>regarding genuine FOI's and address those that are not. The volume of requests can have an impact on the organisation and prevent individual staff from carrying out their core duties. These are qualitative impacts and there are also cost implications in terms of staff time. MA to check FOI rules and obtain senior input.</p> <ul style="list-style-type: none"> • Safety Alerts – QSC had now closed 94% of overdue alerts to date. Ongoing ones are being managed within timescale and Leads are liaising with the Health, Safety & Improvement Co-ordinator monthly. CE pointed out that a lot of hard work had gone into closing alerts and the NED's should be confident that alerts are not signed off until there is evidence in place. • H&S Risk Assessments – Graded green. The template has been reviewed and recommendations regarding the HSE built in. Inspections are being reviewed regarding Provider Services, and a review is planned for audits. A report will include this data at the next meeting. MA to confirm data for Q1 with MS. <p>MA highlighted that the HSE had planned to come in to investigate regarding a RIDDOR report but following receipt of evidence and supporting information, they were satisfied with the action plan and they would not be pursuing this any further.</p> <p>RESOLVED: The committee noted the Dashboard.</p>	<p>MA</p> <p>MA/MS</p>
6	<p><u>Board Assurance Framework – For Assurance</u></p> <p>SK stated that there were 10 risks on the framework, one of which is graded red and related to capacity issues of the Health Visiting Service (Bilston). Issues are around sickness / maternity leave, which had had an impact on staffing within the team.</p> <p>There were 20 risks on the register currently being managed and four are graded red; 514 Failure to deliver recurrent efficiency gains and CIPs / 1320 Results of diagnostic tests may not be seen by doctor / 1739 Failure to develop Service Line Reporting and 2720 Loss related to best practice tariff for haemodialysis.</p> <p>SK highlighted that 1739 had now been downgraded to yellow. He went on to state that some new risks have been added to the framework and some have been transferred between Directors.</p>	

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	<p>BJM highlighted amber risk 1733 Sustained critical press coverage and the members of the committee went on to discuss this risk:</p> <p>VH explained that the recent reporting in the Press was actually related to old news and confirmed that the issues that were raised by the press had already been raised at Trust Board at the appropriate time. As per Trust procedures, all incidences / issues have been addressed and action plans have been completed or were in progress with specific timescales.</p> <p>The committee agreed that the Trust Board receives direct patient experience information and welcomes comments and feedback in relation to improving service delivery.</p> <p>It was noted that the Trust has invested in “Chat Back” directly seeking the views and suggestions of staff who work in the organisation. This forum is considered successful by staff.</p> <p>The organisation seeks to obtain information from a variety of sources and then endeavours to triangulate this to ensure that a balanced picture of the organisation is obtained.</p> <p>MA highlighted 1320 Non Reporting of plain film examinations and stated that this has been acknowledged in the CQC planned visit. Meetings have been held regarding IR(ME)R regulations and work is in place to assess gaps. A further review meeting is planned.</p> <p>BJM requested more detail regarding 2719 Timeliness of PAS Admission. CE stated that this should be on track for September. CE to forward a detailed action plan to BJM.</p> <p>MA informed the committee that work is being undertaken regarding the risk register and Board Assurance Framework to re-affirm those that are true ambers.</p> <p>It was discussed by members of the committee that overall BAF reporting is more positive, NED’s are more knowledgeable and can address issues and chase timescales they may have concern with. Directors are providing updates and more opportunities are afforded via weekly Executive meetings and Trust Board.</p>	<p>CE</p>

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	<p>MA informed the members that an internal audit of the BAF is due again, however detail of the trust risk register will be available. CE highlighted that view would be asked for both.</p> <p>BJM also informed the committee that she will be observing an Audit Committee meeting at the Birmingham Heart of England Trust.</p> <p>RESOLVED: The committee noted their assurance.</p>	
7	<u>Committee Quarterly / Six Monthly reports – For Note / Comment</u>	
7.1	Research & Development Report – Deferred to October (<i>Report had not been received</i>)	
7.2	<p>Quality & Safety Committee – CE / MA provided the following verbal update:</p> <p>July 2011</p> <ul style="list-style-type: none"> • CAS alerts are being progressed monthly. • There has been a big focus on organ donation and improvement of rates, and a reference book has been circulated to clinical areas. BJM highlighted that she will be undertaking some work around minority / national gaps. • Positive feedback has been received regarding the Da Vinci Robot. • CQC reports have been presented to the Compliance Committee in August prior to submission to Trust Board in September. <p>August 2011</p> <ul style="list-style-type: none"> • The SUI report included data for Provider Services. • The Acute QRP remained green. With regards to Outcome 21, five standards are being looked at and a report will be provided later on. • CAS overdue alerts are now closed. • Francis Report – discussion has been undertaken regarding Dementia and a report will be presented at the September meeting. A pilot is due to be launched across other wards. BJM enquired as to other recommendations. It was explained that the trust looks at quality as 	

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	<p>well as procedure / process and that the level of detail is considered, which includes complaints. Reporting is positive. MA pointed out the difficulties relating to the Francis report due to broad recommendations, which means there is no quick closure.</p> <p>JV highlighted abbreviations used within the QSC minutes and suggested where possible, full titles to be used. MA/TM to consider.</p> <p>RESOLVED: The committee noted the QSC minutes.</p>	
7.3	<p>Compliance Committee – MA provided the following verbal update</p> <p>June / August 2011</p> <ul style="list-style-type: none"> • Agreement regarding closure of the Airedale Enquiry Report / Individual action plan to be formally ratified at the meeting in October. Hot points have been considered i.e. records / audit. • CQC ongoing monitoring – two reports were received; CQC Dignity & Nutrition Inspection Programme Final Report and Action Plan / CQC Responsive Review Report and Action Plan. • NHSLA – Discussion has been undertaken regarding the programme of work and progress against level 2 / level 3. Challenge was around simple / clear policies. Level 2 will require implementation of provider Services 12 months of evidence. <p>RESOLVED: The committee noted the Compliance minutes.</p> <ul style="list-style-type: none"> • Venue of the next Compliance Committee meeting to be re-arranged. 	TM
8	<p>Issues of Significance Arising from the Audit Committee</p> <p>JV advised that the June meeting of the Audit Committee was dominated by the draft accounts and he was very pleased with activity being undertaken.</p> <p>He highlighted one issue regarding a report received from the Head of Security where concern had been raised relating to an incident during a planning exercise which he was not aware of. However, this was not a real incident. As with all planning exercises, gaps had and are identified and appropriate action plans and changes are made. Further re-testing is undertaken to ensure that action plans are robust and successful.</p>	

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	BJM highlighted that positively, policies and processes are detailed and impressive.	
9	<p><u>Issues of Significance for Trust Board</u></p> <p>RESOLVED: BJM to produce for the next Trust Board Meeting.</p>	BJM
10	<p><u>Any Other Business</u></p> <p>There was no other business to report.</p>	
11	<p>Date and time of next meeting: <i>27 October 2011 @ 12:30</i> <i>Conference Room, Hollybush House</i></p>	

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COMMITTEES OPEN / CLOSED ACTION SUMMARY REPORT – 25.08.2011

ITEM	Action to be taken raised from the meeting	Lead	Carried forward from	Committee Review date	Status
2	<ul style="list-style-type: none"> Trust Board Summary Report – to be circulated with the papers. Letter from SHA re C.Diff to be circulated. 	BJM/TM CE/TM	August 2011	October 2011	Verbal update provided at Sept TB Closed
3.1	<u>Management of Complaints</u> <ul style="list-style-type: none"> Patient Experience Lead to provide a paper for the October meeting. 	ND	August 2011	October 2011	Agenda Item
5	<u>Board Assurance Dashboard:</u> <ul style="list-style-type: none"> Patient Experience / incomplete amber timescale to be checked. Figures / analysis to be checked re upsurge of queries directly linked to press publicity. Link re walkabouts/complaints to be discussed outside of the meeting. FOI rules to be checked. H&S RA – data for Q1 to be confirmed. 	MA MA/ND MA/ND/CH MA MA/MS	August 2011	October 2011	Agenda Item Closed Closed Closed Closed
6	<u>Board Assurance Framework:</u> <ul style="list-style-type: none"> 2719 Timeliness of PAS Admission – detailed AP to be forwarded to BJM. 	CE	August 2011	October 2011	Agenda Item Open
7.0	<u>Committee Reports:</u> <ul style="list-style-type: none"> R&D Report B/F October 2011 Q&S/Compliance – abbreviations to be considered. Compliance Committee meeting venue to be rearranged. 	YH/TM MA/TM TM	August 2011	October 2011	Agenda Item Closed
9	Report to be produced for Trust Board.	BJM	August 2011	TB - 16 Sept 2011	Closed