

Board of Directors Meeting: Thursday 3 September 2009

BD2009.82

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 Tuesday 23 June 2009			
Board Lead	Dame Fiona Caldicott DBE, Chairman			
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.			

## **Report of the Governance Committee meeting of Tuesday 23 June 2009**

### **Board Assurance Framework**

It was important to know whether the Board Assurance Framework (BAF) included all known risks to objectives, and whether the mitigations were appropriate at that stage of the year, before the Board of Directors considered the paper at its meeting on Thursday 16 July 2009. Particular attention was drawn to:

- completion of the Cost Improvement Programme (CIP) and resolution of the Trust's overall in-year funding required further work.
- the plan for sustaining specific services at the Horton General Hospital, that left a high residual risk. This risk should be updated to reflect issues in the Emergency Department as well as those in Paediatrics.
- the very high risk that the Trust would have insufficient income because it would not be paid for activity that it had provided.
- the expectation that the Trust's performance on the national stroke indicator would be underachieved. The Board of Directors was to consider a Quality Strategy at its next meeting, and performance indicators aimed at improving the care of stroke patients might be suggested for inclusion in the Quality Account to be published by June 2010.
- creation of the Health Innovation and Education Clusters (HIEC) that required further work with partners in the local health system.
- Admission by the Trust of its first two inpatients with swine 'flu. South Central Strategic Health Authority (the SHA) had formally reviewed the Trust's preparedness for a pandemic, and had advised her informally that it had scored the Trust's compliance at 93%. However, the Committee, and the Trust generally, should continue to think critically about its management of swine 'flu.
- consideration by the Care Quality Board at each of its meetings of the risk register, which included the risk deriving from tensions between operational funding and patient safety, and would work with other Executive-led groups.

### **Trust Risk Register**

Comments were invited on changes to the register and on the proposed timetable for its consideration by the Board of Directors. The register showed all red risks (those with an initial rating of 16 or above), and included the three that the Board of Directors had identified at its meeting on Thursday 21 May 2009: swine 'flu, workforce, and the Trust's longer-term financial future.

Divisional Boards would regularly review the register, and the Care Quality Board would formally consider it each month. The Board of Directors should be reminded regularly of existing risks, and advised of new risks. At each of its public meetings, the Board would

consider a shortened version containing only those risks that remained red after mitigation.

Attention was drawn to revised requirement of the General Medical Council (GMC) for completion of all consultant medical staff appraisals by the autumn of 2009.

The Committee agreed to confirm that the risk register included all risks known to those present, and that the recorded mitigations were appropriate; to assess the risk associated with the revised requirement of the General Medical Council (GMC) for completion of all consultant medical staff appraisals by the autumn of 2009; to ask Human Resources to consider the practice of other Trusts in appraising consultant medical staff, and to liaise with the University of Oxford in reconciling their respective records of consultant medical staff appraisal; to review the larger risk register at each meeting of the Governance Committee; and to recommend to the Board of Directors that, every two months, it should review the shorter risk register containing only those risks that remained above 16 after mitigation.

### **Equality and Diversity: Patients and the Public**

The Committee approved the report. Attention was drawn to paragraph 10 of the report, which described the requirement for equality assessments, to mitigate the risk of non-compliance with legal requirements.

### **Equality and Diversity : Workforce**

The report explained that job vacancies that had previously been advertised externally were now only advertised internally, creating a risk to equality and equity requirements unless carefully handled. A working group had been set up to devise an action plan to eliminate bullying and harassment, and to address the possibility of staff classified as black minority ethnics becoming subject to proportionately more performance and conduct investigations.

### **Public involvement and patient feedback**

The report described the position up to 31 March 2009. There was much patient-related information, especially around young people and those with cancers, and many patients clearly had positive impressions of the Trust. Divisions actively sought patients' views. Timing of the survey within 'the patient journey' required consideration, but access to hand-held devices helped.

The Trust needed to demonstrate how it had used this information. At its next meeting, the Committee would consider proposals for the Trust's quality account for commendation to the Board of Directors.

### **Healthcare Commission's report of its investigation of Mid Staffordshire NHS Foundation Trust**

The report included consideration of the Commission's own report and of the subsequent reports of Professor George Alberti and Dr David Colin-Thomé. Although it highlighted the similarities between the respective positions of Mid Staffordshire and Oxford Radcliffe Hospitals, it went on to describe work in hand in the Trust towards mitigating inherent

risks and raising awareness. The work on *Dr Foster* data was actively engaging clinicians; clearer performance reports were being developed; and the learning from incidents, comments and complaints was being strengthened. The initial review of hospital standardised mortality ratios (HSMR) in Medicine had not exposed any 'hot spots', and work was continuing in cardiac services. The SHA's preliminary assessment in its scrutiny of the Trust's position had indicated some areas where further work was needed. Additional evidence had already been supplied in relation to the management of serious untoward incidents. The SHA's final report was expected in July 2009.

It was essential for the Board to be advised of the full implications of any situation report or proposal that it considered. The Trust needed critical friends outside its own organisation, for example through use of benchmarking data. It was necessary to convey to colleagues at every level both that the Board needed to hear bad news and that it publicly supported the truth. It would be essential to fully articulate the risks associated with the cost reduction programme, and with operational and financial performance, and to refer them upwards together with proposed plans for mitigation.

### **Safety, quality and risk report**

The format of pages would be revised to conform with the report to the Care Quality Board.

### **Clinical Audit strategy 2009/10**

The strategy was augmented by detailed divisional audit plans. Options for funding a permanent full-time clinical audit manager were being explored, but had not yet been determined. Meanwhile, the current half-time support was much appreciated. The appointment of the divisional audit co-ordinators had proved very valuable, and solid progress was now being made. There was a need to identify measures beyond those required by Oxfordshire Primary Care Trust (the PCT).

### **Divisional Quality Reports: Division A**

The 'dashboard' included plenty of 'greens', as well as some 'ambers' and 'reds'. There were residual areas of non-compliance with the national service frameworks (NSF). Seven serious untoward incidents (SUI) had been reported; and excellent work had been done on SUI2009/04, although some lessons remained to be learnt and shared. Increased HSMR levels for January in Medicine were being investigated through a detailed review of case notes, with help from the clinical governance co-ordinator, medical staff and matrons across all three hospitals. Sound progress on hand hygiene had helped to reduce the incidence of healthcare associated infections.

### **Divisional Quality Reports: Division B**

Following concerns expressed previously about reviews in general surgery of morbidity and mortality, it had become clear that meetings had not been recorded because they were held in the early morning. Arrangements were now in hand to keep appropriate records. The GIST risk register had been recently updated, and the directorate risk manager had

taken part in risk assessment training to support work in the directorate. The SUI on GIST had led to changes in operating theatre policy. As reported in the *Daily Telegraph*, the Division was also undertaking single-incision laparoscopic cholecystectomies.

The survival rates of the adult intensive and neuro-intensive care units were the best in England, and both units were to be congratulated on their results. All their morbidity and mortality data were sent to ICNARC, an external database. The database risk stratified the patients using APACHE scoring.

### **Divisional Quality Reports: Division C**

The report contained nothing exceptional. A larger number of local audits was carried out than was reported to, and monitored by, the PCT as part of its service-level agreement (SLA) with the Trust. In the maternity 'dashboard', performance against third-degree tears was out of line with 75% of NHS trusts, and it was likely that the definition of the standard itself was unhelpful.

The limited size of the neonatal unit created potential infection problems as the number of cots had been increased. Interim changes were needed while the capital scheme to resolve this was passing through the planning process prior to consideration by the Board of Directors in the summer or autumn of 2009.

### **Incident involving a child during surgery**

Progress on meeting the action plan would be maintained, and the supplementary guidance on consent was approved. A more recent incident had indicated insufficient assurance around the retention of equipment, and a failure to share organisational learning. Technologies Advisory Group (TAG) guidance should be circulated more widely.

### **Summary of Serious Untoward Incidents (SUI): May 2009**

An SUI in May 2009 had become a criminal investigation, and a police enquiry was continuing; currently, results were awaited from *post mortem* investigations and from genetics tests. The SUI would be reported in writing for consideration by the Committee at its next meeting. It was already clear, however, that equipment had been sent for cleaning prematurely.

### **Research Governance**

Increasingly, the Medicines and Healthcare products Regulatory Agency (MHRA) regarded the Trust and the University of Oxford as a single entity for its purposes. Research ethics conformed to national organisation, and work was in hand to establish a complementary local structure. Common software was available to both organisations, and improved and consistent training was provided to a wider group, with common access to the MHRA good clinical practice (GCP) courses. The Trust's internal research network for professionals working in clinical research had been re-established.

The change in the funding route from HM Government to the National Institute of Health Research (NIHR) had led to local and national process changes. In particular, the Central System for NHS Permission delayed the introduction of some studies through elaborate, risk-averse enquiries. This approach required simplification.

The MHRA had inspected the University's facilities in the autumn of 2008, and was likely to inspect the Trust during 2009. This inspection would last about four days, and cost up to £35k. CEAC had already audited the Trust's internal processes, and reported significant compliance, although further action was being taken in several areas.

### **Information Governance**

A score of 73% had been obtained in the annual information governance self-assessment, and an action plan was in place to improve the score for 2009/10. The Information Governance Group would monitor progress, which would be reported to the Governance Committee.

### **Care Quality Board**

The Committee noted the proposed areas of focus for the Quality Strategy.

### **Turnaround times for drugs to take out**

This target had still not been reached, in part because compliance was not solely a Directorate issue. The requirement to tell patients when they could go home needed better co-ordination and planning. There was a need for guidance, and this would be devised and circulated.

### **Terms of reference**

The Committee agreed to devise and circulate its draft terms of reference for comment before the next meeting.