

# Report to the Meeting of the

# Oxford Health NHS Foundation Trust

# Board of Directors

**To receive and approve**

# PAPER

**BOD 152/2014**

Agenda Item: 17

**26 November 2014**

**Integrated Governance Committee Annual Report 2013/14**

**Executive Summary**

Attached is the Integrated Governance Committee Annual Report covering the period 1 April 2013 to 31 March 2014. The Annual Report summarises the performance and work programme of the Committee during the period specified.

The Annual Report was approved and recommended to the Board by the Integrated Governance Committee at its meeting on 13 November 2014.

*Integrated Governance Framework (IGF) Review*

During the year, the Trust IGF was reviewed with changes proposed to the structure and remit of the Integrated Governance Committee and its sub-committees. In October 2014, the Board approved new Terms of Reference for the Quality Committee which would replace the Integrated Governance Committee from January 2015. Accordingly, the Integrated Governance Committee’s Terms of Reference have not been reviewed on this occasion.

*Committee annual reports*

When reviewing the Annual Report, the Committee discussed future reporting arrangements for Board committees and sub-committees. It was noted that the current approach whereby each committee produced annual reports and minutes were presented to the parent committee was first instituted when the IGF was approve. Furthermore, it was noted that this system was designed to suit the corporate governance administration establishment in 2007/08; since that time the establishment and responsibilities of the corporate governance function had significantly changed. The Committee considered the benefits and downsides of producing annual reports and reporting through minutes and agreed that the Board should consider what systems of reporting should be implemented for 2014/15.

**Recommendation**

The Board is asked to receive the Annual Report of the Integrated Governance Committee.

The Board is asked to consider what reporting arrangements should be established for committees and sub-committees in 2014/15.

**Author and title:** Martin Howell, Chair of the Integrated Governance Committee

**Integrated Governance Committee Annual Report**

**For the period 1 April 2013 to 31March 2014**

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 and other relevant documents / regulations (including Monitor’s Code of Governance). The Committee’s terms of reference were last reviewed and approved by the Board of Directors at its meeting in November 2013 as part of its consideration of the Committee’s Annual Report.

During the reporting period Martin Howell, Trust Chairman, was chair of the Committee; the Board of Directors appointed him to that role in April 2014. Clive Meux, Medical Director, remained the nominated Vice-chair of the Committee during the reporting period.

**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 July 2013) was an extraordinary meeting.

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

* Martin Howell, Chairman of the Trust – Committee chair
* Mike Bellamy, Non-Executive Director
* Anne Grocock, Non-Executive Director
* Stuart Bell, Chief Executive
* Yvonne Taylor, Chief Operating Officer
* Ros Alstead, Director of Nursing and Clinical Standards
* 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

From July 2013 onwards, the Committee formally invited the Clinical Directors from each of the service directorates to attend every meeting in an advisory, non-voting capacity. The clinical directors are:-

* Wendy Woodhouse – Children and Families
* Rosie Shepherd – Children and Families
* Rob Bale – Adult Mental Health
* Brian Murray Older Adult Mental Health
* Sukh Lally – Specialised Services
* Pete McGrane – Community Services

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

* Peter Crabb, Head of Internal Audit – standing invite
* Mieke Tyrell, Internal Audit Manager
* Helen Ward (NHS Buckinghamshire & Oxfordshire Cluster / Oxfordshire CCG) – standing invite
* Sula Wiltshire (NHS Buckinghamshire & Oxfordshire Cluster) – standing invite
* Mark Hancock, Deputy Medical Director
* Mike Foster, Head of Nursing
* John Campbell, Head of Nursing
* Deborah Humphrey, Head of Nursing
* Michael Marven, Chief Pharmacist
* Dan White, Specialist Pharmacist
* Eddie McLaughlin, Divisional Director
* Mark Underwood, Head of Information Governance
* Tehmeena Ajmal, Head of Quality and Safety
* Jeanette Wilding, Head of Governance
* Karen Lascelles, Suicide Prevention Lead

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 Trust Chairman (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:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 08/05/13 | 17/07/13 | 11/09/13 | 13/11/13 | 12/02/14 |
| Trust Chairman (Chair) | 1 | 1 | 1 | 1 | 1 |
| NEDs | 1 | 1 | 2 | 2 | 1 |
| Chair of QUICs / Executive Directors | 4 | 3 | 5 | 5 | 4 |
| Deputies for Chairs of QUICs / Executive Directors | 1 | 1 | 0 | 0 | 0 |
| Total | 7 | 6 | 8 | 8 | 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***

Following the agreement and implementation of new executive management arrangements (as a consequence of the appointment of a new Chief Executive and departure of senior managers / directors), the a review of the Trust’s IGF was undertaken by Sharon Fennell, Associate Director of Operations, and supported by Justinian Habner, Trust Secretary, and more recently, Tehmeena Ajmal, Head of Quality and Safety. The Committee was kept informed of progress and was given the opportunity to comment on the proposals (particularly those relating to the Committee and the QUICs). The results of the review were reported to the full Board of Directors which subsequently agreed to replace the Integrated Governance Committee with a Quality Committee and the QUICs with sub-committees reflecting the new CQC domains. The new arrangements will be implemented in 2015 and the new Quality Committee will receive and be asked to approve a report which sets out the new framework when it first meets.

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. The Committee was informed during the year that once the Trust’s service re-modelling work had been completed then a the Risk Management Policy would be reviewed and redrafted to reflect the organisational and service changes. The Committee agreed to this extension to the policy in November 2013.[[1]](#footnote-1)

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 November 2013 and approved the proposed self-assessment plan culminating in submission of the final assessment to Board. Finally, the Committee received a report setting out the Quality Report 2012/13 and Quality Account 2013/14 during the reporting period, and formally reviewed Q1, Q2 and Q3 updates against the Trust-approved Quality Account.

The Committee reviewed and recommend to Board the Patient Experience Strategy in Jul 2013. This was a new strategy which had been developed following consultation with service users and Governors. Following Board approval, updates on implementing the strategy were presented to the Committee.

In September 2013, the Committee approved the Trust Carers Strategy and corresponding divisional (directorate) action plans; the Board had considered a draft in June 2013 and delegated final authority to the Committee to approve the new strategy.

In 2012/13, the Committee had 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. During 2013/14 no further draft strategy was presented to the Committee and the Board has been kept informed of progress in relation to the OD and Leadership element of this strategy.

In 2012/13, the Committee agreed to postpone the finalisation of a new communications and involvement strategy pending the implementation of new management arrangements for communications. During 2013/14, a new Head of Communications and Engagement was appointed and undertook a review of the team and resourcing and set out an interim communications strategy as part of the Trust 5-year strategic plan submission that was approved by the Board. A more detailed communications strategy will be developed once the communication team’s establishment and resourcing has been agreed and implemented.

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***

In May 2013, the Committee received a report which set out the wide-ranging review of the Board Assurance Framework (BAF) structure and management. Following implementation of the new BAF, the Committee received and reviewed update reports in September 2013, November 2013 and February 2014, identifying areas of insufficient assurance, new risks and progress in improving the effectiveness of key controls.

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

During the reporting period, the Committee approved the Clinical Audit Plan for 2013/14 and then 2014/15. The Committee also received summary reports on clinical audit outcomes throughout the reporting period at every 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. During the course of the year, the Committee focused on clinical audit in considerable detail as a consequence of concerns raised by the Committee itself, alongside those of the Audit Committee and Board (which had been referred to the Committee). Action taken by the Committee to address the concerns included inviting clinical directors from service divisions to become regular attendees at meetings in order to support the Committee in its role of reviewing the clinical audit plan and summaries and ensuring improvements were made. The Committee also reviewed and approved a response to the Audit Committee which had requested assurances on the Clinical Audit Plan.

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

* Information Governance
* Complaint and PALS
* Equality Delivery System
* Medicines Management
* Mental Health Act
* Freedom of Information Act
* Patient and Personal Safety Training

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, with a focus on employment law, but no progress report against the HR strategy within the reporting period was provided. However, as in previous years, the Board has received regular updates on training and workforce matters, with a workforce performance report now presented to each Board meeting.

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. Alongside this, through the updates on the IGF review taking place, the Committee noted and discussed the emerging requirement for every NHS foundation trust to have an external governance review every three years (in line with Monitor’s requirements). The Committee noted that the Trust would undertake this review in 2015/16.

As previously reported, the Committee reviewed the Trust’s self-assessment against Monitor’s Quality Governance Framework in November 2013 and approved the proposed self-assessment plan culminating in submission of the final assessment to Board.

The Committee also received a report setting out the Trust’s progress on implementing the relevant recommendations of the second Francis report.

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). As a consequence, the Committee commissioned work to provide further assurance to the Audit Committee on the work taking place to improve clinical audit results and implementation of action plans. The current annual report, which sets out the Committee’s main areas of focus over 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 2012/13 annual reports of each QUIC in May 2013, July 2013 and September 2013; these contained work plans for the year ahead. 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***

At every meeting the Committee received an overview of the main items considered by the JMGs either through receiving minutes of the county-based JMG meetings or an oral update.

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:

* Data entry on RiO and clarifying requirements with staff.
* Changes to the Services and Estates Committee structure to allow it to link more closely with the weekly clinical governance meetings.
* Structures to support R&D oversight and governance.
* Mental Health Act KPIs.
* Application of the Manchester ligature audit tool.

As in previous years, the late submission of minutes to the Committee was noted as a concern. This was also identified through the IGF review and, as a consequence, the Board agreed that for the new quality sub-committees would not submit minutes to its parent committee but an escalation report after each meeting.

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

The Committee received detailed quarterly reports in May 2013, September 2013, November 2013 and February 2014 which provided information on Serious Incidents Requiring Investigation (SIRI), 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.

Alongside the SIRI reports, Committee also received reports on restraint and seclusion which provided provided detail on numbers of incidents, trends and training data. Both the SIRI and restraint / seclusion reports were considered in detail by the Committee at every regular meeting.

The Committee received two reports (in November 2013 and February 2014) on information incidents. The number of reported incidents relating to information governance had increased through the year and, as a consequence, the Committee requested regular reporting on these alongside regular reporting to the Information Management QUIC.

During the reporting period, the Committee also received presentations on three areas where work was taking place to address known risks and incidents:-

* Preventing falls in older adult mental health settings.
* Suicide prevention benchmarking project.
* Non-adherence with medicines.

1. ***Approve new policies***

The Committee approved the following policies during the reporting period:

* Probationary Period Policy
* Food Safety / Hygiene Policy
* Allegations Against Staff – Management Policy

1. ***Receive briefings on legal and key national policy developments***

The Committee received an update on the changes in commissioning arrangements which were a feature of the national policy on healthcare in England.

## 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

1. The Committee approved the Risk Management Strategy and Policy 2014-2017 at its meeting in November 2014 (which is outside of the reporting period). [↑](#footnote-ref-1)