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REPORT TO TRUST BOARD

AUTHOR	Tauny Southwood / Lindsey Webb NED, Chair of IGC / Director of Nursing and Governance
TITLE	Feedback from the Integrated Governance Committee (IGC) meeting of 20th September 2013

SUMMARY

1. COEC and PROMS: Mr Tillman reported that discussions were ongoing between specialist Orthopaedic Trusts to ensure that the PROMS data are fit for purpose. For example, the ROH performs much better when compared to its peer group rather than the wider community of orthopaedics in general NHS Trusts, due to mismatch in the numbers of complex procedures such as joint replacement revisions. A further report from a meeting of the Specialist Orthopaedic Alliance was expected soon. Additionally, IGC were assured that the ROH was responding to the need to improve patient experiences and outcomes by planning more specialist physiotherapy post op rehabilitation, by considering changes in the post op clinical pathway including discharge timing and by investigating cultural influences on outcome factors such as post operative pain.
2. IGC asked that Mr Tillman conveyed IGC support for Mr McBride's leadership and plans for the Clinical Audit Committee, and would ask for an update after Mr McBride's first 6 months in post, particularly around numbers of robustly designed clinical audits, inclusion of cross- and multi- disciplinary audits from anaesthetics, radiology and histopathology, and changes in clinical audit meeting reporting. There was concern that the Annual Anaesthetic Audit Plan comprised a list of patient surveys and service evaluations rather than clinical audits, and that the report did not contain a plan. A paper from NRES 2007 was tabled detailing the differences between clinical audit, research and service evaluation.
3. IGC noted with concern that there was no report from the Drug and Therapeutics Committee and asked Mr Tillman to follow this up.
4. Reports from the Emergency Planning Group and Infection Control Committee were noted. Ms Mimmack's excellent report to the Clinical Audit Meeting was noted, and further discussion centred on ensuring that her recommendations for improving the infection risk areas of the operating theatres were completely implemented. Ms Webb assured IGC that a regular program of theatre shut down for essential estates maintenance has been instituted. The Medical Director, Mr Pearson will be taking on the role of Director of Infection Prevention and Control and therefore taking up the Infection Committee chair position, a move that was welcomed by IGC.
5. IGC noted that the new Corporate Risk Register system was being implemented and Ulysses was being populated with the relevant data.

6. A report on the Members Council Patient Experience Group indicated that more information on the patient experience was being sought and that future meetings would also discuss ROH generated data on patient experiences including complaints, delays, falls, surveys, etc. This was welcomed by IGC as part of the implementation of the recommendations of the Francis Report.
7. IGC was concerned that the new NHSLA system, being implemented in order to improve efficiency and minimise costs, might actually have the reverse effect. Francis Kirkham agreed to work with the incoming Director of Nursing to evaluate the potential impact on the ROH.
8. Finally, proposed changes to the Board Committee structure were discussed, and the idea of a revised Clinical Governance Committee (CGC) concentrating on patient safety and clinical effectiveness were considered in some detail. Of the existing IGC tasks, it was felt that Workforce, review of performance management structures and the Staff Survey warranted a unique reporting stream via EMT to the Board. A number of other tasks were not felt to be appropriate in the re-focussed CGC, including IM&T, Emergency planning, compliance with mandatory services and membership, and some aspects of the Quarterly Declaration. Ensuring that the revised "Audit Committee" be renamed and separated from CGC in reporting requirements. Additionally, it was suggested that each CGC meeting might consider at least one topic in more detail on a rolling, annual basis, perhaps accompanied by a "walkabout" component.

RECOMMENDATIONS

The Audit Committee / Board are asked to;

- **Note** the assurances provided by the IGC meeting
- **Recommend** changes to future reports
- **Identify** any further areas that they would wish IGC to provide assurance on