

Date of Trust Board: 26 June 2013

Enclosure: P

## SUMMARY OF REPORT TO PUBLIC TRUST BOARD

NAME OF DIRECTOR:	Professor Julian Bion, Associate Non-Executive Director
SUBJECT:	Integrated Governance Committee

### SUMMARY

This paper provides the Board with the key achievements, issues, and risks discussed at the Integrated Governance Committee on 12 June 2013.

### RISKS RELATED TO THE BOARD ASSURANCE FRAMEWORK (BAF)

This report is a source of assurance for the following risks as set out in the BAF 2270, 2271.2272, 2273, 2274, 2275 and 2304

### STRATEGIC PRIORITIES

This report supports achievement of Strategic Priority 1.

### RECOMMENDATIONS

The Trust Board is asked to:

- **Accept** the assurance provided and note the work of the Committee.

### Approval Process

Chair: Verbal	Approved: Yes	Date: 12/06/2013
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Please tick box to confirm that the report takes account of the NHS Constitution

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## REPORT TO PUBLIC TRUST BOARD

**Subject:** Integrated Governance Committee (IGC)

**Report by:** Professor Julian Bion, Committee Chairman

**Author:** Kimara Sharpe, Interim Company Secretary

**Nature of Item**

For action	
For decision	
<b>For assurance</b>	✓

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### 1. Background

- 1.1 This report provides the Board with key issues and risks discussed at the Committee's meeting held on 12 June 2013.

### 2. Purpose of the Report

- 2.1 This report provides the Board with assurance on matters related to patient safety and care quality. The IGC reviews reports from its sub-committees, quality performance data, and risks to meeting strategic objectives. In this way it provides assurance in the areas outlined below and identifies risks and areas of concern for the Board's attention.

### 3. Strategic Priorities

- 3.1 This report supports achievement of Strategic Priority
- 1: Deliver **safe, effective, innovative** and **compassionate** patient care

### 4. Executive Summary

#### 4.1 Quality & Performance

##### **Radiology** (ref Litigation report, minute 168/12/1)

The Medical Director reported that this issue is being taken forward through a task and finish group. He stated that an audit undertaken in Radiology had demonstrated minimal risk in terms of missed conditions from the historical backlog. X-rays are viewed by the ordering clinician although they may not be formally reported. The Committee concluded that future risks have been minimised by more secure reporting mechanisms.

##### **eZnotes**

The Chief Operating Officer gave an update on the current situation. The main problem related to software functionality and stability. The supplier had accepted responsibility and was working on a solution and the Trust had elected to return to the use of paper records, pending a series of actions. The Committee expressed concerns about the risk to the Trust if this issue were not

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resolved, and supported the actions being taken by the COO.

**External visits**

The Committee received an update about the Breast Screening QA visit. This had identified the need to introduce a new method of screening for placement of markers at the site of tumours in order to direct future therapy. The Trust had an equipment replacement process in hand, to be completed by September. The committee were assured that there was no risk to patients in the interval.

The Cancer visit had identified a number of risks, including suboptimal attendance at the MDT by external oncologists. The cancer team were implementing county-wide MDTs in order to maximise attendance at fewer meetings. A plan was in place to recruit additional oncologists to the Trust. The committee accepted these initiatives, requesting a report on progress by September.

**Dementia CQUIN**

The Committee welcomed the multifaceted work being undertaken by the Trust on improving the care of patients with dementia or delirium, the report being presented by the lead nurse Genette Edmonds.

**Falls**

The Committee welcomed the presentation on Falls mitigation through training, and the reduction in cases this month.

**C Diff update**

The IGC acknowledged the continuing work being undertaken to reduce the number of C Diff cases within the Trust. The Trust had focussed on three specific interventions: antimicrobial stewardship, personal discussions with senior clinicians (including a letter from the CEO), and awareness-raising amongst all staff and amongst visitors to improve hand hygiene.

**Never Events**

The Committee received the final report into the orthopaedic never event and agreed with the actions as outlined. The CMO and the Director of Patient Safety were working on a methodology for stress-testing and generalizable learning using a Failure Modes and Effects approach which would be reported to the IGC in September with the intent of bringing together the clinicians involved in NEs for a half-day workshop.

**Compliments and Complaints**

The Annual Report for Complaints and Compliments was presented to the Committee. The Committee acknowledged the good progress being made. The Annual Report is on the agenda for this meeting of the Board.

National Quality Dashboard (Trust Development Authority):

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The intent is that this dashboard will become the national standard for reporting and benchmarking. Currently there are problems with data verification and in the reporting of rare events which are under discussion with the TDA.

**Clinical Audit Annual Report**

This Annual Report was presented for information. The Committee suggested ways in which the audit could inform the performance management metrics across the Trust. The Committee commended the amount of audit being undertaken across the Trust.

**Research and Development Annual Report**

The Committee supported the aspirations of the Trust to increase activity and further integrate research into core Trust business. The Committee also commended the Trust in early engagement with the newly established West Midlands Academic Health Science Network. The Committee welcomed the report.

**4.3 COMMITTEE REPORTS**

The Committee received update reports from the following committees:

- Resuscitation and Deterioration Committee
- Patient Safety Committee

**5. Recommendation**

**5.1** The Board is asked to:

- **Accept** the assurance provided and note the work of the Committee.

Professor Julian Bion  
**Committee Chairman**

12 June 2013