

TRUST BOARD
25th July 2013

TITLE	The Integrated Governance and Assurance Committee Minutes
EXECUTIVE SUMMARY	This report contains the minutes of the meetings held on the 13 th June 2013. The Committee focused in detail on: <ol style="list-style-type: none"> 1. The Quality Experience Workforce and Safety (QEWS) dashboard, particularly around the issue of Falls preventions and management 2. The Francis Enquiry Action Plan, and 3. The review of the Trust Pressure Ulcer action plan
BOARD ASSURANCE (RISK)/ IMPLICATIONS	IGAC now meets on a monthly basis and engages in full and frank discussions about issues critical to high quality and safe care. The recently developed QEWS dashboard will now follow a rigorous production, validation and publishing process. This tool acts as a tool for the committee to engage in 'horizon scanning' in a more evidence-based manner, thus ensuring interventions more effectively pre-empt any harms to patients and staff.
LINK TO STRATEGIC OBJECTIVE	The scope of the Committee includes assurance over all Strategic Objectives but the work of the Committee focuses on SO 1 and SO 4.
STAKEHOLDER/ PATIENT IMPACT AND VIEWS	This is the most senior Trust Board committee that focuses on quality governance and improvement. A key recommendation was taken from the Monitor 2 nd stage review in order to ensure that the Committee drives quality assurance and improvement rather than reacts to the issues.
EQUALITY AND DIVERSITY ISSUES	None identified
LEGAL ISSUES	None identified
The Trust Board is asked to:	Note the minutes and receive the reported discussion, findings and actions for information and assurance around the responsiveness to the Trust to help reduce falls which lead to serious harm.
Submitted by:	Philip Beesley, Non-Executive Director and Chair of IGAC
Date:	18 th July 2013
Decision:	For Receiving

INTEGRATED GOVERNANCE ASSURANCE COMMITTEE (IGAC) MINUTES
Thursday 13th June 2013
13:00 -15.00hrs
Room 2, Chertsey House, St Peter's Hospital

MEMBERS PRESENT:

CHAIR:	Prof Philip Beesley	Non-Executive Director (Chair)
	Ms Valerie Bartlett	Deputy Chief Executive
SECRETARY:	Mrs Heather Caudle	Associate Director of Quality
	Dr Michael Imrie	Deputy Medical Director
	Mr Andrew Liles	Chief Executive
	Mr Terry Price	Non-Executive Director
	Mrs Suzanne Rankin	Chief Nurse
	Mr George Roe	Head of Corporate Affairs
APOLOGIES:	Dr David Fluck	Medical Director
	Mr Simon Marshall	Director of Finance and Information
	Ms Louise McKenzie	Director of Workforce Transformation
IN ATTENDANCE:	Ms Sue Ells	Non-Executive Director
	Ms Dakshita Takodra	Client Manager, Parkhill
	Ms Farhana Nargis	Quality Team Administrator (Minutes)

ITEM		Action
27 / 2013	IGAC Forward Plan	
	Noted.	
28 / 2013	Minutes	
	IGAC was informed of a minor correction of wording on Item 16 /2013. The minutes of the meeting held on 16th May 2013 were agreed as a correct record.	
	IGAC APPROVED the minutes	
29 /2013	Matters Arising	
	IGAC reviewed all of the actions from the previous minutes. The nominated leads confirmed that all respective actions had been completed, appeared as agenda items for the meeting or were on track within agreed timescales.	
	The following meeting action points were addressed at the meeting:	
	3 / 12.2 – The Deputy Medical Director informed the Committee that an	

Audit update had been received; however this was unsatisfactory and this will be clarified with the relevant teams. Overall the completion rate falls below the national rate and a concern was raised on excluding cases. A report will be presented for approval at next IGAC.

MI / DF

3 / 5 – The Associate Director of Quality confirmed that contact with Mid Staffs Head of Quality is on-going.

6 - The Deputy Chief Executive provided an update on the Medical Assessment Unit (MAU) and stated that there has been some progress in last 6 weeks, with good information and both the Surgical Assessment Unit (SAU) and the Medical Short Stay Unit (MSSU) teams can now access all the information they require.

GR

23 / 2013 – The Head of Corporate Affairs confirmed the 2nd Stage Review will be completed by next IGAC.

30 / 2013

QEWS Triangulated Dashboard

The Associate Director of Quality presented the QEWS Dashboard and a detailed discussion ensued around the main concerns.

The process for producing, validating and publishing the dashboard was shared in detail with the Committee highlighting the issue of timing and accuracy in relation to the timing of IGAC meetings. IGAC agreed that a preference would be to have the dashboard with the most recent and accurate data even if it means that the dashboard will be circulated later than a week prior to the meeting.

The discussion focused on the five level 1 wards: May, Fielding, Chaucer, ED and Swift and two areas of discussion: Falls and Friends and Family.

IGAC members raised concerns about workforce indicators and agreed that these should be highlighted to the Board. The reasons for the relatively high staff turnover required more understanding and the Workforce Committee was identified as the most appropriate forum to address this. The Chief Executive emphasised the importance of telephone exit interviews with all staff. The Chief Nurse confirmed the Director of Workforce Transformation had been doing this and confirmed that action plans were in place to address concerns over nursing leadership to also help develop the skills base of the least highly qualified staff on ward.

Action: Workforce QEWS indicator information is derived from April's data and the Director of Workforce Transformation will be asked to provide guidance on what data should go to Board.

LM

In the month of May and month to date in June, falls which resulted in serious harm exceeded the target of one, and as a result an emergency debrief was called with the Associate Directors of Nursing and Matrons. The findings from the Falls Debrief on 11th June looked at the approach to close observation with patients with risk of a fall, ensuring the reliability of staff attendance and the use of side rails on beds. Improvement actions were being put in place to target each of the areas. The Chief Nurse stated a new approach had been developed 12 months ago for close observation based on potential falls and that the approach needs to be fully embedded to further reduce the risk of serious falls.

SH / SR

The Associate Director of Quality confirmed that where wards were of concern, interventions were taking place, with the Best Care Audit and mock unannounced CQC inspections helping to target those interventions.

Action: The Deputy Chief Executive, Chief Nurse and Director of Workforce Transformation to produce an action plan to address these issues.

VB / SR / LM

There was positive feedback on Friends and Family returns, the method of collection had been working well, responses have been good and the rate stood at 29% in the first week of implementation of the text messaging system in Accident and Emergency. Early indication suggests a possibility of double figures. Swan ward was highlighted as having one of the lowest Friends and Family Promoter scores and the Head of Patient Engagement and Experience will look at actions focusing on improvement.

IGAC NOTED the Dashboard and agreed action on the issues discussed.

31 / 201

Francis Report

The Chief Nurse provided a verbal update on the Francis Report, stating that work was being completed on mapping out the 107 recommendations directly relevant to acute Trusts. The Chief Nurse met with governors, and provided assurance on the actions being taken by the Trust to operate in a transparent manner. The Head of Corporate Affairs and TP, Non-Executive Director were also present. An open discussion ensued about the Trust sharing information with external stakeholders and regulators such as the Clinical Commissioning Group and the CQC. Key documents such as the Trust's quality risk profile and early findings from the Royal College of Paediatrics and Child Health invited review were recently shared with the aforementioned bodies, which were well received both for their content as well as highlighting transparency of approach and partnership working.

Action: A report will be produced for next IGAC with the Director of Workforce Transformation looking at system processes and cultural issues.

SR / LM

The Chief Executive commented that the report should also go to Open Board.

IGAC NOTED the Action Plan

32 / 2013

Incidents – SIRI Report (including Pressure Ulcer Plan Review)

In terms of Serious Incidents Requiring Investigations (SIRIs) there are 18 cases awaiting closure by IGAC and the Chair pointed out that some actions had not been completed, reiterating that closure should be recommended only when the actions had been rated blue. SE, Non-Executive Director noticed there were a few missing dates showing when patients or their relatives were informed of the incident and the investigation. It was agreed that these dates needed to be included in the report before submitting to the Committee and the Board. Incident 149431 was completed and it was agreed that this could be closed.

HC

The Chief Nurse introduced the Pressure Ulcer presentation and highlighted that the discrepancy between the safety thermometer data and the Trust's own internal data might need further understanding. She pointed out that internally there appeared to be no movement / reduction in the level of

harms yet at the same time there is no concern from the safety thermometer data. Although there is good fidelity of information, there is still some work to be done to understand these differences.

The Associate Director of Quality brought to the attention of IGAC the financial penalty for stage three and four hospital-acquired Pressure Ulcers. Stage three pressure ulcers will incur a figure of £1250, if the root cause analysis shows that the Trust was deficient in care. Stage four pressure ulcers will incur fines of £2,500 for emergency admission patients and £3,500 for elective admission patients.

The Chief Nurse requested assistance from the Medical Director and Deputy Medical Director with effective assessment and intervention.

It was recommended that, in handovers and board rounds, discussions should be held on the Pressure Ulcer status of patients. Wards that required support with this approach have been identified. The Chair believed that effective team work and clinical engagement may help produce a better performance and this should be taken forward as an action.

Action: Additional engagement and support required from clinicians.

SR/MI/DF

The Deputy Medical Director highlighted that QUASH Days should increase the focus more on non-medical harms. There is perhaps a perception from clinicians that these are nursing care related harms.

The Chief Nurse confirmed that discussions on falls and pressure ulcers will take place at speciality performance meetings.

Action: The Deputy Medical Director stated there is a gap in clinicians' engagement and will meet with Divisional Directors to address behaviours and concerns.

The Chair praised SH, Lead Nurse -Tissue Viability on the quality of the report and requested positive feedback to be sent back.

IGAC closed one SIRI and NOTED the report.

MI

33 / 2013

Action Trackers of all Quality and Safety Plans

The Associate Director of Quality presented the report and highlighted that complaints had been included in the action log trackers. However, It is still work in progress. There have been serious case reviews which reflect the two red-rated actions pertaining to Child safeguarding.

The Chair questioned whether the conversion from green to blue is taking place, and to ensure there is follow up to move from green to blue.

Action: The Associate Director of Quality to insert a column for conversion rates.

HC

It was noted that, at the moment, there was no visible process to track actions that came out of serious case reviews and safeguarding investigations. However, the Chief Nurse confirmed that there was a database to monitor these, held by the Adult Safeguarding Nurse. This process also entailed assurance of tracking which needed to be brought forward and reported to IGAC as required.

HC/MI

IGAC NOTED the report.

34 / 2013 **Risk Scrutiny Committee Exception Report**

The Associate Director of Quality, Deputy Medical Director and Head of Corporate Affairs are continuing work to refresh the risk register. SE, Non-Executive Director sought assurance on the issues pertaining to the pain clinic and prioritising the actions. The Deputy Chief Executive reported there had been some backlog issues and assured the Committee that this would be cleared by the end of June.

IGAC NOTED the report.

35 / 2013 **Audit Committee Exception Report**

The final version of the external assurance on quality report was presented by TP, Non-Executive Director.

IGAC NOTED that the quality account received a judgment of limited assurance from the external auditors, which is the highest level of assurance that would be achieved for this review.

36 / 2013 **Finance Committee Exception Report**

There was one item for information on the exception report pertaining to the impact of capacity pressures on financial projections based on ward closures. Further work was being done in July by the Finance Committee to review the impact that these capacity pressures have had on financial projections. It was highlighted that this will be discussed further at the June Board meeting.

37 / 2013 **Guidance for Self-Assessment of Compliance against the CQC Essential Standards of Quality and Safety**

A request was made for approval of the policy. The Committee's attention was drawn to issues of accuracy and formatting, which needed to be corrected prior to ratification.

It was agreed that IGAC would ratify the policies once the equality impact assessment is completed and the changes discussed have been made.

38 / 2013 **Quality Account**

The Board had already approved the report. A stakeholder workshop is being held on 23rd July 2013. It was agreed that in future the quality account would go to IGAC before it is approved by the Board as part of the internal governance process.

39 / 2013 **KPMG Report on Quality Account, Quality Report**

The recommendations from KPMG were satisfactorily responded to by the Trust and IGAC will monitor to ensure they have been implemented. The Chair suggested a timeline was needed for monitoring. The Associate Director of Quality confirmed that this will be added to the business plan.

HC/FN

40 / 2013 **Any Other Business**

None

41/ 2013 **Date of Next Meeting:**

Tuesday 16th July 14.00 -16.00 Room 2 Chertsey House, St Peter's Hospital.