

Date of Trust Board: 24 April 2013

Enclosure: L

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 22 April 2013.

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

Chair *Verbal	Approved: Yes	Date: xx/2013
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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 (IGC)
Report by: Professor Julian Bion, Committee Chairman
Author: Kimara Sharpe, Interim 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 22 April 2013.

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 QUALITY & PERFORMANCE

C Diff update

The Committee received an update on the number of cases of C Diff. Whilst the annual target of 52(+2) had been exceeded for 2012/13, the Q4 data showed the number of cases on trajectory for the period.

Maternity dashboard

Water Quality Update

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Further work has been undertaken as a result of test results received in late March 2013. The number of affected units was down on the number that tested positive before and since the test results, outlets have been changed including replacing the supply pipework. Filters remain in place. Further water samples will be taken on 2 May.

CQC registration

Quality Performance Metrics

Unvalidated data were presented to the committee which meant that an unvalidated year-end position was available for discussion.

The Committee noted that as the CQC use the QRP to identify any safety and quality issues the profile was reviewed regularly by the ERM. The CQC used the QRP to assess their decisions to undertake risk based visits rather than unannounced visits. The Committee was assured that the ERM were reviewing the QRP regularly and would not review the document in future.

Patient Safety report

This report provided assurance on the work being undertaken by the Executive Risk Management Committee. The Committee noted the position with respect to serious incidents and the tightening of the process in relation to the WHO surgical checklist. Data were also presented in relation to HSMR and SHMI mortality relative risk indicators.

Quality Account

The Committee received the draft Quality Account. This year these will form part of the annual report instead of being a separate document.

Compliments and Complaints

A report showing the latest compliments and complaints information was presented. The number of compliments recorded in November and December were 54 and 108 respectively. The number of complaints fell during December to 37 but the number not meeting the target of 25 days for response deteriorated to 65% from 82% in November.

4.2 EXTERNAL VISITS AND PEER REVIEWS

CQC Inspection report

Verbal feedback was given by the CQC inspectors following the unannounced visit to the Alexandra Hospital and the Worcestershire Royal hospital on 7/8 March 2013. The inspection was taking place as a result of a planned inspection, not one prompted by concerns. The verbal feedback was very

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positive about the standards of care being received and the inspectors had heard a lot of positive comments from patients. The written report has not yet been received by the Trust.

Patient and Public forum visits

The PPF made four unannounced visits in February at the Alexandra Hospital. Whilst patients were very positive and the staff were professional and well organised, environmental concerns were noted by all four teams. Action plans have been put into place and the follow up visit to one area highlighted no further concerns.

Quality assurance visit to Highfield Ward, WRH

The three CCGs visited this ward as a result of a former patient expressing some concerns. The purpose was to gain assurance regarding essential standards of care delivery. The report has highlighted patients and relatives being very complimentary about the service received. An action plan has been developed to address the concerns relating to embedding the red tray scheme and ward staffing levels.

4.3 COMMITTEE REPORTS

The Committee received update reports from the following committees:

- Research and Development
- Clinical Audit and Effectiveness
- Health records
- Information Governance

4.4 RISK MANAGEMENT

Board Assurance Framework

The Committee considered the year-end position for the BAF in relation to the three areas of risk that it has been monitoring.

5. Recommendation(s)

5.1 The Board is asked to:

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

Professor Julian Bion
Committee Chairman

23 April 2013