

Date of Trust Board: 29 May 2013

Enclosure: M

## 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 16 May 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 and note the work of the Committee.

### Approval Process

Chair: Verbal	Approved: Yes	Date: 20/05/2013
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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	
<b>For assurance</b>	✓

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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 16 May 2013.

**2. Purpose of the Report**

- 2.1 This report provides the Board with assurance on matters related to patient safety and care quality. The IGC 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**

**Radiology** (ref Litigation report, minute 168/12/1)

The IGC expressed concern about the continued non-reporting of X-rays. . These are generally X-rays taken in emergency care areas and ICU, and there would therefore be an expectation that the requesting doctor would be responsible for the initial examination of the X-rays. It was therefore considered that the risk this posed to patients was low, and primarily related to the possibility of missing a concurrent disease process. The committee proposed to the Medical Director that the responsibility for reviewing emergency X-rays should lie with the consultant responsible for the patient. .

**C Diff update**

The IGC acknowledged the continuing work being undertaken to reduce the number of C Diff cases within the Trust. It recognised that the cold weather and the use of antimicrobials were contributing factors. The committee accepted the

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view that the number of cases was likely to diminish over the summer period. Current pressures on beds from emergency admissions meant that HPV decontamination could not always be conducted in a timely manner. Senior staff buy-in to reinforcing the messages of infection control required continuing vigilance and leadership. The Director of Infection Control was asked to speak individually with the consultant staff working in high risk areas, supported where possible by a member of the Patient Committee .

#### **CQC essential standards**

The IGC commended the work being undertaken by the Trust to self-assess current practice against the CQC essential standards. A potential area of weakness is in cleanliness & infection control, in terms of completion of mandatory training, audits, and analytical support. Work continues to improve these aspects.

#### **Quality Performance Metrics**

The IGC noted the performance metrics which demonstrated an increase in the number of falls resulting in serious harm in the last month. The most recent figures suggest a reduction to previous levels for May.

The draft NHS Trust Development Authority (NTDA) quality and performance tool was presented and discussed by the committee. Work will be required to reconcile discordance between accurately collected local metrics with apparently inaccurate data reported nationally for benchmarking.

#### **Patient Safety report**

A generic framework for susceptibility testing and prevention of never events was discussed. The IGC proposed that the two recent never events should be used as a testing ground for Failure Modes and Effects Analysis (FMEA), thus engaging frontline staff in the process of strengthening defence mechanisms including the utility of the WHO checklist. This will be taken forward by the Chief Medical Officer.

#### **Compliments and Complaints**

Mrs Nicola Sawyer presented the recommendation from her external review of the Trust's complaints processes. The Chief Nurse will collate these into a single action plan. The report will be presented to the Board in June.

#### **CQUIN**

The IGC received the CQUINs agreed with the Commissioners. These are a combination of nationally required and locally determined. The IGC welcomed in particular those which focussed on patient flows across the whole health economy. The work undertaken with front line staff to develop the CQUINs was commended.

#### **CNST Maternity standards**

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The IGC commended the Trust on the achievement of level 2 CNST for maternity. The assessors reported that *'they were very impressed with the quality and depth of preparation for the assessment and the high quality of the documents presented for review, it was evident to them that risk management systems were embedded across the whole of the maternity service whilst they made some recommendations for further improvements with the aim of working towards level 3 assessment'*.

#### **Corporate risk register**

This was presented to the IGC for the first time. It was acknowledged that the document was very much a 'living' document and represented more operational risks than the board assurance framework. This is on the Board's agenda for this meeting.

#### **4.3 COMMITTEE REPORTS**

The Committee received update reports from the following committees:

- Medicine safety committee
- Patient Carer and Experience Committee
- Infection Prevention and Control Committee
- Blood Transfusion Committee: It was noted that a licence to practise has been adopted throughout the Trust relating to blood transfusion and this was commended.

#### **5. Recommendation**

5.1 The Board is asked to:

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

Professor Julian Bion  
Committee Chairman

17 May 2013