

Date of Trust Board: 28 November 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 15 November 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: 20/11/2012
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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 ✓**

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**1. Background**

- 1.1 This report provides the Board with key issues and risks discussed at the Committee's meeting held on 15 November 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 Maternity Report – The Maternity directorate continues to see an increase in the number of births across the county and is currently in the middle of a workforce review using the only recognised workforce tool (Birthrate Plus) for maternity services. A failsafe audit visit report on antenatal and newborn screening identified many areas of good practice with the screening programmes albeit with some recommendations to review areas for improvement.

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- 4.1.1 The directorate has also seen a reduction in sickness absence from 6.07% to 4.98%. A detailed action plan has been agreed with the directorate and Human Resources leads. All ward sisters and matrons are attending absenteeism management training which is focusing on the return to work interview.
- 4.1.2 The directorate also provided a report detailing the work currently underway in preparation for the NHS Litigation Authority (NHSLA) Maternity level 2 assessment. The Trust will need to achieve a pass and maintain level 2 in order to retain a 20% discount on NHSLA contributions. The directorate has identified five red criteria and has action plans to address each of these. A mock assessment is planned for 7 December 2012 with the actual assessment taking place on 6<sup>th</sup> and 7<sup>th</sup> February 2013.
- 4.2** Infection Control – 5 new cases of clostridium difficile (*C.Diff*) incidents (CDIs) were reported up to the date of the Committee meeting on Nov 15<sup>th</sup> (2 cases at Alexandra Hospital (AGH); 2 at Worcestershire Royal Hospital (WRH) and 1 at Kidderminster Hospital (KH). All cases were post-48 hours of admission to hospital. The Committee was advised that hydrogen peroxide vapour (HPV) was beginning to make progress towards eliminating Norovirus and it was anticipated that this would also have a positive effect on CDIs. The 5 day antimicrobial policy has been approved by the Medicine's Safety Committee. The IGC was assured that the Trust was taking all reasonable steps to bring the number of CDI reporting under control. The Clinical Director for Pathology was holding information sessions for all clinical staff. The IGC recommended that heightened vigilance on infection control be emphasised to all and every member of staff (clinical and non-clinical). A detailed report on CDIs will be presented at each ICG meeting henceforth.
- 4.3** Complaints – The Committee received a review report on PALS, complaints, incidents, claims and patient feedback for quarter 1 (Q1). Further analysis is being undertaken, and will be the subject of a further report to the IGC in the New Year. The main findings of the review were:
- **PALS** – there was increase in new contact from 119 to 194 with the largest increase being in Trauma and orthopaedics.
  - **Complaints** – the top 5 subcategories for complaints are
    - Lack of communication
    - Medical treatment
    - Attitude of nursing staff
    - Medication
    - Miscommunication
  - **Patient Safety Incidents** – 31% of incident reports in Q1 related to

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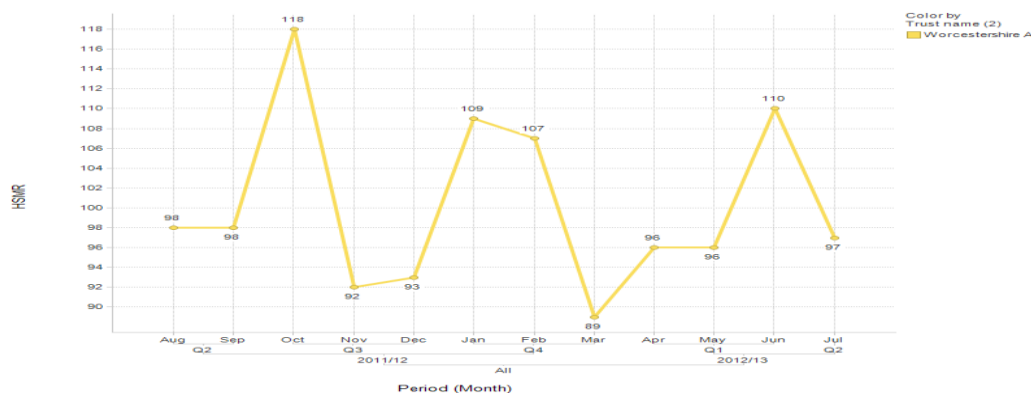
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pressure ulcers, the highest category being 'pressure damage on admission to the Trust'. The number of falls reported over the past year has reduced at AGH and WRH in both percentage and number terms although increased at KH.

- **Health & Safety Incidents** – No increase in reporting in severity of incidents reported.
- **Claims** – No trends or hotspots have been identified for clinical negligence, employer liability or public liability claims.
- **Patient Experience** – A Task & Finish Group has been created with leads allocated to cover the 6 themes identified following triangulation of sources of information on patient feedback. Themes identified are:
  - Noise at night
  - Poor communication, specifically on medication side effects, test results and treatment not fully explained; and discharge information unclear.
  - Conflicting advice/information by medical staff
  - Delays in out-patients
  - Attitude of medical and nursing staff and
  - Car parking.

**4.4** Blood Transfusion –The Trust is required to provide vein to vein evidence from donor to recipient in the form of traceability slip, which should be kept for 30 years. Obtaining this traceability has historically been a problem but the Committee welcomed the news that all have now been accounted for.

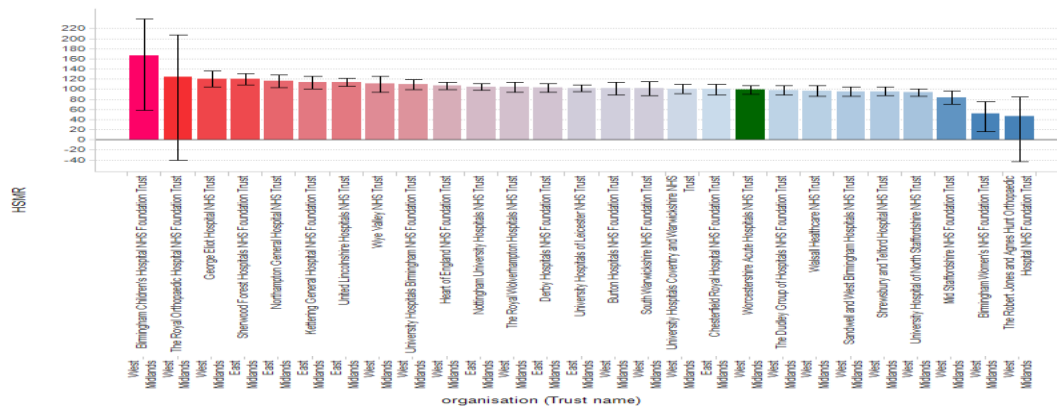
**4.5** Patient Safety Committee Report – The rebased HSMR for April to July 2012 stands at 99.36. The position of the Trust for this period compared with the rest of England shows the Trust to be well within the expected outcome range.



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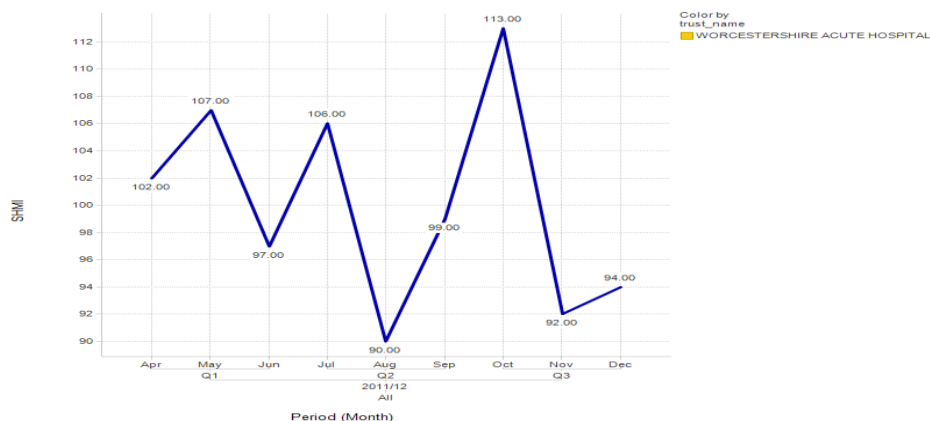
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4.5.1 The position of the Trust compared with the rest of the SHA cluster April – July 2012 (rebased) is depicted below.



4.5.2 No new data has been released from the Department of Health (DH) since the last report in relations to the Summary Hospital Mortality Indicator (SHMI).

4.5.3 Recognising the difficulties in responding to performance issues using data many months out of date, the Healthcare Evaluation Dataset (HED) team have produced a module within the system that takes the available HES dataset and the Office of National Statistics (ONS) information relating to deaths and predicts SHMI. The correlation between the predicted SHMI value from the HED tool and the values released from the Department of Health is quoted as 0.9994.



4.5.4 The Trust position for the 12 months to June 2012 indicates a SHMI of 101.57.

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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**

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