

TRUST BOARD

Date of Meeting: 17/01/2012	Agenda Item No: 8.2	Enclosure: 9
Intended Outcome:		
For noting	For information	For decision ✓
Title of Report: Governance, Risk and Quality Strategy		
Aims: To approve the updated Governance, Risk and Quality Strategy.		
Executive Summary:		
<p>In July 2010 the Board approved a revised Governance, Risk and Quality Strategy for 2010 – 2013, which was reviewed and updated in February 2011. It is recognised as good practice to review the Trust’s key strategies on an annual basis. Accordingly, the Trusts strategy for governance, risk and quality has been updated for 2012.</p> <p>The key areas which have been updated are summarised below:</p> <ul style="list-style-type: none"> • Roles and responsibilities following new Director appointments and implementation of the new governance structure. • Changes to committees (introduction of SMT). • Incident management escalation. • Objectives for 2011/12 <p>The objectives for 2010/11 are summarised below in terms of their status:</p> <p>Fully achieved:</p> <ul style="list-style-type: none"> ✓ Implement new committee structure and work plan ✓ Implement revised quarterly reporting in conjunction with the new quarterly divisional reviews ✓ Establish a new reporting structure and format on governance to the Trust Board ✓ Embed and review the effectiveness of the divisional governance arrangements ✓ Introduce on line incident reporting by 1 December 2010 ✓ Introduce full online management of the integrated risk register within the clinical and corporate divisions by 1 September 2010 ✓ Develop robust systems to ensure the Trust meets the essential standards of safety and quality as set out by the Care Quality Commission ✓ Improve our hygiene and cleanliness standards even further <p>Partially achieved and still in progress as part of other programmes of work:</p> <ul style="list-style-type: none"> • Implement the Trust’s action plan from the analysis of the Sir Robert Francis report • Improve incident management by the introduction of online reporting • Improve the accuracy of our prescribing • Reduce of the amount of avoidable harm that our patients suffer, e.g. slips, trips and falls • Conduct a gap analysis on the Monitor Governance and Quality Framework • Review the mandatory training and induction material 		

Overview of key areas for consideration or noting:

The strategy (attached at appendix 1) has been updated in minor areas to ensure this is up to date and reflects current practice. The objectives set out in the strategy for 2011/12 relate to the delivery of the governance improvement plan, which was approved by the Board in July 2011 following the review of clinical governance.

The Governance and Quality Committee reviewed the updated strategy in December 2011 and approved the strategy, subject to any final amendments, prior to the Board receiving the strategy in January 2012 for ratification.

Specific implications and links to the Trust's Strategic Aims:

Ensure we provide high quality, safe and effective care for all our patients including meeting essential standards of safety and quality as set out by the CQC	✓
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Develop a viable integrated clinical strategy for secondary care services which is sustainable and affordable	
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Develop a new healthcare facility in West Cumbria that is fit for the 21st century	
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Achieve sustainable financial balance through the delivery of the Trust's internal Cost Improvement Programme, securing a viable contract income from our GP commissioners and contributing to the system wide cost reductions	
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To develop and implement a successful merger or acquisition plan that enables the Trust to become part of an existing NHS Foundation Trust	
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Recommendations:

That the Trust Board to RATIFIES the updated Governance, Risk and Quality Strategy.

Prepared by: Ramona Duguid, Acting Director of Governance and Company Secretary	Presented by: Ramona Duguid, Acting Director of Governance and Company Secretary
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