

Date of Trust Board: 27 June 2012

Enclosure: I

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 18 June 2012 under my chairmanship for the first time.

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: 19/5/2012
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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 The Quality Assurance and Scrutiny Committee has been transformed into the Integrated Governance Committee as part of the review of the Trust's governance and assurance structures. This report provides the Board with key achievements, issues and risks discussed at the Committee's meeting held on 18 June 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 Terms of Reference and Work Plan - The Board has been previously advised of the Committee's intention to review its Terms of Reference (ToR) and work plan upon my commencement as Chairman of the Committee.

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- 4.2 The Committee has reviewed the ToR and taken the advice of the Executive Risk Management Committee (ERMC) to remove the provision that required the IGC to approve policies; and amendment that was strongly supported by the Committee.
- 4.3 Alongside the ToRs, the Committee also considered its work plan for the year to ensure it covered all the areas within the ToR, which included the annual review of the Committee's performance against the ToR.

5. Quality Governance

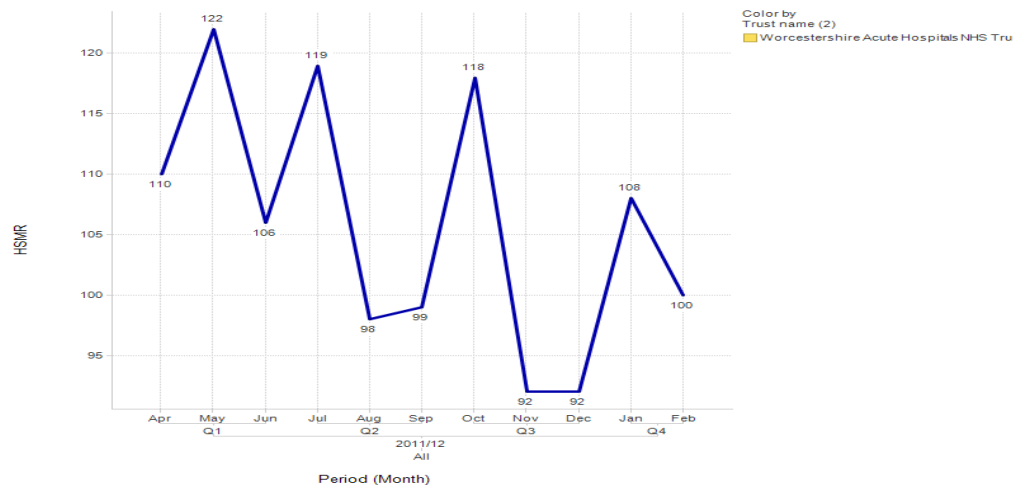
- 5.1 The Committee considered the following reports:
- West Midlands Quality Observatory Dashboard
 - Tissue Viability Dashboard
 - Complaints and Compliments Report
 - World Health Organisation (WHO) safer surgery checklist
 - Hospital Standardised Mortality Rates (HSMR)
 - Patient At Risk Score (PARS)
- 5.2 West Midlands Quality Observatory Dashboard - The Committee focused on the areas of performance where the Trust is identified as an outlier, in particular the reporting level of medication errors and sickness absence rates. The Committee was assured that because of the low numbers of harm incidents related to medication errors, the high reporting level primarily represented desirable vigilance and a commitment to quality and safety. High reporting organisations tend to have low harm incidents. It is expected that medication error rates will diminish with introduction of electronic prescribing. A report on sickness absence is provided elsewhere on the Board agenda.
- 5.3 Tissue Viability Dashboard – Following the implementation of an initiative to raise awareness of the need to improve detection and prevention of avoidable hospital acquired pressure sores/ulcers in May 2012, there has been an expected increase in detection rates. Notably, the number of patients being admitted to hospital with pre-admission pressure sores/ulcers is 3-4 times greater than those acquired in-hospital. Further work is required to understand whether the population served by the Trust is at particular risk. The Committee was assured to note that due to positive action, grade 2 pressure ulcers do not deteriorate into grade 3. The Committee will keep this under review, and a robust action plan is in place to try to meet the Strategic Health Authority's (SHA) target to eliminate hospital acquired pressure ulcers by December 2012.

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- 5.4 Complaints and Compliments Report - During the month of March 2012, the Trust received 70 formal complaints of which 64 were of category 2 (those that can be resolved within 25 working days) and 64 formal compliments.
- 5.5 Of the 64 category 2 complaints, 12 did not meet the response timeliness target, giving an achievement rate of 81%. An action plan to improve both the quality and response rate was presented and supported by the Committee. Further information will be provided at future meetings to show the top 5 wards with high numbers of complaints.
- 5.6 World Health Organisation (WHO) safer surgery checklist – Audit figures for the May performance confirm 100% compliance with the checklist.
- 5.7 Hospital Standardised Mortality Rates (HSMR) – The HSMR for February 2012 stands at 100. This gives a year to date figure 105 which puts the Trust in the 'outcome as expected' group.



- 5.8 Patient At Risk Score (PARS) – The 2012/13 objective against the Strategic Priority to deliver safe, effective, innovative and compassionate care includes addressing unwarranted clinical variation. One measure of this is the use of PARS in 95% of observations in order to facilitate escalation of care for deteriorating patients. An audit of practice was conducted at the Worcestershire Royal Hospital (WRH), Alexandra Hospital (AGH) and Kidderminster Hospital during May 2012. The results across the Trust show the average % of PARS completed to be above 95%. The areas for development include setting 95% as the 'standard' rather than the 'target'.

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6. Corporate Governance

- 6.1 The Committee considered the following reports:
- Estates Report
 - Health & Safety Annual Report 2011/12
- 6.2 Estates Report - 15 build schemes are currently on hold pending finalising of the Deed of Variation to be agreed with the PFI partners for the Worcestershire Royal Hospital (WHR). Although not finalised, the changes in the document relating to transfer of financial and other risk have been made to the satisfaction of the Trust.
- 6.3 Health & Safety Annual Report 2011/12 - During 2011/12, the Trust continued to meet the 8 objectives set out in the 2009 Health & Safety Strategy, monitored via the site Health & Safety Committees.

Objective 1	To improve the Trust's health and safety management structures to ensure an effective co-operative and integrated approach to health and safety management
Objective 2	To develop communication and consultative arrangements to ensure that staff are fully involved and committed to achieving acceptable health and safety standards.
Objective 3	To increase staff involvement in health and safety management by encouraging them to participate in carrying out risk assessments and reporting and investigating accidents and incidents.
Objective 4	To provide appropriate training and guidance to managers and staff enabling them to safely undertake their work activities.
Objective 5	To reduce the number of accidents and incidents reportable under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR).
Objective 6	To effectively manage security issues that are identified as part of the Trust's risk assessment process.
Objective 7	To ensure that all food service areas of the Trust including the PFI that are inspected by their relevant Local Authority Environmental Health Food Safety Inspectors achieve a minimum Food Hygiene Rating level of 4 Stars (Very Good within the criteria of Scores on the Door).
Objective 8	To achieve an acceptable standard of fire safety in accordance with statutory requirements and Department of Health guidance, thereby minimizing the incidence and impact of fire.

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The Committee was provided with evidence to support achievement of each objective and asked for the breakdown of RIDDOR incidents to be provided for the next meeting.

7. Board Assurance Framework (BAF)

- 7.1 The risks in the BAF have now been mapped to the Trust's Committees for their management. The Committee accepted the three mapped to it.

8. Recommendation(s)

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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