

Board of Directors Meeting: Thursday 21 May 2009

BD2009.50

Subject	Report from the Governance Committee			
Purpose of paper	To provide the Board with an overview of the Board of Directors' Governance Committee meeting of Wednesday 25 March 2009 and Friday 3 April 2009			
Board Lead	Professor Adrian Towse, Board Associate			
Background papers (if any)	-			
Action/decision required	To note the discussion, and any actions that the Committee approved			
Key purpose	Strategy	<u>Assurance</u>	Policy	Performance
Strategic Goals	SG1: To be Hospitals of Choice SG2: To be world-leading teaching hospitals and an AHSC			
Strategic Objectives	SO2: To provide high quality, efficient and innovative core services that meet the needs of local patients and the challenges of the local health community. SO6: To provide demonstrably excellent clinical outcomes and indicators of patient safety SO7: To improve the overall patient experience by offering excellent customer care			
Links to: Board Assurance Framework/ Trust Key Risks/Annual Health Check element(s)	-			
Also considered by	-			
Resource and financial impact	As covered by Committee discussion.			
Consideration of legal/equality/diversity/engagement issues	As covered by Committee discussion			
Acronyms and abbreviations used	-			
Author	This report is based on minutes of the meeting prepared by the Board Secretary. The Committee Chair has			

	endorsed the draft minutes for circulation to Committee members, who have yet to formally approve them
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**Matters arising from previous minutes**

**GC 49/08 ACC: Cardiothoracic Surgical Outcomes 2007 and 2008**

South Central Strategic Health Authority (the SHA) had signed off the report of the Healthcare Commission (HCC) on the practice of cardiothoracic surgery at the Trust. The Board of Directors had asked the Committee to review the cardiac outcomes for two further years.

**GC 54a/08 Divisional Quality and Risk Report: Division A**

Analysis of *Dr Foster* data would be completed shortly, for consideration by the Committee and the Board of Directors.

**GC 56/08 Research Governance Report**

Performance data would be included in future research governance reports.

**GC 44/08 Patient Reported Outcome Measure (PROM)**

Procedures to which PROMs applied were determined nationally, and it was likely that more would be issued in 2010/11. Locally, the process was ready to begin. Each Division would be asked to identify a service for which PROM data could usefully be collected in advance of any Department of Health roll out.

PROMS were not principally about patient surveys, but sought to establish whether patients felt that their condition and quality of life had improved following treatment or surgery. They offered research opportunities through links with the patient experience research in the University of Oxford's Department of Primary Care and Public Health.

**Care Quality Commission (CQC)**

The Trust had been awarded unconditional registration with the CQC with respect to healthcare-acquired infections.

All necessary action had been taken following receipt of the report of the HCC inspection team that showed no breaches of any element within the Hygiene Code.

**Mid Staffordshire NHS Foundation Trust**

The HCC's recent report on Mid Staffordshire NHS Foundation Trust carried potential implications for all NHS Trusts. It would be essential to ensure that the Trust's cost improvement programme for 2009/10 did not compromise the safety or quality of patient care. The SHA had requested completion of a template designed to set out each Trust's position against the HCC's action points. Committee members should not feel constrained by the template, and should raise other relevant issues.

**Governance, quality, safety and risk framework**

Good practice required the annual review of the framework for the management of risk and other aspects of governance.

The Trust was at level 1 (level 2 in maternity) in the NHS Litigation Authority standards, which differed from the previous Clinical Negligence Scheme for Trusts standards. A team had been formed to help maintain level 1 and achieve level 2. The Committee would

consider the associated plan at its next meeting. Achievement of level 2 for maternity services at the Horton Hospital would require increased levels of anaesthetist cover.

### **Board Assurance Framework (BAF)**

The Board of Directors had considered the BAF, and had asked the Committee to undertake a final year-end review of the BAF before submission to the SHA, and audit by CEAC to support the production of the Head of Internal Audit Opinion, required as part of the formal year-end process. The Committee should satisfy itself about the assurance provided, and identify gaps in control and assurance. The following points were considered:

2.1.a There would be no year-end breaches of key performance indicators unless the current position radically deteriorated during the six remaining days of the financial year.

8.1 Robust business planning should support the processes that would lead to achievement of both AHSC and academic foundation trust status. Validation through current CEAC audits of the HCC Standards for Better Health, the BAF and the Trust's integrated governance processes would further support the Trust's application to become an academic foundation trust.

### **Risk Register**

The Risk Register brought together the 'red' risks from across the Trust, following review and validation of individual risk registers. It would be referenced in the BAF for 2009/10 that was in preparation, and had drawn on the risks in the Business Plan for 2009/10. It grouped risks by agreed category. The register was a first draft for 2009/10 and further work, particularly in relation to risks deriving from the cost improvement programme, budget setting and impact on clinical services, was in preparation. Divisions and directorates were paying particular attention to the potential impact on the quality and safety of services, through a series of reviews by the Chief Executive. After further work on risk validation and grouping, the register would form the basis for the Trust Key Risks that the Board of Directors would consider.

The Executive Board considered a weekly report on the Horton Hospital. The Division should keep the Board of Directors informed of significant risks at the hospital.

The Trust would maintain a regular programme of joint clinical events with primary care, in particular to ensure proper demand management and cooperation, so that best use could be made of the Trust's capacity.

Sound and safe rotas were in place for the out of hours spinal service. The Trust and the Nuffield Orthopaedic Centre spinal surgeons would continue to provide the service.

There were pressures on the capital programme, particularly in relation to backlog maintenance programmes. The Board of Directors would review the Programme at its meeting on Thursday 26 March 2009.

The Board would consider the full Trust Risk Register annually. Risk data changed constantly as a result of mitigating plans, and the Trust Key Risks that the Board reviewed regularly aimed to show the changes across the year in residual risk ratings. Updates to this document would draw on the routine review of individual risk registers, taking

account of new risks and showing risks that no longer required the Board's detailed attention. It would aim to show the profile of risk by category across the year.

### **Healthcare Commission: children's hospital services follow up review**

The HCC had originally identified shortcomings over two years previously, and had made a return visit. In future, the Committee would review progress against the action plan every six months. Meanwhile, the Trust had made significant progress in safeguarding children, for example by repeating the APLS course. The reliability of data had been improved, and Divisional activity was now better co-ordinated.

### **Medicines management: annual report**

Progress had been made, but action remained to be taken. For example, provision of ward-based pharmacists was a valuable development, but was necessarily incremental because of its labour-intensive and expensive nature.

The extent of Trust compliance with NICE guidance was subject to audit, which was also required by Trust's service level agreement with Oxfordshire Primary Care Trust.

### **Quality and risk report**

The Trust's national ranking remained unchanged, but its peer group position had slipped. The Commissioning for Quality and Innovation standards would reward the Trust for further specific improvements.

### **Divisional quality report: Division A**

'Green' ratings had increased over the last year, but some of these required further consideration; and there were still 'reds' and 'ambers', although some 'reds' derived from isolated lapses. There was excellent clinical engagement. Although reviews of morbidity and mortality had been established, attendance at meetings was difficult to organise for those specialties that operated across more than one site. Compliance with NICE technology guidance needed further consideration. Apparent non-compliance in endocrinology and diabetes would be pursued. Falls data had been received recently, and was under review in priority areas. During the period, five serious untoward incidents had been investigated; this number was typical for a six months period. Issues behind the unsatisfactory transportation of specimens were under investigation.

### **Divisional quality report: Division B**

There would be a review with each Division of any 'amber' or 'red' ratings that might lead to non-compliance with any HCC standards. There had been satisfactory outcomes to the fractured neck of femurs exercise, and substantial sub-clinical management support in general. Readmission rates had been reviewed. Means of strengthening clinical governance in general surgery were identified. At its next meeting, the Committee would consider turnaround times for dispensing drugs on inpatient discharge for a quarter-year.

### **Divisional quality reports: Division C**

Some of the recorded 'reds' were technical, but some 'greens' merited further review (for example, although smoking among pregnant women had fallen, the Trust should seek to eliminate it). Every sub-speciality held morbidity and mortality meetings, but

improvements were needed to documentation and to the sharing of data and experience. Patients were advised risks attendant on procedures or courses of treatment.

Although an absolute limit on obstetric referrals would be difficult to set, the ratio of midwives to births was being recalculated. Improved integration of maternity services at the Horton Hospital and the John Radcliffe Hospital would help, but patient choice between the two hospitals remained a major consideration.

### **Information Governance Report**

Self-assessment had been submitted by 31 March 2009. The score for 2008/09 was 73%, compared to 81% for 2007/08. However, several criteria had changed; some improvements had been made; and actions had been agreed for the 2009/10 assessment.

### **Briefing on action identified to improve patient safety, following unexpected death of a child during surgery**

The Board of Directors would consider the terms of reference for the proposed group at its next public meeting on Thursday 21 May 2009. Thereafter, the proposed group would determine an action plan. The Board would review progress against the general action plan at the next meeting of the Committee.

### **Professor Towse: retirement**

As Professor Towse was due to retire in April as a Non-Executive Director, the Chairman would for the present chair the Committee.