

**BOD 136/2013**

**(Agenda Item: 16)**

# Report to the Meeting of the

# Oxford Health NHS Foundation Trust

# Board of Directors

**27 November 2013**

**Integrated Governance Committee Annual Report 2012/13**

**For: Approval**

**Executive Summary**

Attached is the Integrated Governance Committee Annual Report covering the period 1 April 2012 to 31 March 2013. The annual report summarises the performance and work programme of the Committee during the period specified.

The Committee reviewed the Annual Report and proposed changes at its meeting in July and the then again in November 2013, and recommend that the Board adopt the report and approve the proposed amendments to the Terms of Reference.

**Integrated Governance Framework (IGF) Review**

Outside of the period covered by the current annual report, the Trust has commenced the IGF review. The scope of the review includes the remit of the Committee and the QUICs. Accordingly, it is proposed that the Committee’s Terms of Reference not be fully reviewed at the current point in time. However, the Board did agree that the Chair of the Trust, Martin Howell, should take chairmanship of this Committee from 2013/13 and, as such, the Committee’s Terms of Reference require amendment. A copy with relevant tracked changes is attached.

**Recommendation**

The Board is asked to receive and adopt the Annual Report and approve the proposed new Terms of Reference for the Committee.

**Martin Howell, chair of Committee**

**Integrated Governance Committee Annual Report**

**For the period 1 April 2012 to 31March 2013**

The Integrated Governance Committee’s key responsibilities are to maintain the integrated governance framework, including the effective management of clinical and non-clinical risk, and oversee the requirements of practice governance in line with HSC1999/65. The Committee’s terms of reference were last reviewed and approved by the Board of Directors at its meeting in January 2012 as part of its consideration of the Committee’s Annual Report.

During the reporting period Julie Waldron, Chief Executive, chaired the Committee until her retirement in August 2012; she had been appointed to this role in January 2007. Following his commencement as Chief Executive in October 2012, Stuart Bell took the chair of the Committee. During the reporting period, Clive Meux, Medical Director was the Vice-chair of the Committee.

**Frequency of meetings and attendance**

The Terms of Reference state that the Committee should meet not less than three times a year. In the reporting period the committee met five times. One of those meetings (in May 2012) was an extraordinary meeting.

The following were formal members of the Committee during the reporting period:

* Julie Waldron (Chief Executive and chair of the Committee) – until August 2012
* Stuart Bell (Chief Executive and chair of the Committee) – from October 2012
* Martin Howell (Chair of the Trust)
* Mike Bellamy (Non-Executive Director)
* Anne Grocock (Non-Executive Director)
* David Bradley (Chief Operating Officer) – until July 2012
* Yvonne Taylor (Chief Operating Officer) – from July 2012
* Ros Alstead (Director of Nursing and Clinical Standards)
* Graeme Armitage (Director of Human Resources)
* Clive Meux (Medical Director and vice-chair of the Committee)
* Mike McEnaney (Director of Finance)

With the exception of the Chief Executive, each Executive Director chaired one of the Trust’s Quality Improvement Committees (QUICs) and reported on the activity of their QUIC at the Integrated Governance Committee. The QUICs are:-

* Safety Committee
* Services and Estates Committee
* Clinical Effectiveness Committee
* Human Resources Committee
* Governance and Information Management Committee

In terms of other officers invited to attend and observe the Committee / present reports, the following were in attendance during the reporting period:

* Peter Crabb (Head of Internal Audit) – standing invite
* Helen Ward (NHS Buckinghamshire & Oxfordshire Cluster) – standing invite
* Sula Wiltshire (NHS Buckinghamshire & Oxfordshire Cluster) – standing invite
* Helen Millar (Director of Corporate Management) – standing invite until her departure in May 2012
* Michael Marven (Chief Pharmacist)
* Gavin Garman (Deputy Director of Nursing)
* Cally Birch (Deputy Director of Nursing)
* Carrie-Anne Wade Williams (Head of Communications and Involvement)
* Nick Birtley (Equalities & Diversity Officer)
* Jackie Thomas (Head of Community Mental Health Services)

Justinian Habner, Trust Secretary, and Hannah Smith, Assistant Trust Secretary, attend meetings to support the Committee through providing advice on governance matters and taking minutes.

The Committee quorum is five members to include the Chief Executive (or vice-chair of the committee in their absence), one non-executive director and one executive director (deputies count toward the quorum). A quorum of members was available for all meetings. Attendance by the members has been as follows:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 18/04/12 | 31/05/12 | 26/07/12 | 22/10/12 | 06/03/13 |
| Chief Executive (Chair) | 1 | 1 | 1 | 1 | 1 |
| NEDs | 3 | 2 | 3 | 2 | 1 |
| Chair of QUICs / Executive Directors | 4 | 4 | 4 | 4 | 4 |
| Deputies for Chairs of QUICs / Executive Directors | 0 | 1 | 1 | 0 | 0 |
| Total | 8 | 8 | 9 | 7 | 6 |

## Business conducted by the Committee

Set out below is the remit of the Committee together with a report on the business transacted over the period of the Annual Report.

1. ***Ensure the development and maintenance of the integrated governance framework***

The Committee did not undertake a full review of the Integrated Governance Framework (IGF) during the reporting period; however, through regular reviews of the QUICs, the Committee maintained oversight of the governance regime to ensure it remained relevant. The Committee also noted that the relative high number of key personnel changes during the year (including the departure of the Director of Corporate Management and Director of Human Resources, and the appointment of a new Chief Executive) warranted a full review of the IGF to be undertaken once new executive management arrangements had been agreed and implemented. Accordingly, but outside of the period covered by the Annual Report, a full review of the IGF has commenced which is due to report findings and recommendations to the Board of Directors in December 2013.

1. ***Critically review and recommend to the Board of Directors the Risk Management, Clinical Quality Improvement, Human Resources and Communications and Involvement strategies; and receive annual progress reports on the anniversary of their approval. Approve any supporting strategies relating to these key strategies.***

No formal update against the Trust’s Risk Management Policy (which was last reviewed and approved by the Board in December 2011) was considered by the Committee during the reporting period. Once the Trust’s service re-modelling work had greater clarity and, in particular, the consultations around service structures had concluded, then the Risk Management Policy would be reviewed and redrafted to reflect then organisational and service changes. A formal extension request for the existing policy will be presented to the Committee in due course.

The Monitor Annual Plan template requires the inclusion of clinical quality priorities and the Committee has previously agreed that this constituted the ongoing clinical improvement strategy; accordingly a separate document was not produced. In addition, the Committee reviewed the Trust’s self-assessment against Monitor’s Quality Governance Framework in April 2012. The Committee had agreed that six monthly updates against the Framework should be provided but, to date, these have not been produced. However, with the appointment of the new Head of Quality and Safety, work has commenced on undertaking a further self-assessment against the Monitor Quality Governance Framework which will reported to the Committee and Board in 2013/14. Finally, the Committee received a report setting out proposals to develop the Trust’s Quality Account and, during the reporting period, formally reviewed Q1, Q2 and Q3 updates against the Trust-approved Quality Account.

The Committee reviewed a proposed Workforce and OD Strategy 2013-16 but noted that with impending changes to the Trust’s management of Human Resources and OD, including reporting lines, that final recommendation to Board should be postponed until such time as the new arrangements were implemented.

In July 2012, the Committee approved a proposal that the renewal of the Trust’s Communications & Involvement Strategy should be delayed until December 2012. This delay was agreed as it was thought that having the Strategy link with the development of the Trust’s strategic framework was sensible. In coming to that agreement, the Committee agreed that the current Strategy continued to meet the needs of the Trust in the short-term. Following that, in March 2013, the Committee reviewed a proposed outline Communications & Involvement Strategy for 2013 onwards but noted that with impending changes to the Trust’s management of Communications and Involvement, including reporting lines, that final recommendation to Board should be postponed until such time as the new arrangements were implemented. The Committee received regular updates relating to involvement activity during the reporting period.

1. ***Ensure effective interfaces between the Quality Improvement Committees and the co-ordination of risk management across the Trust, both clinical and non-clinical areas, including the review and recommendation to the Board of the Risk Management Strategy***

The Committee received and reviewed Assurance Framework update reports in May 2012, October 2012 and March 2013, identifying areas of insufficient assurance, new risks and progress in improving the effectiveness of key controls. During the period, the management of the Assurance Framework changed and the Committee was kept informed of the developments.

The Committee did not review the Risk Management Policy as reported in section 2 of the Annual Report.

The Committee reviewed and approved the risks to be included in the Trust’s Annual Governance Statement for 2011/12.

The Committee approved the Clinical Audit Plan for 2012/13 and discussed in detail both the areas being audited and how the results of audits were reported back to teams and committees. The Committee also received summary reports on clinical audit outcomes throughout the reporting period at every regular meeting of the Committee. In considering these audits the Committee interrogated the details of audits and results, seeking assurance on follow-up from the audits and action to be taken, and frequency of re-audits. The Committee also noted comments from the Audit Committee that the Trust should aim to achieve a rating of ‘good’ on all clinical audits and that focus should be on improving the outcomes of audits rated as poor or satisfactory. Finally, towards the end of the reporting period, the Committee started to consider whether Trust Clinical Directors should be asked to attend future Committee meetings to provide further assurance and information on clinical audits.

The Committee received assurance reports throughout the year for the following areas:

* Patient Experience Update
* Carers Survey Action Plan
* Information Governance
* Complaint and PALS
* Equality Delivery System
* Medicines Management
* Mental Health Act
* Freedom of Information Act
1. ***Ensure that workforce planning, education and training are fully integrated into the integrated governance framework***

The Committee received two reports on general HR matters, including updates in employment law, but no progress report against the HR strategy within the reporting period was provided. However, throughout the reporting period, the Board of Directors received regular updates on training and workforce matters.

1. ***Ensure the readiness for submission to external governance reviews***

During the reporting period, the Committee did not consider the submissions for any external governance reviews. Although, the Committee kept compliance with CQC registration under regular review either through consider specific reports on CQC Outcomes or through reviewing the work undertaken by the QUICS.

The Committee also noted that the Board had reviewed the Report of the Mid Staffordshire NHS FT Public Inquiry (the ‘Francis Report’).

The Committee reviewed the Quality Network Peer Reviews of the Oxford Clinic and Marlborough House Medium Secure Units report. The report set out the findings of Peer Reviews conducted under the auspices of the Royal College of Psychiatrists.

1. ***Ensure the findings of the Audit Committee are responded to and provide to the Audit Committee an annual report on the assurance gained throughout the year relating to clinical governance issues not considered directly by the Audit Committee.***

The Audit Committee referred one matter to the Committee concerning clinical audits (see section 3 in the Annual Report). The current annual report, which incorporates assurance received throughout the year, will be shared with the Audit Committee.

1. ***Agree and monitor the work of the Quality Improvement Committees and review annually their performance***

The Committee reviewed the 2011/12 annual reports of each QUIC in April 2012 and May 2012. Some QUIC annual reports contained work plans for the year ahead but in cases where there no work-plans or the Committee deemed the work-plans insufficient, the Committee requested that plans be (re)submitted. These work-plans were considered in July 2012 and October 2012. Minutes from each QUIC meeting and oral updates from relevant chairs were provided at each meeting of the Committee providing the opportunity for progress and performance to be monitored.

1. ***Receive reports from the Section 75 Joint Management Groups as required by the Section 75 agreements***

The Committee received two six monthly reports on the partnership arrangements with Oxfordshire and Buckinghamshire County Councils as required by the Section 75 agreements. An annual report was also provided. The Committee noted the reviews of the agreements that had taken place and that the Oxfordshire Agreement had been updated and renewed. The Buckinghamshire Agreement would be renewed in the 2013/14 period.

The Committee also receives minutes of the county-based JMGs meetings providing an opportunity for the key issues to be highlighted and discussed.

1. ***The Committee shall receive and review at each of its meetings the minutes of the Quality Improvement Committees with an oral summary of the business transacted***

As reported in section 7 of the annual report, minutes of the QUICs were considered at each meeting of the Committee with the chairs invited to highlight any key items of business or assurance received by the QUICs. Issues raised by the Committee in relation to assurance and emerging risk in considering the minutes included:

* Capital work taking place to remove ligature points
* Developing policies to meet NHSLA requirements
* Payroll provider performance
* Restraint policy, training and practice

As in previous years, the late submission of minutes to the Committee was noted as a concern. The Chair of the Committee should remind QUIC chairs that minutes should be available 10 working days following the meeting and presented to the following meeting of the IGC.

1. ***Review a schedule of SUIs where Root Cause Analysis has been undertaken at each meeting***

The Committee received reports in May 2013, July 2012, October 2012 and March 2013 which provided information on SUIs, including those which had been subject to a Root Cause Analysis and on the corresponding action plans. At each meeting, the Committee discussed trends and lessons in detail and sought to compare this to data and intelligence from other trusts.

From July 2012, the Committee also commenced receiving regular reports on restraint and seclusion. The report provided detail on numbers of incidents, trends and training data.

1. ***Approve new policies***

The Committee approved the following policies during the reporting period:

* Dual Diagnosis Policy
* Discharge Policy
* Being Open Policy
* Research and Development Policy
* Code of Conduct Policy
1. ***Receive briefings on legal and key national policy developments***

The Committee received an update on employment law and other key legal developments (such as the right to life and *Rabone* case) during the reporting period. Key national policy developments were also discussed during the reporting period – these included Care Clusters and Care Packages

## Reporting

Meetings are formally under the auspices of the Trust Secretary and circulated in accordance with the terms of reference. The minutes are considered by the Board of Directors at the following Board meeting.

Martin Howell

Chair, Integrated Governance Committee (from April 2013)