

Date of Trust Board: 25 July 2012

Enclosure: **H**

SUMMARY OF REPORT TO PUBLIC TRUST BOARD

NAME OF DIRECTOR:	Professor Julian Bion, Associate Non-Executive Director
SUBJECT:	Integrated Governance Committee

SUMMARY

This paper provides the Board with the key achievements, issues, and risks discussed at the Integrated Governance Committee on 12 July 2012.

RISKS RELATED TO THE BOARD ASSURANCE FRAMEWORK (BAF)

This report is a source of assurance for the following risks as set out in the BAF 2270, 2271.2272, 2273, 2274, 2275 and 2304

STRATEGIC PRIORITIES

This report supports achievement of Strategic Priority 1.

RECOMMENDATIONS

The Trust Board is asked to:

- **Accept** the assurance provided herein and note the work of the Committee.

Approval Process

Meeting: *Verbal	Approved:	Date:
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Please tick box to confirm that the report takes account of the NHS Constitution

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REPORT TO PUBLIC TRUST BOARD

Subject: Integrated Governance Committee

Report by: Professor Julian Bion, Committee Chairman

Author: Tosca Fairchild, Company Secretary

Nature of Item For action
For decision
For assurance ✓

1. Background

- 1.1 This report provides the Board with key issues and risks discussed at the Committee's meeting held on 12 July 2012.

2. Purpose of the Report

- 2.1 This report provides the Board with assurance on matters related to patient safety and quality. The Committee reviews reports from its sub committees, quality performance data, and risks to meeting strategic objectives. In this way it provides assurance in the areas outlined below and identifies risks and areas of concern for the Board's attention.

3. Strategic Priorities

- 3.1 This report supports achievement of Strategic Priority
- **1: Deliver safe, effective, innovative and compassionate patient care**

4. Executive Summary

- 4.1 Draft Quality Dashboard – Presented elsewhere on the Board agenda is a new Corporate Performance Dashboard that includes a new Quality Dashboard.
- 4.2 The Committee had the opportunity to review the draft Quality Dashboard and commended the level of engagement between the Information Analyst Team and clinical leaders in developing a meaningful dashboard, encompassing the crucial matrices that allow the Committee and Board to gain assurance on quality. Due to the potential vast amount of reporting, the Committee

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recommended that further work be undertaken to distinguish between 'needs' and 'wants'; the inclusion of thresholds and the Quality Account matrix.

5. Quality Governance

5.1 The Committee considered the following reports:

- Elimination of Pressure Ulcers Action Plan
- Falls Audit Report
- Complaints and Compliments Report
- Medicines Safety Committee Report
- Patient Safety Committee Report (including Hospital Standardised Mortality Rates (HSMR))
- Trust Infection Prevention & Control Committee Report
- Safeguarding Children & Young People's Committee Report
- Patient & Carer Experience Committee Report
- Medical Devices Committee Report
- Research & Development Report

5.2 Elimination of Pressure Ulcers Action Plan - The action plan presented to the Committee included agreed actions by the delivery team in response to the rise in reporting, including targeted triangulation of the category 2, 3, and 4 avoidable hospital acquired pressure ulcers and the success measures in individual areas. However, it is evident that achievement of the target set by the Strategic Health Authority (SHA) will be difficult, with the quarter 1 (Q1) target already missed. To this end, the Committee felt that the Executive Team should reconsider the trajectory and provide a realistic achievable target.

5.3 Falls Audit Report - An Audit of falls that occurred during 2011/12 was carried out with the results presented to the Committee. In summary, the audit identified fractured neck of femurs as the most common serious injury sustained from falls with a number of factors which impact on the prevention of falls such as environment and time of day. A number of recommendations were made including:

- The appointment of a Falls Lead to drive the awareness and compliance
- Provision of information to in-patients on falls in hospital and
- Introduction of a laminated checklist for post falls reviews.

5.4 Complaints and Compliments Report – The Committee discussed the rate of responsiveness to complaints, in particular the efforts made to make telephone contact with complainants within 48 hours of receipt of complaints. The Executive Team are aspiring to achieve this, with more engagement from

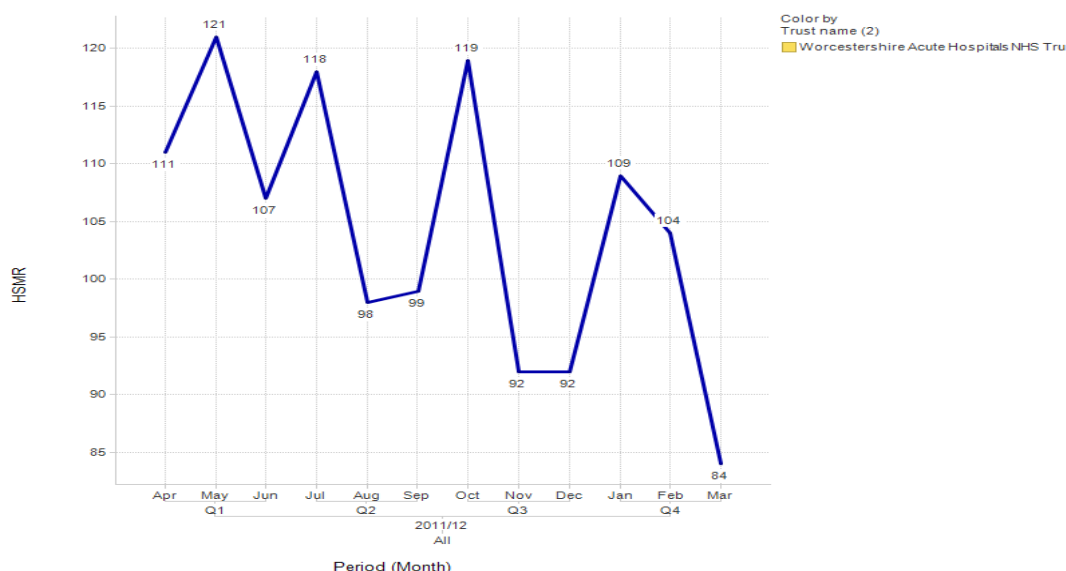
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General Managers. Significant improvement is also required on the quality of responses from senior clinical staff.

- 5.6 Medicine's Safety Committee Report—The roll out of electronic prescribing is likely to be completed by Q2 2013/14. The delay encountered is because this particular system is new to the NHS. However, in the event of any indication of further delays beyond Q2 2013/14, the Trust will opt of have the system that is currently in use within the NHS.
- 5.7 Patient Safety Committee Report – The HSMR for March 2012 stands at 84. This gives a current rebased figure for 2011/12 full year of 103.7, putting the Trust in the 'outcome as expected' group, compared to 105.6 using the same measurement method for 2010/11.



- 5.8 The Committee welcomed the compliance with the WHO safer surgery checklist, currently at 100%.
- 5.9 Trust Infection Prevention and Control Committee Report – As reported elsewhere on the agenda (Provider Management Regime), the Trust is declaring on issues related to infection control (MRSA and C.diff). Work is being undertaken with the Microbiologist to identify any other actions that could be taken to improve MRSA screening and the C.Diff action plan is being reviewed to ensure that this is addressed expeditiously.

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- 5.10 Safeguarding Children & Young People's Committee – This Committee meets quarterly with representation including the lead nurse for safeguarding children, named doctors, paediatric matron, ward manager, head of midwifery, general managers, representatives from A & E, nurse consultant for safeguarding children and a representative from Worcestershire Safeguarding Children's Board. Recent inspections from external agencies (Ofsted and CQC) did not identify any areas of concern with Trust processes for safeguarding children and there is also a current review by NSPCC. To give the Committee added assurance, the Worcestershire Safeguarding Children's Board would be asked to clarify how it identifies the 'at risk' group.
- 5.11 Patient Carer & Experience Committee Report – As well as the Net Promoter results, the PCEC considered patient feedback received through:
- Inpatient survey results (local and national)
 - Comments cards
 - Compliments
 - Complaints and
 - Quality and safety visits
- This information is fed back to staff through the Heads of Nursing.
- 5.12 Medical Devices Committee Report – There have been changes to Executive Director lead for this area. A report is expected in September that will include updates on the performance for servicing equipment.
- 5.13 Research and Development Report – The Committee felt that the lack of a Research and Development Strategy was a big gap for the Trust and encouraged the development of it using a bottom up process.

6. **Board Assurance Framework (BAF)**

- 6.1 The Committee reviewed the risks mapped to and accepted the assurance provided therein.

7. **Recommendation(s)**

- 7.1 The Board is asked to:
- **Accept** the assurance provided herein and note the work of the Committee.

Professor Julian Bion
Committee Chairman

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