

Date of Trust Board: 30 January 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 January 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

Meeting: Executive Team *Verbal	Approved: Yes	Date: 22/1/2013
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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:** 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 16 January 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 Hospital Standardised Mortality Ratio (HSMR) – *Mortality relative risk* - The Trust's HSMR for April – September 2012 is **97.37** using the Healthcare Evaluation Dataset (HED) system for calculation. This is below the NHS average of 100 and is on target to meet the Trust 2012/13 strategic objective of a mortality relative risk of below 100.
- 4.2 Clostridium Difficile (CDiff) – The Trust continues to experience challenges relating to meeting the 2012/13 target for C.Diff infection of no more than 52(+2) cases. Up to the end of November 2012, the Trust has reported 60 cases (30

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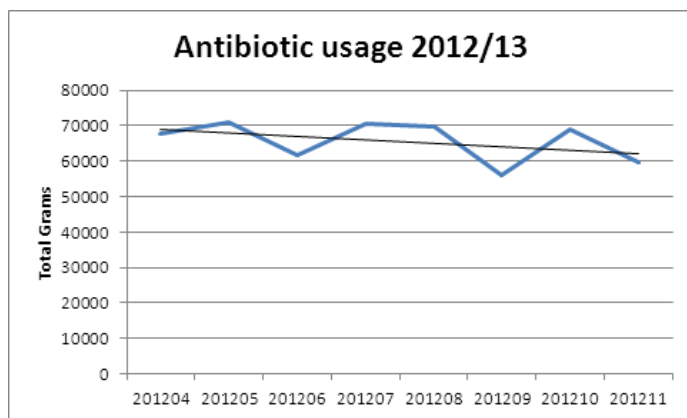
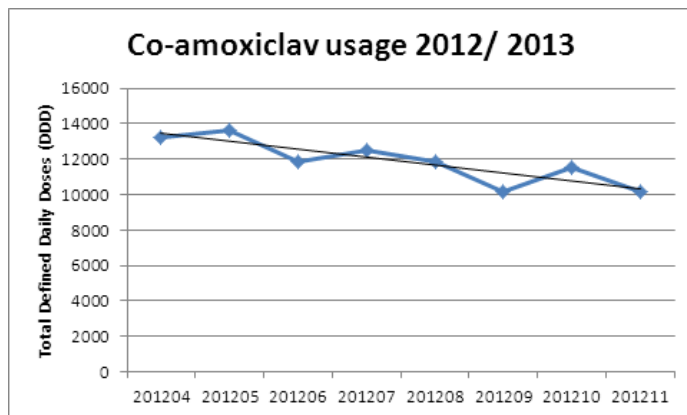
above trajectory). From the report given by the Senior Microbiologist, the Committee was confident that the Trust was taking all appropriate actions. It was also possible that these actions were beginning to impact on the case rate. If so, this was particularly commendable given the exacerbated pressure from Norovirus outbreaks. Progress and results of some of the actions take are:

- 4.2.1 **C difficile strain typing** - Following completion of a 3 month programme strain typing of all isolates of *C difficile* from toxin positive patients in the Acute Trust, the results show that there was a wide range of different strains identified (at least 29 different ribotypes), and there was no evidence of clustering or transmission of infection within the Trust. A similar process is now underway with the community isolates.
- 4.2.2 **Cleanliness (environmental and commode)** - Use of Hydrogen Peroxide Vapour (HPV) continues. A rolling programme of environmental decontamination is being developed to start once in-staff training has been completed and use of the system is established. Approval for the use of adenosine triphosphate (ATP) technology has now been given.
- 4.2.3 **Practice (education and competencies)** - Educational programmes continue. The senior staff mandatory training updates in particular have been well received and to date 89 staff have attended sessions. This programme will continue into 2013/14.
- 4.2.4 **Anti-microbial prescribing** - The new antimicrobial prescription chart was introduced on 18<sup>th</sup> December 2012. Trust-wide weekly audit of compliance with review dates and indication for antibiotic therapy has been introduced. Compliance for the first two weekly audits already indicates some improvement in all areas. Further audits will be undertaken into 2013.
- 4.2.5 Analysis of Defined Daily Dose (DDD) data for co-amoxiclav in 2012/13 shows a reduction in usage across the Trust equivalent to 23% from April to November 2012. There has also been a reduction in overall antimicrobial usage (grams) over the same period.

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**4.2.6 Use of probiotics to reduce risk of antibiotic-associated diarrhoea/C difficile infection** - Although not previously thought to contribute to the reduction in antibiotic-associated diarrhoea and CDI (DOH 2008), a number of meta-analyses have been published more recently which appear to indicate a potential benefit from the use of probiotic drinks for this indication. A group comprising representative from the Worcestershire Acute and Community Trusts and the Health Protection Unit (HPU) has been set up to review the available evidence and consider whether introduction of routine probiotic drinks should be recommended locally, and if so which patient groups are likely to benefit (of note, the Acute Trust has enrolled in a multi-centre study of the potential benefits of probiotics and is recruiting patients at the Alexandra Hospital).

**4.3 External Visits** – The Trust has been subject to a number of external visits, some ‘announced’ some ‘unannounced’ from commissioners and LINKs.

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It is clear from the feedback reports that in all occasions, the visitors (or inspectors) found good areas of practice giving them high levels of assurance across the Trust in respect of:

- Standards of infection prevention and cleanliness
- Privacy dignity and environment.

The reports also give a number of recommendations where improvements could still be made which the Trust is responding to.

- 4.4** Risk Management Strategy (RMS) – The Committee was advised that the Executive Risk Management Committee (ERMC) had approved the RSM and would continue to monitor its evolution. This RMS will play a significant role in terms of the Trust achieving NHSLA Level 2 in the future.
- 4.6** Draft Annual Governance Statement 2012/13 – The Committee received the first draft of the AGS and will provide feedback to ensure that it is in agreement with the statements contained therein, enabling the Chief Executive to sign it at financial year end.
- 4.7** Board Assurance Framework – The Committee was in agreement with the assessment of the risks contained therein, as well as the mitigation plans.
- 5. Recommendation(s)**
- 5.1** 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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