

**TRUST BOARD**  
**29<sup>th</sup> July 2010**

<b>TITLE</b>	<b>IGAC bi-annual report</b>
<b>EXECUTIVE SUMMARY</b>	The report identifies key achievements of IGAC for the period January 2010 – June 2010, and indicates the key areas of work for the six month period from July 2010 – December 2010.
<b>BOARD ASSURANCE (Risk) / IMPLICATIONS</b>	The report provides the Board with assurance that IGAC is discharging its duties under the TOR.
<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 July 2010 – Dec 2010
<b>Submitted by:</b>	Dr Mike Baxter Medical Director & Caroline Becher Chief Nurse
<b>Date:</b>	29 <sup>th</sup> July 2010
<b>Decision:</b>	For    Noting

**BI-ANNUAL REPORT OF THE IINTEGRATED GOVERNANCE AND ASSURANCE  
GROUP  
July 2010**

**Meetings:** Due to the unavailability of the chair of IGAC or another NED member to deputise the April meeting was cancelled. This was rescheduled combining the April and June meeting.

Dates of meetings    3<sup>rd</sup> February 2010    21<sup>st</sup> May 2010

**Membership and Attendance**

The membership and number of attendances during the period January 2010 to June 2010, which included 2 meetings are as below:

1. Chief Executive
2. Chief Nurse (Chair of Patient Safety and Risk Committee)
3. Deputy Chief Executive
4. Clinical Risk Manager
5. Director of Finance and Information
6. Director of Workforce and Organisational Development
7. Head of Customer Affairs
8. Head of Information
9. Head of Corporate Affairs
10. Head of Quality and Integrated Governance (Secretary)
11. Medical Director (Chair of Clinical Governance Committee)
12. Non Executive Director (Chair)
13. Non Executive Director (Chair of Audit Committee)
14. Non Executive Director/Safety Lead
15. Patients Panel representative

**Discharge of Duties and achievements  
Jan 2010 – June 2010**

**1. Terms of Reference and Membership**

Philip Beesley, NED, took over the Chair of IGAC on 7<sup>th</sup> October 2009. Terry Price, NED, and Chair of Audit committee is a member of IGAC. Jane Gear, Head of Corporate Affairs has been added to the membership. Aileen McLeish, Chair of the Trust, observed the meeting of May 21<sup>st</sup>.

The Committee Terms of Reference were reviewed and revised following discussion at the 21<sup>st</sup> May 2010 meeting. Arising from the review the PALS, Incidents, Claims and Complaints report will now be received by IGAC on behalf of the Board.

The Terms of Reference were ratified by Trust Board on 24<sup>th</sup> June 2010

## 2. Control of Risk

### Internal audit of risk process

The Committee commissioned and received the Review of Risk Registers Audit Report from the internal auditors. The audit concluded that the Trust operates a **significant** level of control. The internal auditor has stated that the Trust has an overall robust risk process with good management in place.

Controls are rated as Full, Significant, Limited, and Nil. The Trust demonstrated 9 indicators with full assurance and 4 indicators with limited assurance.

Areas for improvement included:

- Aligning the risk register departmental categories more closely with changes that have taken place in management structures and directorates,
- Ensuring attendance at risk management training,
- Improving assurance of robust discussion of risk registers at local level.
- Ensuring annual risk assessments are completed.
- Encouraging more timely responses to risk updates

An action plan for these improvements is in place and will be reviewed in October 2010 with full completion by December 2010.

### Corporate Risk Register (CRR)

The Committee reviews the CRR and has requested changes to the CRR format. This has included the addition of the progress column and a risk score that we should be aiming to achieve (risk appetite for each risk).

Areas of particular focus include:

- Risk 806 relating to out of date policies: the Committee has been assured that the action plan has been amended and the Marsden Manual has been purchased to aid progress in reviewing nursing policies. A comprehensive plan is in place with Human Resources to amalgamate and renew HR policies as appropriate.
- Risk 887 relating to patient identifiable data: the Committee reviewed the action plan following the data breach SUI in 2009, made amendments to the original action plan and requested more detail on progress. The actions are complete and consequently the risk is reduced.

### Risk Register

The risk reports have been received and reviewed by the Committee as part of its routine business. These include an overview of the progress of risks: (new risks, risks by category, existing risks where score has changed, number of risks opened and closed, and risk by directorate. The dynamic nature of the approach to risk is evidenced by the changes to the risk registers.

IGAC has noted a number of long term risks that did not appear to be reviewed, have challenged this and indicated that a tolerated risk must still be reviewed. The Committee have instigated a bi-annual report of all tolerated risks. These will take place in October and April.

The number of risks relating to medical equipment has been noted. Equipment risks have been raised by several directorates. The Committee has asked Valerie Howell to be the executive lead for ensuring that there is a clear overview of how these risks are managed and prioritised.

The Committee has received assurance that the action plan following the Chantry Vellacott review on patient property, has been closed and all actions completed.

The Committee has acted to reduce the risk around the scanning of Casualty cards. This was initially a risk to clinical care due to patient information not being available for re-attenders, (particularly for paediatric re-attenders as this could pose a child protection risk) followed by a risk to requirements for record storage.

### Serious Untoward Incidents

IGAC has received assurance of the process for managing serious untoward incidents. A comprehensive report is reviewed at each meeting and attention is given to adequate action planning and assurance that actions are in place.

SUI action plans closed between January 2010 – June 2010 are:

- Action plans discussed for 4 cases, and currently in progress with no closures at present.
- Data breach closed at 21<sup>st</sup> May meeting

### **3. Board Assurance Framework**

The Committee reviewed the new Board Assurance Framework to align it more closely with the Trust's strategy and Corporate Business Plan for 2010 – 2011. The Committee reviewed each objective, and discussed the risks and controls. Recommendations were made to add clarity to the BAF with no major recommendations for risk that was not already captured.

### **4. Reporting Committees**

The Committee has received reports from Clinical Governance Committee and Non Clinical Risk Management Committee (NCRMC). The Committee has agreed the NCRMC to be re-launched as the Safety and Risk Committee. Specifically the role of this committee will be to integrate clinical and non-clinical risk, providing a more robust approach. Safety alerts will be reported directly into this group, and clinical incident management will also report into this Tier 2 Committee. The TOR have been approved and the inaugural meeting will be in September.

### Clinical Governance Committee (CGC)

IGAC has reviewed the monthly CGC reports which detail key risk areas and mitigating actions.

The CGC has received annual reports from the following Committees/Groups

- Communications Group: this group's annual report was received and approval was given to close this group, and to initiate a group to focus on information. Communication will be now reviewed as part of the Improving the Patient Experience Work stream. The new Patient Information Group will review all clinical patient information, rationalising where possible and ensuring processes are in place to ensure quality is maintained, both in content and in presentation.

- Privacy and Dignity Group: this group's annual report was received and approval was given to disband the group and include Privacy and Dignity as part of the patient experience work stream.

#### Non Clinical Risk Management Committee

The Non Clinical Risk Management Committee (NCRMC) has met in February.

The Committee has provided IGAC with an exception report and provided assurance around risk relating to endoscopes and decontamination.

#### **5. Care Quality Commission**

The Committee has received reports relating to the Hygiene Code and to the new CQC process for essential standards of Quality and Safety. Currently, the essential standards are under thorough review in Q1 and IGAC have requested a full report on progress in August.

#### **6. External Review**

The external review database lists all external reviews and inspections: e.g. Care Quality commission, NHS Litigation Authority (NHS LA) inspection, Joint Accreditation Group (JAG) inspection, Ofsted inspection and identifies leads and executive sponsors. The database provides a RAG rating to identify risk to achieving a good outcome from the review or inspection. In addition action plans as a result of review are also added to the database to monitor progress of actions.

The review database has assisted the Committee to identify potential risks and act upon them. The May meeting identified NHS LA risk management standards inspection as a key inspection that requires high level support and a full position statement is requested for August meeting. The NHS LA inspection is due to take place in January 2011.

#### **7. Constraints Faced by the Committee**

No constraints have been experienced. Committee meetings are well attended with good engagement.

#### **8. Which Policies have been Approved and/or Ratified**

No policies have been approved or ratified in this period

#### **9. Objectives/Forward Plan July 2010- December 2010**

The Committee will continue to discharge its duties and responsibilities as described in the Terms of reference. A particular focus of the Committee going forward will include the following

- To seek assurance on progress towards NHS Litigation Authority Level 2 Inspection which is due in January 2010
- To monitor the continued development of the Corporate and Local risk registers and seek assurance that the training provided is delivering excellent risk management across the organisation.
- The Internal Audit report: review of risk registers: to ensure delivery of the action plan.

- To receive the new tolerated risk report.
- To seek assurances that the new Safety and Risk Committee is embedded and fulfilling its TOR to a high standard.
- To review the Integrated Governance and Risk Management Strategy

Report compiled by: Sarah Johnston Head of Quality and Integrated Governance on behalf  
of Philip Beesley, NED Chair of IGAC

Date: 13<sup>th</sup> July 2010