Worcestershire NHS
Acute Hospitals NHS Trust

Date of Trust Board: 26 September 2012 **Enclosure: J**

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 13 September 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: Executive Team **Verbal*	*Approved*: Yes	*Date:* 19/9/2012

☑ Please tick box to confirm that the report takes account of the NHS Constitution

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Acute Hospitals NHS Trust

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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 13 September 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 National Cancer Survey – The Committee received the National Cancer Patient Experience Survey designed to monitor national progress on cancer care; and to provide information that could be used to drive local quality improvements. The survey included all adult patients (age 16 and over) with a primary diagnosis of cancer who had been admitted to an NHS hospital as an inpatient or as a day case patient. The survey covered the whole of the patient journey from the point of referral, through treatment, to discharge home.

4.1.1 This report identified key themes from the patient comments and included those themes within a high level action plan addressing areas in which the Trust fell into the lower quartile. The survey highlighted the importance of the patient pathway management by the clinical nurse specialist (CNS) in particular, access to the CNS and the time available to discuss treatment options follow up and general care of the patient in a holistic manner.

4.1.2 The patient cohort for the 2012/2013 survey is currently being collated; the results will be published during summer 2013. Some immediate remedial actions if taken now may improve survey outcomes next year .The Trust will need to prioritise certain areas where remedial actions will have the highest impact on the quality of patient care which will influence next year's survey outcomes. Longer term planning will also be required to ensure all areas of concern have been addressed

4.1.3 The Committed noted the report and suggested that:

a) A broad cancer strategy be developed highlighting aspirations for the service over a 5 year timeframe
b) A web based approach should be developed as part of an overall communications plan
c) Greater ambition to develop research activity

4.2 Quality Account Progress Report – The Committee received a report showing progress on action being taken to achieve the four improvement priorities identified in the Quality Account 2011/12.

4.2.1 The Committee welcomed this report being the first of its kind, demonstrating change in the monitoring of the improvement priorities to ensure achievement of targets. The action plan developed to track progress is RAG rated. The current 'red' rated ones are consistent with other reporting to the Board, i.e. pressure ulcers, patient falls dementia screening, stroke and management of TIAs. Similarly the 'green' ratings are also consistent with other reporting to Board:

- Elimination of avoidable Venous Thromboembolism
- Reduction in Standardised Hospital Mortality Index (SHMI)

4.3 C.Diff Action Plan –The Committee had the opportunity to hear first-hand from Dr Chris Catchpole, Consultant Microbiologist and Clinical Director for Pathology on the actions being taken to address CDiff. The Committee was assured of the actions being taken and is keen that performance failures resulting in potential patient harm should not be tolerated and should be subject to disciplinary procedures. The Committee also noted that antibiotic prescription training forms

part of induction training and that the choice of antibiotics would be limited. It was clear to the Committee that CDiff is a Health Economy issue with patients referred into the Trust often presenting with CDiff on arrival. The testing of samples has revealed that all strains are different which indicates that there is no evidence of transmission between patients.

4.3.1 The action plan is attached elsewhere on the agenda as part of the Provider Management Regime declaration.

4.4 Draft Quality Dashboard – The Committee reviewed the Quality Dashboard that had been to the Board in August 2012 and commented specifically on the emergency readmission rates. The Chief Operating Officer will be drilling down into the data to ascertain if there any readmissions with 2 – 7days.

4.5 Maternity Report - The Committee received the Maternity dashboard and two benchmarking reports and noted that there was action being taken to address red areas in the dashboard.

4.5.1 One of the benchmarking reports was the Annual Local Supervising Authority (LSA) Midwifery Officer 2011/12 report. The report identified many areas of good practice noted during the audits;

- Exemplary investigations,
- Tracking and supporting during supervised practice programme
- Commendable support and mentorship
- Robust links with governance
- Matron involvement

4.6 CQC Internal Audit Report - The Committee received the CQC Internal Audit which had been referred to it by the Audit Committee and agreed that the Executive Risk Management Committee (ERMC) should take detailed review and provide any necessary action plans.

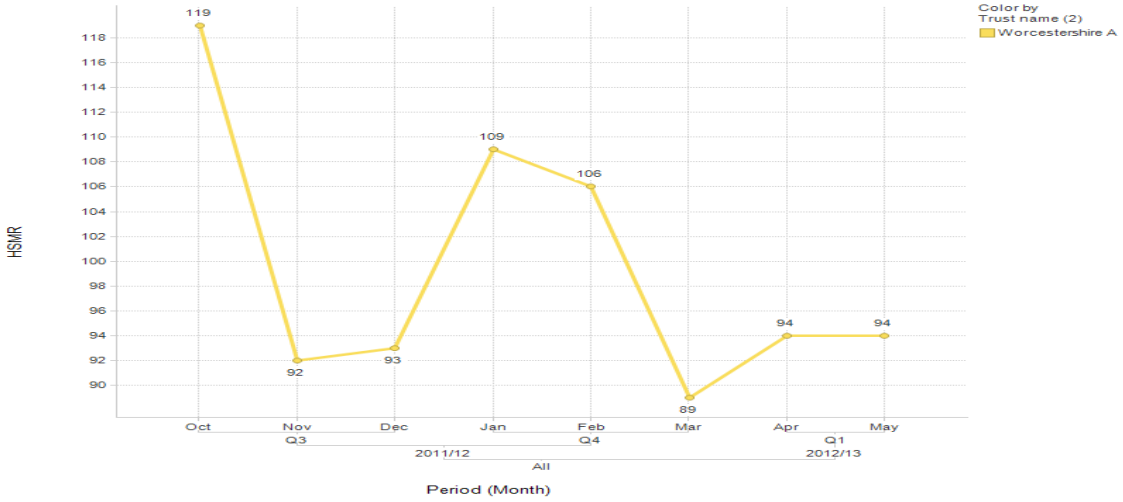
4.7 Falls Prevention & Reduction Report – The Committee received a report which

- Illustrated the statistics in respect of patient falls for the month of July and overall performance against set targets;
- Summarised the work undertaken to date to reduce incidence of inpatient falls;
- Informed the Committee of the next steps being taken to achieve the ambition of reducing incidence of significant harm following an inpatient fall by 35% and the overall reduction in inpatient falls.

4.8 Complaints & Compliments – During June 2012, the Trust received **93** compliments and **59** formal complaints. There has been improvement in the involvement of general managers in being proactive and making telephone contact with complainants resulting in better outcomes for the complainants.

4.9 Net Promoter - The Committee received detailed information on the 'Friends' and family test' showing the Trust's current score at 77, placing it 10th on the NHS Midlands & East league table for NHS organisations in this patch.

4.10 Patient Safety Committee Report – The HSMR for May 2012 stands at 94. This gives a current rebased figure for 2011/12 full year of 104.3.



5. Board Assurance Framework (BAF)

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

6. Recommendation(s)

6.1 The Board is asked to:

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

Professor Julian Bion
Committee Chairman