

**TRUST BOARD**  
**29<sup>th</sup> May 2014**

<b>TITLE</b>	<b>Integrated Governance and Assurance Committee Annual Report</b>
<b>EXECUTIVE SUMMARY</b>	The report identifies key achievements of IGAC for the period April 2013 to March 2014, and indicates the key areas of work for the twelve month period from April 2015 – March 2015.
<b>ASSURANCE (Risk) / IMPLICATIONS</b>	The report provides the Board with assurance that IGAC is discharging its duties under its Terms of Reference.
<b>STAKEHOLDER / PATIENT IMPACT AND VIEWS</b>	Not sought
<b>EQUALITY AND DIVERSITY ISSUES</b>	None identified
<b>LEGAL ISSUES</b>	None identified
<b>The Trust Board is asked to:</b>	Review the report and request any further actions for the period April 2014 – March 2015.
<b>Submitted by:</b>	Philip Beesley, Non-Executive Director and Chair of IGAC
<b>Date:</b>	22 <sup>nd</sup> May 2014
<b>Decision:</b>	For Receiving

## ANNUAL REPORT OF THE INTEGRATED GOVERNANCE AND ASSURANCE COMMITTEE

### Meetings:

Dates of meetings:

- 11<sup>th</sup> April 2013
- 16<sup>th</sup> May 2013
- 13<sup>th</sup> June 2013
- 16<sup>th</sup> July 2013
- No August meeting
- 16<sup>th</sup> September 2013
- 22<sup>nd</sup> October 2013
- 19<sup>th</sup> November 2013
- 12<sup>th</sup> December 2013
- 21<sup>st</sup> January 2014
- 18<sup>th</sup> February 2014
- 24<sup>th</sup> March 2014

### Membership and Attendance

The membership and number of attendances during the period April 2013 to March 2014 are as below.

1. Chief Executive (9/11)
2. Chief Nurse(10/11)
3. Deputy Chief Executive (4/11)
4. Deputy Chief Nurse – Associate Director of Quality (Secretary / Chair of Risk Scrutiny Committee) (10/11)
5. Deputy Director of Finance and Information (Chair of Finance Committee) (7/11)
6. Deputy Medical Director / Chief of Patient Safety (Chair of Quality Governance Committee) (7/11)
7. Director of Workforce and Organisational Development (1/1 – left in April 2013))
8. Director of Workforce Transformation (6/10 – joined in May 2013)
9. Head of Corporate Affairs (10/11)
10. Medical Director (7/11)
11. Non-Executive Director (Chair) (10/11)
12. Non-Executive Director (Chair of Audit Committee) (10/11)
13. Non-Executive Director (2/2 – joined in February 2014)

## Discharge of Duties and achievements April 2013 to March 2014

### 1. Terms of Reference and Membership

Meetings were held monthly, with a break in August, as per the recommendation from the 2<sup>nd</sup> Stage review of its Quality Governance processes carried out in November 2012. There is a new group that reports into IGAC, which is the Patient Experience Monitoring Group, which undertakes qualitative and quantitative analysis and review of complaints and other forms of feedback from patients and carers in order to improve the patient experience. The Committee now has one more Non-Executive Director who joined in February 2014. There were minor changes to the Terms of Reference to reflect this. The new business cycle for 2014 – 15 can be found in Appendix 1.

### 2. Control of Risk

Risk register: The Committee has reviewed the risk register at each meeting and received a risk report to assist the review of the risk process.

The number of new risks added to the risk register and the number closed during the 12 month reporting period are noted in the table below.

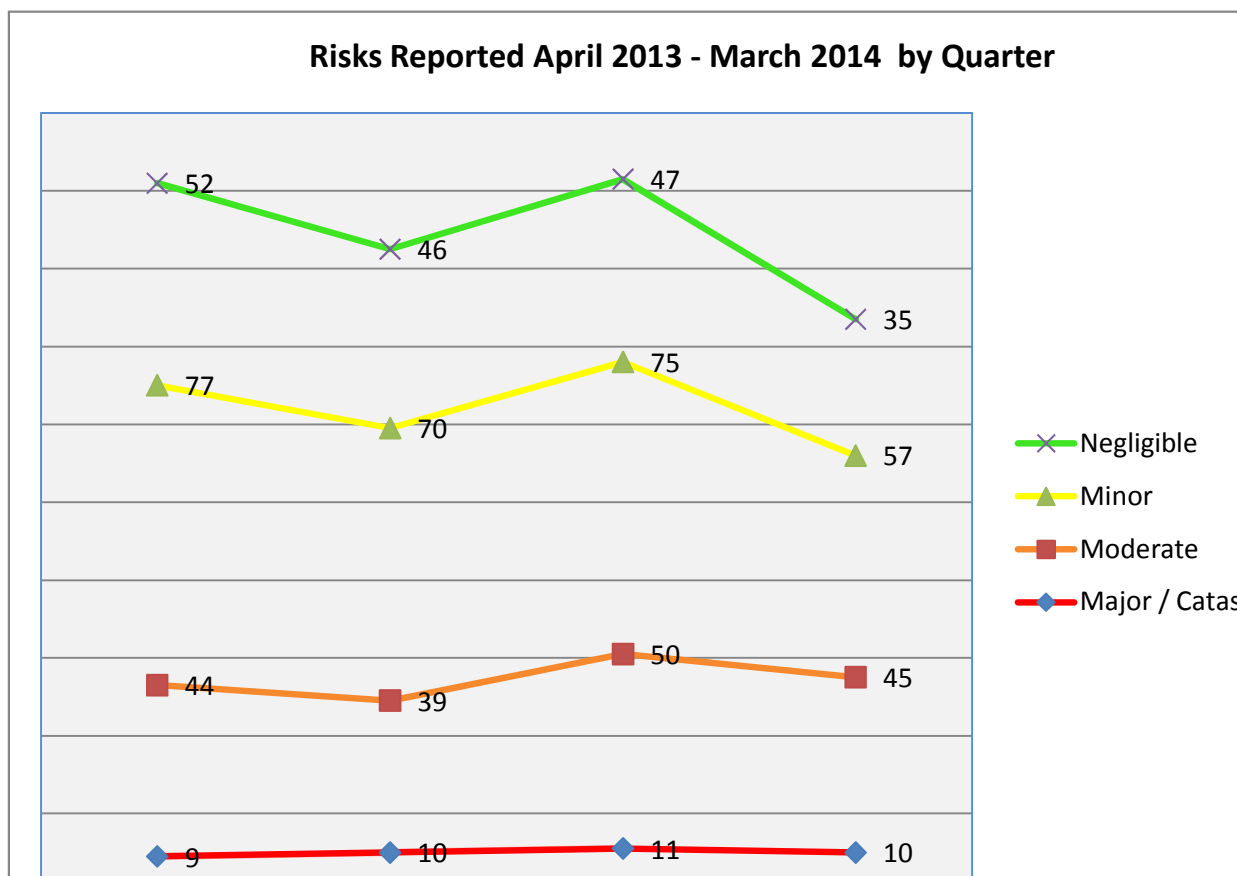
**TABLE 1: Risk Movement between April 2013 to March 2014**

<b>April 2013 – March 2014</b>				
<b>Details</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>
<b>Total number of risks on Risk Register</b>				
Major / Catastrophic	9	10	11	10
Moderate	44	39	50	45
Minor	77	70	75	57
Negligible	52	46	47	35
<b>Total</b>	<b>182</b>	<b>165</b>	<b>183</b>	<b>147</b>
<b>Risks opened per quarter</b>				
Major / Catastrophic	3	2	1	2
Moderate	8	9	14	9
Minor	3	6	12	2
Negligible	1	3	3	0
<b>Total</b>	<b>15</b>	<b>20</b>	<b>30</b>	<b>13</b>
<b>Risks closed per quarter</b>				
Major / Catastrophic	0	1	0	3

Moderate	0	14	3	14
Minor	6	13	7	20
Negligible	5	9	2	12
<b>Total</b>	<b>11</b>	<b>37</b>	<b>12</b>	<b>49</b>

The graph one below shows the total number of risks by level.

**GRAPH 1**



Risk Culture and Registers

In April the Committee received a report on a comprehensive review of the risk culture in the organisation, which looked at:

1. The organisational approach to risk
2. How risk is managed throughout the organisation
3. The management and escalation practices.

This review was supplemented by board master classes on risk and a commitment to set a Trust risk appetite.

Other instruments to assess and respond to risk that were developed were the Quality and Safety Impact Assessment Process in relation to Cost Improvement Plan changes and the use of risk (or improvement) summits, to more effectively address issues of risk and safety within clinical areas. These have been used to good effect and have produced assurance to the Committee throughout the year.

Serious Incidents Requiring Investigations

IGAC has received assurance of the process for managing serious incidents requiring investigations (SIRIs). A comprehensive report is reviewed at each meeting and attention is given to adequate action planning and assurance that actions are in place and effective through monitoring of the action log tracker.

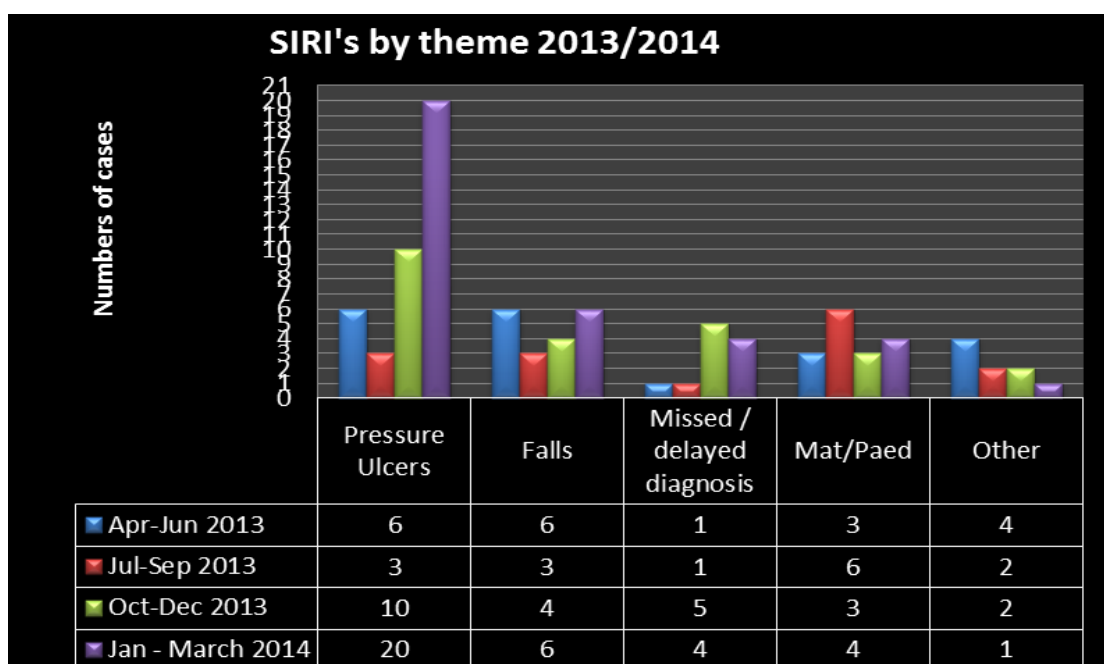
The action log tracker holds the actions considered necessary to ensure learning from all serious incidents. It allows the corporate function and divisions to view and track actions on a detailed line by line basis and uses the following key: **green = completed**, **amber = progress being made**, **red = overdue** and **blue = test of effectiveness complete** to rate the progress of each action.

There were 95 SIRIs reported for April 2013 to March 2014. 55 were closed.

Graph 2 below shows SIRI by theme and quarter.

Table 2 shows reported SIRIs by type for the above period.

**GRAPH 2 – SIRIS BY THEME APRIL 2013 TO MARCH 2014**



**TABLE 2 – REPORTED SIRIS BY TYPE AND STATUS APR 2013 TO MAR14**

Type	Number	Status
Drug Error (Never Event)	1	Closed
CRIS Software Issue	1	Closed
Failure to Rescue	1	Closed
Misplacement of a Central Venous Pressure Catheter	1	Closed
Death from Asphyxia	1	Closed
Wrong Lens Implant during Cataract Surgery	1	Closed
Medication Error (Insulin)	1	Open
Subdural Haematoma	1	Closed
Unexpected clinical outcome following coronary angiogram	1	Open
Grade 3/4 Pressure Ulcers	39	22 Open 17 Closed
Falls resulting in harm	19	7 Open 12 Closed
Delayed Diagnosis	12	4 Open 8 Closed
Maternity/Paediatric issues	16	5 Open 11 Closed
<b>Total</b>	<b>95</b>	<b>55 Closed; 40 Open</b>

### 3. Board Assurance Framework

The BAF was considered by IGAC on four occasions during 2013 – 14; April 2013, July 2013, November 2013 and March 2014. In April 13: 5 added, 9 closed; July 2013: 0 added, 1 closed; Nov 13: 0 added, 1 closed; March 14: 3 added, 6 closed

At April 13: 19 risks; at July 13: 18 risks; at Nov 13: 17 risks; at March 2014: 14 risks

Number of risks at March 2014= 14

Extreme	4
High	9
Medium	1
Low	0

### 4. Reporting Committees

The Committee has received reports from the Quality Governance Committee, Risk Scrutiny Committee and The Patient Experience Monitoring Group each quarterly. Therefore IGAC regularly receives information on the three elements of quality performance and issues

### 5. Care Quality Commission

In 2013 the CQC reviewed its approach to inspection and regulation. The new inspection regime has similarities to the 'Ofsted' inspections and the aim is to inspect all acute Trusts by December 2015 up to a total of 20 Trust in each wave of inspection. The 16 Essential Standards of quality and safety will be replaced with indicators covering five domains to assess whether services are:

1. Safe
2. Caring
3. Responsive

4. Effective
5. Well led

The rating given would be: excellent, good, required improvement or inadequate. This is expected to be passed as legislation in October 2014 but the framework is currently being used to guide key lines of enquiry within the inspections alongside the existing 16 outcomes. The Trust has not undergone the new inspection regime but did have an unannounced themed inspection, in January 2014, looking at outcomes 4, 7, 13 and 1 focusing on the dementia pathway and the women's health and paediatric services. There were no compliance concerns.

The Quality Risk Profile was replaced by the new quarterly CQC's Intelligent Monitoring Report, which is a risk rating formulated through the new Quality and Safety key questions. The Trust has received two Intelligent Monitoring Reports and twice was rated to be within the lowest risk band (6).

The Committee received the results of the summative assessment of the compliance in practice audit and best care in July 2013 and March 2014, with the Division's self-assessment ratings of compliance against the CQC standards presented to the Committee on a quarterly basis.

## 6. Constraints Faced by the Committee

The Committee responded to the 2<sup>nd</sup> stage review recommendations to have regular monthly meetings which have resulted in a more responsive internal assurance approach. During the year there has been a shift to more discussion and focusing in outcome as opposed to process within the discussion.

The monthly review of the quality, experience workforce and safety data by ward area is a valuable discussion looking at early warning signals to address emerging quality issues. The production of this information is constrained by data collection issues which put a time constraint in getting this report to the Committee. Therefore the QEWS dashboard forms the basis of a live discussion in the Committee with key members contributing soft intelligence to the discussion whilst looking at the hard data within the dashboard.

## 7. Policies which have been Approved and/or Ratified

The following policies had been approved and/or ratified by Integrated Governance & Assurance Committee, Quality Governance Committee or Risk Scrutiny Committee.

### Integrated Governance & Assurance Committee

- Policy for Self-Assessment of Compliance against the Care Quality Commission (CQC) Essential Standards of Quality and Safety (June 2013)

### Quality Governance Committee

- Tissue Donation Policy (July 2013)
- X-Ray Request Policy (October 2014)
- Blood Transfusion Policy and related guidelines (January 2014)
- Transfer – Procedure for the Transfer Out/In of Mental Health In-patients to/from another Hospital or Residential Health care provider (January 2014)
- Patient Consent Policy (Chair's action February 2014)
- Policy and Procedure for the Introduction and Development of New Interventional Procedure (April 2014)

- Clinical Audit & Effectiveness Strategy 2012-2017 (April 2014)
- National Guidance Monitoring Framework (April 2014)

**Risk Scrutiny Committee**

- Mental Capacity Policy (November 2013)
- Management of Non-Clinical Claims Policy (Chair's action – November 2013)
- Policy for the Handling of Clinical Negligence Claims (Chair's action – February 2014)
- Policy for the Reporting and Management of Incidents (Chair's action – March 2014)

The majority of updated policies have been approved / ratified by the Senior Nursing & Midwifery Leadership Committee, Drug & Therapeutics Committee or at the Trust Executive Committee.

**8. Objectives/Forward Plan April 2012 – March 2013**

The Committee will continue to discharge its duties and responsibilities as described in the revised Terms of reference. The forward plan for 2014 -15 is laid out in App 2.

Report compiled by: Heather Caudle, Deputy Chief Nurse – Associate Director of Quality on behalf of Philip Beesley, NED Chair of IGAC



## Appendix 1: Annual Plan

Agenda Items	21-Jan	18-Feb	18-Mar	15-Apr	23-May	17-Jun	22-Jul	Aug	16-Sep	21-Oct	18-Nov	16-Dec
Apologies	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Committee Duties and Responsibilities	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Previous Minutes	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Matters Arising	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Quality, Safety and Risk Management Strategy			✓			✓			✓			✓
Francis Enquiry Action Plan	✓			✓			✓			✓		
Self-Certification			✓			✓				✓		✓
Patient Experience Improvement			✓			✓				✓		
Incidents - SIRI Report	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Action Trackers of all quality and safety plans		✓			✓				✓			✓
Risk Register - Overview Report; CRR / High / New		✓			✓				✓			✓
Care Quality Commission - Essential Standards	✓			✓			✓			✓		
Care Quality Commission - Action Plan Update	✓			✓			✓			✓		
Board Assurance Framework	✓			✓			✓			✓		✓
PALS, Incidents, Complaints and Claims Report						✓					✓	✓
External Agencies and Inspections Report			✓						✓			
Annual Report for Trust Board			✓									
Quality Governance Committee Exception Report	✓			✓			✓				✓	
Risk Scrutiny Committee Exception Report		✓			✓		✓				✓	
Audit Committee Exception Report		✓			✓		✓				✓	
Finance Committee Exception Report		✓			✓		✓				✓	
Mortality reviews		✓			✓				✓			✓
Patient Experience Feedback/ Complaints Monitoring Group			✓			✓			✓			✓
Any Other Business	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
TOTAL items per month	11	12	12	11	12	11	14	0	12	12	11	14

