

EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST

REPORT TO: BOARD OF DIRECTORS – 25 APRIL 2014

SUBJECT: INTEGRATED AUDIT AND GOVERNANCE COMMITTEE
(IAGC) – Meeting 3rd April

PURPOSE: CHAIR'S REPORT - Information

SUMMARY OF KEY AGENDA ITEMS AND BUSINESS:

There was a full agenda and the following summarises the principal items on that agenda and/or the issues discussed:

CLINICAL AUDIT AND EFFECTIVENESS COMMITTEE

The Committee reviewed the Terms of Reference (ToR) of the CAEC, as it has done annually. The ToR were agreed in 2012, when the Divisional structure was introduced. A NED sits on CAEC, and a public/patient representative appointment was imminent with a second planned.

Whilst broadly supportive of these ToR, the Committee felt that the language was weaker than it should be and would be tightened to introduce greater purpose, clarity and focus.

DEEP DIVE: TELEPHONY BUSINESS CONTINUITY/DISASTER RECOVERY

The Committee received a deep dive report and presentation into the Trust's telephony business continuity programme. It noted the increased resilience, but also noted the on-going weaknesses moving forward – the human element in the single point of failure analysis, the need for robust and more generally spread knowledge and documentation, and the siting of hardware in rooms with no fire suppressant.

The Trust was now at a stage of investing in this area. The IT network investment had had to be made and was unrelated to the telephony element. In the meantime, the risk would remain for the next c.2 years and was largely mitigated by the provision of 150 emergency phones located around the Divisions.

When the new system was in place, the IAGC would review the lessons learnt.

EXTERNAL VISITS: 6 MONTHLY REPORT

The Committee received an updated report, which covered the outstanding action points from the previous paper presented in October and the external visits that had occurred since then and progress on those actions. The education external visits were shown separately. The remedial work arising from most visits had been completely finished, but on a number of others, a lot of work had been done but outside the initial timeframe. A number of outstanding actions re the Kent Fire and Rescue Service were in progress but had some financial consequences in order to resolve them.

The Committee commented on the wide timescales shown and discussed the Kent Fire and Rescue Service visit. The IAGC sought assurance that fire and associated risks were given the appropriate level of priority and agreed to escalate the issue to the Board.

MANDATORY TRAINING 6 MONTHLY REPORT

The report was presented and highlighted that some training (2 modules) did not need to be undertaken by all staff, but the other 7 modules did. There was also role specific training in addition to the mandatory training.

Some of the training had a high degree of compliance, but overall the IAGC was disappointed with the results. It was hoped that this would improve as it was now part of the contract of employment that failure to complete it would remove pay progression or uplift. The Committee decided to escalate to the Board that the level of compliance needed to be improved and that the IAGC believed that the Trust should take a stronger stance on the importance of undertaking mandatory training; business and challenging technology were not acceptable excuses.

DRAFT ANNUAL GOVERNANCE STATEMENT

The Trust Secretary presented the latest draft document. The Committee was asked to forward comments to the Trust Secretary by 11 April, who would collate all comments and circulate the final approved version. The document would be forwarded to KPMG on 23 April and be returned following its audit.

DRAFT CORPORATE GOVERNANCE STATEMENT

The Trust Secretary presented this new document; further information had been added since publication. The key aim was to highlight any risks, as assurance that the Trust was being well led. A further draft would be released shortly.

ANNUAL ASSESSMENT AGAINST MONITOR QUALITY GOVERNANCE FRAMEWORK

The Committee reviewed the annual updated position. The document detailed the clear responsibilities of the Executive Team for delivering and providing assurance against each of the areas shown. Feedback had not yet been received from every Executive but the narrative had been based around the values of staff concerning patient experience and patient safety. Some areas required further work, but there had been a clear improvement since the first assessment in 2012, but the Committee noted that there was insufficient clarity that best practice was having the impact that it should have; the Trust was measuring what it had been told to measure, rather than assessing whether best practice had been observed.

DRAFT ANNUAL REPORT

The Trust Secretary tabled the most up to date version of the Draft Annual Report that included a new section entitled 'The strategic report'. A proportion of this was already contained in the Director's Report and would therefore be moved appropriately.

DRAFT QUALITY REPORT

The draft was circulated to the Committee. Since publication, there had been some further additions regarding patient safety incidents, claims and complaints, and there were year end points for data validation and the summary of the Trust's year-end position.

ACCOUNTING POLICIES AND PROCESSES - UPDATE

The Committee had reviewed the Trust's 2013/14 accounting policies at an earlier meeting. This update considered potential accounting/audit issues – the consolidation of the Charity into the Trust's consolidated accounts, the fact that KPP will be too incomplete to include a reference, and whether any recognition should be made for the disputes with GE and transport.

AUDIT REPORTS

The Committee received reports from KPMG, Baker Tilly and TIAA.

KPMG reported that the interim audit had been completed and had confirmed that the high standards had been maintained. One of last year's recommendations had been implemented and one had been superseded; the substitution had been determined as satisfactory.

The possible need for a last minute inclusion of the CQC impact in the Annual Report, Annual Governance Statement or Quality Report was highlighted.

Baker Tilly presented the Internal Audit progress report, which was noted.

TIAA presented a report, which covered the work of TIAA for the Trust and highlighted that an additional training session had been carried out since publication, bringing the total number of face-to-face training sessions to 419, which was an improvement on last year. Since the last report there had been two investigations.

MINUTES

The IAGC noted the minutes of the RMGG and the Clinical Management Board.

COMMITTEE SELF-ASSESSMENT

The Chairman recapped that there had been an assessment of the IAGC's effectiveness. The overall assessment was good, but the major area to be addressed related to the relationship between the IAGC and clinical audit and that the control, supervision and guidance over clinical audit by the IAGC needed to be strengthened. The Head of Clinical Audit would therefore now be a regular attendee at IAGC meetings. This year's IAGC self-assessment was being planned.

COMMITTEE WORK PLAN 2012/15

The Chairman presented the work plan, but explained that there had been wider discussion about the intention to create a Quality Committee, which would involve a split of the work between that new committee and the IAGC. The Trust Secretary counselled that, for governance purposes, the Quality Committee would come under the remit of the IAGC.

Until the formation of any new committee, the work plan remained the remit of the IAGC, and in that capacity was approved.