

Date of Trust Board: 30 October 2013

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### REPORT TO TRUST BOARD

<b>NAME/TITLE OF DIRECTOR</b>	Professor Julian Bion, Associate Non-Executive Director
<b>AUTHOR OF REPORT</b>	Kimara Sharpe, Company Secretary
<b>SUBJECT</b>	Integrated Governance Committee

### EXECUTIVE SUMMARY/KEY POINTS

This paper provides the Board with the key achievements, issues, and risks discussed at the Integrated Governance Committee on 15 October 2013.

### STRATEGIC PRIORITIES (√)

1. Deliver safe, effective, innovative and compassionate patient care	✓
2. Develop a culture that is recognised as patient centred, driven by inspiring and accountable leaders, committed to continuous improvement	✓
3. Invest and realise the full potential of our staff -recruiting, retaining, developing and rewarding.	
4. Achieve strong operational performance compliant with all national requirements	
5. Ensure the Trust is financially viable and gets the maximum value from the resources at its disposal	
6. Develop and sustain our business	

### RECOMMENDATION

The Board is asked to:

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

### BOARD ACTION REQUIRED (√)

	Decision		Action	√	Assurance
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√	Please tick box to confirm that the report takes account of the NHS Constitution
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## IMPLICATIONS

<b>Service quality and delivery including patient safety/experience and clinical effectiveness</b>	This report provides the Board with assurance against key patient safety and quality issues.
<b>Financial</b>	N/A
<b>Risk Board Assurance Framework risks</b>	2474, 2475, 2476, 2514, 2477, 2479, 2480
<b>Workforce</b>	N/A
<b>Legal &amp; Governance</b>	This report covers some statutory issues such as CQC or accreditation visits.
<b>Statutory or External Assessor requirements</b>	This report covers some statutory issues such as CQC or accreditation visits.
<b>Impact assessments</b> <ul style="list-style-type: none"> <li>• Equality IA</li> <li>• Quality IA</li> </ul>	N/A

## APPROVAL PROCESS

Paper approved/meeting: By email	Date
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**WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST**

**REPORT TO PUBLIC TRUST BOARD – 30 OCTOBER 2013**

**1. Background**

- 1.1 This report provides the Board with key quality issues and risks discussed at the Committee's meeting held on 15 October 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. Areas discussed**

**3.1 Maternity**

The Head of Midwifery presented to the Committee an improving set of indicators. The Committee was assured that the actions being taken to reduce the number of 3<sup>rd</sup> and 4<sup>th</sup> degree perineal tears were appropriate. The Head of Midwifery confirmed that the number of births would be lower this financial year than last.

**3.2 Falls prevention**

The Committee discussed the varied and interrelated issues relating to falls prevention. Multifaceted interventions included staff training, risk identification, low beds, and a more proactive approach to balancing patient autonomy against patient safety. The adequacy of nurse staffing at night would be examined by the CNO. The Committee remains concerned about the level of falls resulting in serious harm, and has asked informatics to try to acquire information on falls rates from comparable Trusts with a view to visiting those with low rates to identify potential interventions.

**3.3 Clinical Pathology Accreditation visits**

The Committee received a report indicating the Cellular Pathology, Microbiology and Haematology county-wide services had been accredited following a recent CPA visit. The visit to the Biochemistry had identified a number of non-conformities mainly related to lack of evidence of quality assurance processes; these deficiencies were being remedied urgently. The Biochemistry service is expected to be accredited in December following the submission of further information.

**3.4 Mental Health Act – visit by the CQC**

The Committee welcomed the report following the recent CQC visit. The Committee expressed concern about the possible cessation of the mental health liaison team by the commissioners.

**3.5 Complaints Workshop**

The Committee welcomed the report arising from the Complaints workshop and requested that the wide-ranging actions be incorporated in a co-located

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‘reflective learning centre’ providing a coordinated approach to patient and staff feedback across the Trust. It was agreed that an organisational chart and process diagram would be produced.

**3.8 Committee reports:**

The IGC received reports from the following committees:

- Patient Safety Committee
- Health Records Committee
- Clinical Audit and Effectiveness Committee
- Medical Devices Committee
- Trust Infection, Prevention and Control Committee

**4 Recommendation**

The Board is asked to:

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

Prof Julian Bion

**Associate Non-Executive Director**