

Date of Trust Board: 27 March 2013

Enclosure: J

## SUMMARY OF REPORT TO PUBLIC TRUST BOARD

<b>NAME OF DIRECTOR:</b>	Professor Julian Bion, Associate Non-Executive Director
<b>SUBJECT:</b>	Integrated Governance Committee

### **SUMMARY**

This paper provides the Board with the key achievements, issues, and risks discussed at the Integrated Governance Committee on 13 March 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**

<i>Meeting:</i> Executive Team <i>*Verbal</i>	<i>Approved:</i> Yes	<i>Date:</i> 19/3/2013
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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:** Claire Lea, Interim 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 13 March 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**

**Litigation Report**

The Committee received the Litigation Report which had previously been considered by the ERM. The Committee noted that maternity had achieved NHS Litigation Authority (NHSLA) Level 2 and that the Trust was not an outlier with regard to compensation payouts under the NHSLA scheme.

**Trust Performance Quality Account and Improvement Priorities**

The Committee noted that these reports had already been discussed at

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Trust Board. The Quality Metrics Overview identified 6 SIs outstanding beyond 45 days. The ambition had been to have zero outstanding by the end of February but this had not been achieved. There had been no falls resulting in serious harm during February and the lowest number of reported falls over a 3 year period. This was an exceptional result given that there had been a focus on falls with an anticipated increase in reporting given the heightened awareness. There had been one fall resulting in serious harm during March on the AGH site.

There had been two Grade 3 Pressure ulcers reported in February. The Trust had invested in more mattresses and equipment. Families and patients themselves were encouraged to take action to avoid developing pressure ulcers with leaflets available throughout the hospitals on action to be taken.

The Committee were informed that that there would be changes to the dementia CQINN and it requested a short presentation to the Committee in May.

To ensure that the Committee considers the most up-to-date position each month it has requested that any unvalidated data for the current month should also be provided.

#### **Quality and Risk profile (QRP)**

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.

## **4.2 ASSURANCE**

### **NED Walkround/Fifteen Steps Challenge**

The Board had requested the IGC to assess the value of the Fifteen Steps Challenge and its potential impact on patient safety. The Committee reviewed the Challenge and confirmed that initiative should be taken forward and then reviewed to evaluate the benefits realised. Feedback would be provided by the NEDs for assurance at Board level. The NEDs would continue to make ad hoc visits, again for assurance at Board level.

## **4.3 COMMITTEE REPORTS**

### **TIPCC Report – Clostridium Difficile (CDiff)**

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6 CDiff cases had been identified in February, one of which was a further relapse. The Trust was on trajectory for quarter 4. There had not been any cases identified in March. The number of reportable relapse cases to date was 14. The Committee noted that since patients also relapsed across the whole health economy, the commissioners were prepared to review the position in mitigation at year end. The Committee requested further clarity as to when HPV decontamination should be utilised on both WRH and AGH sites. There was a continued focus on prescribing antimicrobials across the health economy as their continued use created more cases of CDiff. The Committee accepted the decisions taken and the on-going work of the TIPCC.

**Patient Experience and Carer Committee (PECC) Report**

The Committee was informed that feedback from online reporting, local and national surveys, Hospedia and the Net promoter score had been triangulated to identify themes and action plans formulated. The Committee noted the work of the PECC.

**Clinical Audit and Effectiveness Committee Report**

**Safeguarding Adults & Learning Disabilities Committee Report**

**Safeguarding Children & Young People Committee Report**

The Committee accepted all of these reports and the ongoing work being undertaken.

**4.4 EXTERNAL VISITS/PEER REVIEW**

**CQC Unannounced Inspection**

The Committee was advised that CQC had visited AGH on 7 March and WRH on 8 March 2013, with verbal feedback provided on the evening of 8 March 2013. The Trust would receive 2 separate reports, each reviewing the urgent care pathway on both sites. A&E, Orthopaedic and Trauma had been inspected on both sites, and Highfield at WRH. The initial feedback was positive and optimistic while recognising the emergency pressures the Trust was experiencing. The Committee awaits the formal report resulting from the inspection.

**4.4 RISK MANAGEMENT**

**Board Assurance Framework**

The Committee endorsed the progress made with regard to the BAF being a living item with up-to-date amendments and acknowledged the progress made over the previous 12 month period. The BAF would be reconsidered in line with the annual plan 2013/14. The Committee has requested that CDiff should be added as a risk on the BAF and that the risk score for risk 2271 (Lessons of past

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serious untoward events are not learned and failures are repeated ) should be reduced to 8.

**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**