

Date of Trust Board: 30 May 2012

Enclosure: **H**

SUMMARY OF REPORT TO PUBLIC TRUST BOARD

NAME OF DIRECTOR:	Lynne Todd, Non-executive Director
SUBJECT:	Integrated Governance Committee

SUMMARY

This paper provides the Board with the key achievements, issues, and risks discussed at the first meeting of the Integrated Governance Committee after its transition from the Quality Assurance and Scrutiny Committee. Professor Bion, recently appointed Associate Non-Executive Director will be taking over as Committee Chairman from June 2012 after which the Terms of Reference and the work plan will be reviewed.

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: 22/5/2012
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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: Lynne Todd, Committee Vice Chairman

Author: Helen Blanchard, Chief Nursing Officer

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 17th May 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 A provisional work plan and agenda is in place pending the arrival of the new chair, Prof Bion, Associate non-executive Director. The Terms of Reference and Committee work plan will be finalised on 31st May 2012.

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4.2 Policy and procedure development and approval

The structure and approval of policies will be reviewed by the Executive Risk Management Committee (ERMC) with the aim of providing clear, useable corporate documents that also meet the requirements of external assessors such as the NHS Litigation Authority. A response will be provided to the June IGC committee

The Complaints and PALS policy was approved at the Executive Risk management Committee and reviewed by the IGC.

4.3 Patient Safety Committee report:

The report updated the Committee on several aspects of performance and activity relating to patient safety, in particular:-

- Review of serious incidents
- WHO Surgical checklist compliance rates - 100% compliance in April 2012
- Mortality relative risk – January 2012 HSMR is 103 which places the Trust in the 'outcome as expected' group. We have also transferred to the Healthcare Evaluation Dataset (HED) to provide this information.
- Response to CQC re fluid and electrolyte disorders – the provision of additional information
- Second obstetric theatre (WRH) - the scheme is included in the capital programme and has been prioritised against overall risk and given high priority.

The Committee was assured that sufficient action was being taken following the identification of issues and lessons learned

4.4 Quality Account 2011/12:

The Committee reviewed the draft Quality Account 2011/12 before its presentation to the Board in June 2012 for its approval and sign-off. The draft is currently with key stakeholders for their review and commentary which has to be included verbatim.

The Committee suggested minor amendments and clarifications, which will be addressed for the final version, and agreed that it was suitable to be presented to the Board for its approval.

4.5 Metal on metal hip replacements:

The Medicines and Healthcare products Regulatory Agency (MHRA) issued

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an alert on the management of patients with Metal on Metal (MoM) hip replacements on 28th February 2012 because of emerging evidence of tissue inflammation and damage around the hip joint in MoM implant patients. The Trust has a strategy to address this with the assistance of commissioners and public health department and its implementation is in progress.

4.6 NHSLA Assessment – General Standards:

An Executive ‘task & finish’ Group has been established to guide the Trust through the September 2012 level 1 assessment and prepare for a future Level 2 assessment. A summary of the gaps and work required will be provided to the IGC in July.

4.7 CQC – self-assessment process:

The CQC has changed its view on the use of provider compliance assessments. This and the recent development of better quality metrics for use within the Trust has provided an opportunity to revise our assurance processes. A system based on performance metrics providing assurance supported by the use of ‘Test & Challenge’ tools will be used at least until the data warehouse solution is in place. Corporate assessments of compliance with the CQC’s ‘essential standards of quality & safety’ will be completed at the end of June. These will be provided to the committee in July.

The Committee was assured that there are no additional risks to the Trust through this change in approach.

4.8 PEAT Inspection Results 2012:

The results of the Patient Environment Action Team inspection for environment, food and privacy/dignity for the Trust’s three hospitals were reported verbally.

It was noted that the results were very positive for all three hospitals and the information will be included in the Chief Executive’s Report to the June Board, which will include results from the previous two years.

5. Implications

5.1 Service delivery

There is no impact on service delivery

5.2 Financial

The NHSLA assessment provides a 10% discount on the Trust’s premium for its clinical negligence insurance for each level achieved

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5.3 **Workforce**

No workforce issues were raised

5.4 **Legal & Governance**

Compliance with the CQC's regulatory processes is required under the Health Act 2008 to achieve registration and therefore provide healthcare services.

5.5 **Statutory or External Assessor requirements**

There are no specific items for the Board's attention in this report

6. **Recommendation(s)**

The Board is asked to:

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

Lynne Todd
Committee Vice-Chairman

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