

TRUST BOARD
April 2015

TITLE	The Integrated Governance and Assurance Committee minutes
EXECUTIVE SUMMARY	This report contains the approved minutes of the meeting held on the 23 April 2015.
BOARD ASSURANCE (RISK)/ IMPLICATIONS	IGAC meets on a monthly basis and engages in full and frank discussions about issues critical to high quality and safe care. The QEWS dashboard is 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 / BAF	The scope of the Committee includes assurance against all Strategic Objectives but the work of the Committee focuses on SO1 : Best Outcomes and SO2 : Excellent Experience.
STAKEHOLDER/ PATIENT IMPACT AND VIEWS	This is the most senior Trust Board committee that focuses on quality governance and improvement. 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:	Receive the minutes
Submitted by:	Philip Beesley, Non-Executive Director and Chair of IGAC
Date:	21 May 2015
Decision:	For Receiving

Paper 309

INTEGRATED GOVERNANCE ASSURANCE COMMITTEE (IGAC) MINUTES
Thursday 23rd April 2015
Room 3, Chertsey House, St Peter's Hospital
14.00 – 16.00 hrs

CHAIR:	Professor Philip Beesley (PB)	Non-Executive Director (Chair)
IN ATTENDANCE:	Valerie Bartlett (VB)	Deputy Chief Executive
	Heather Caudle (HC)	Chief Nurse
	Dr Michael Imrie (MI)	Chief of Patient Safety/Deputy Medical Director
	Liz Davies (LD)	In attendance to present
SECRETARY:	Terry Price (TP)	Non-Executive Director
	Dr Erica Heppleston (EH)	Corporate Quality Lead (deputising for Marty Williams with the permission of the Chairman)
APOLOGIES:	Suzanne Rankin (SR)	Chief Executive
	Carolyn Simons (CS)	Non-Executive Director
	George Roe (GR)	Head of Corporate Affairs
	Marty Williams (MW)	Acting Associate Director of Quality
	Simon Marshall (SM)	Director of Finance and Information
	Dr David Fluck (DF)	Medical Director
	Louise McKenzie (LM)	Director of Workforce Transformation

ITEM		Action
297	<p>Minutes of the Last Meeting</p> <p>Edits were discussed. The item on page 3 regarding closure of SIRIs is to have the apostrophe removed. There are a number of grammatical items to be reviewed and corrected. EH was asked to process the edits on behalf of the Secretary.</p>	EH
298	<p>3 - Matters Arising</p> <p>As below.</p>	
286/2015	<p>Terms of Reference</p> <p>The Acting Associate Director of Quality is to provide the Chairman with an update on the Terms of Reference and PB is to</p>	

	take Chairman's action on this item under separate cover, for which the permission of the Committee was given.	
256/2014	<p>Mortality Reviews</p> <p>The Chief of Patient Safety provided an update on mortality reviews to the Committee and as part of this it was noted that half of the Quality and Safety Half Days are being discontinued. PB summarised that it is clear that the present system is not delivering as the Committee would wish. IGAC notes that the Chief of Patient Safety will go to the clinical divisions requesting a plan for producing a solution to this situation. MI is to report back with a plan by the next IGAC meeting.</p> <p>In respect of a potential solution it was raised that the Coding Manager is considering an electronic solution with the cost thought to be in the £20,000 to £25,000 range. The Chief Nurse was asked to provide an update to the following IGAC meeting.</p>	<p>MI</p> <p>HC</p>
288/2015	<p>Delayed Diagnosis Reports</p> <p>The Committee agreed that the action of the Chief of Patient Safety is to be carried forward to next month. As part of this it needs to be considered whether the Trust gets delayed diagnoses, the reasons for this and whether this is reasonable.</p>	MI
	<p>Member Joining the Meeting</p> <p>The Deputy Chief Executive joined the meeting and is deputising for the Chief Executive.</p>	
288/2015	<p>Closure of SIRIs</p> <p>TP is to discuss the matter of how evidence in respect of assurance can be incorporated in Audit Committee work and report back to IGAC month.</p> <p>The TASCC Division has improvement work around standardisation of equipment and procedures particularly in the Theatres areas. MI advised that the TASCC Division will be</p>	<p>TP</p> <p>MI</p>

	asked to come up with a plan for next month.	
262/2015	<p>Incidents – SIRI Report</p> <p>In respect of the data to be sought from the National Reporting and Learning System (NRLS) regarding patients leaving the Accident and Emergency Department JR has obtained the data. JR is to provide an update on this for next month.</p>	JR
290/2015	<p>Manchester Patient Safety Assessment Framework</p> <p>The rollout has been undertaken in the WHPAED Division. A limited portion has been completed by the TASC Division. Executive Directors are to take responsibility for their areas.</p>	Executive Directors
289/2015	<p>QEWS Dashboard</p> <p>The Chief Nurse provided an update in respect of the action to formulate a plan to support Swan Ward, which is currently a level 1 ward, previously being level 0. The Swan Ward Risk Summit has a date set. The Clinical Nurse Leader is taking a more hands-on role on the ward and support is being provided by a combined Associate Director of Nursing and Operations with frontline presence on Mondays. The Swan Ward Band 8A role has been disaggregated to 2 Band 7 staff, a Ward Manager and a Clinical Practice Educator.</p> <p>In respect of the Medical Short Stay Unit (MSSU) the situation is not considered to be an issue of leadership but instead pertains to recruitment and staffing levels. The ward has a significant number of vacancies including approximately 7 Registered Nurses and 7 Healthcare Assistants. Some Healthcare Assistants have recently been hired as a result of the recent recruitment day. Agency staff are filling the gaps which are increased when substantive MSSU staff have to be sent to fill gaps in other clinical areas.</p> <p>The Chief Nurse provided an update of the plan which is that there is to be greater Clinical Nurse Leader supervision of</p>	

	<p>patients on the wards.</p> <p>IGAC is to monitor recruitment and the use of escalation wards.</p>	IGAC
290/2015	<p>CQC Update</p> <p>On agenda.</p>	
224/2014	<p>Medical Appraisal and Revalidation</p> <p>On agenda.</p>	
227/2015	<p>Risk Scrutiny</p> <p>The Chief of Patient Safety provided an update. It was noted that the WHPAED division was not in attendance. Surrey Pathology Services (SPS) have taken a number of risks from the DTTO risk register and SPS will provide updates on the risks to the Chief of Patient Safety, via papers, so that the Risk Scrutiny Committee has sight of items.</p>	MI
299/2015	<p>4 – Incidents: SIRI Report</p> <p>The Chief of Patient Safety presented the paper. MI has undertaken preliminary view of the case.</p> <p>In respect of the surgical error paper, item W19000, a date error was noted and the item should be restated as 27/11/2014. JR to be notified to correct the item.</p> <p>A discussion was held on the criterial for classification as an unexpected admission to the Neonatal Intensive Care Unit (NICU).</p> <p>PB raised falls with substantive harm and the number of these which occurred this past month. PB enquired whether the Trust was doing all that could be done in respect of this item.</p> <p>MI responded that overall the falls count is decreasing, however, falls with harm is not. The Chief Nurse was requested to progress a root cause analysis of this month's falls and agreed to set this in motion and report back to IGAC next month to identify if further actions can be taken</p>	<p>JR</p> <p>HC</p>

	<p>MI stated that a new management process for SIRIs is to be implemented going forward, with devolution such that senior nurses will be leading and providing MI with a summary overview. The Falls Team may need support with this. Root cause analyses of falls will seek to address whether medical engagement with falls prevention requires testing.</p> <p>4 cases are due but were not presented. Of these 1 was explained and 3 are without status updates. MI is to ensure that IGAC has sight of these for next month, whether or not the cases are suitable for closure.</p> <p>The Committee noted that the other cases for closure were agreed.</p> <p>MI raised that the case where a patient received an ophthalmic injection twice in the same eye, instead of once in each eye, is being considered by the Clinical Commissioning Group as to whether this constitutes a never event. However, a full review will be completed.</p> <p>MI noted that all SIRIs are on 60 day timescales now, with a report being required 3 days following the incident date. Prompt action tracking via Datix web is progressing with the aim that all cases will migrate to Datix. The process is similar to that which has been undertaken in respect of complaints.</p>	<p>MI</p>
<p>300/2015</p>	<p>5 – Risk Register Overview Report</p> <p>It was uncertain whether the document version for Board had been successfully loaded onto Board-pad. MI will circulate the Board document following the meeting.</p> <p>2 risks have been downgraded. The 1st is in respect of penalties, the 2nd regarding staff pressure in respect of the merger, which has been reduced from the score of 16 to 12. IGAC notes the change and that priorities will be constantly shifting therefore the</p>	<p>MI</p>

	<p>staff pressure risk should remain on the risk register in case downstream there is a re-escalation of this. MI was asked to re-word the risk to incorporate both the impact upon staff and the quality of care to patients. MI is to re-word this for Board next week and include in this a reflection of current pressures.</p> <p>Nothing new has been added to the register.</p>	
301/2015	<p>6 - QEWS Dashboard</p> <p>4 wards are on level 3 which is the highest since QEWS started. This month the changes have been an increase from 1 to 3 level 3 QEWS wards.</p> <p>In respect of Ash Ward Best Care is associated with large staff turnover. Key posts are now filled so future turnaround is anticipated.</p> <p>PB noted the red ratings in respect of harm resulting from pressure ulcers. The Chief Nurse confirmed that this reflects lower grade pressure ulcers rather than grades 3 or 4. The Tissue Viability Team is looking at addressing the prevention of grade 2 ulcers.</p> <p>NICU staffing is very low. The Chief Nurse is to provide a narrative that NICU staffing is based on need, and will liaise with the Associate Director of Paediatric Nursing in respect of this. It was noted that the planned versus established gap could be closed and that the report could include a gap based upon actual need. The PANDA¹ tool is to commence from May.</p> <p>PB raised that there is a cluster of reds in the nursing workforce block of the dashboard. Previously the Director of Workforce Transformation was to look at the nursing workforce RAG rating. The question is whether the dashboard is effective in telling the</p>	<p>HC</p> <p>LM</p>

¹ Paediatric Acuity and Nurse Dependency Assessment Tool

	<p>Trust what is needed to be known. LM is to review this.</p> <p>VB raised that it was necessary to take stock regarding what else can be done to improve nursing headcount.</p> <p>A discussion was held on the low rate of appraisals and this is to be raised at Board level and also the Workforce and Organisational Development Committee.</p>	LM
302/2015	<p>7 – Savile Report</p> <p>In respect of the Savile Review the Board has seen the report and action plan. IGAC is to monitor progress and report back to Board in July following IGAC. A monthly update on each target is to be reported to Board.</p> <p>In respect of the Policy a reminder is to be sent to the Communications Lead that this is due for ratification at the Trust Executive Committee in May. The draft should be circulated to Board for comment in advance.</p>	IGAC
303/2015	<p>8 – Care Quality Commission (CQC)</p> <p>EH presented the paper and a discussion was held on the approach to the Compliance in Practice (CIP) audit in respect of aiming to minimise any overlap with QEWS and the Best Care Audit, and also the aim of distinguishing corporate items, operational items, and ward based clinical items. EH will update the methodology and report back next month.</p> <p>EH presented the approach to the action plan and noted that the Chief Executive approved plan was submitted to the CQC on schedule.</p> <p>A discussion was held on the CQC action plan item 48, governance and risk management in outpatients. It was asked to ensure that this to be part of day to day leadership. The plan is to be split into 2 actions covering Outpatients and Diagnostics and Therapies separately.</p> <p>EH to arrange access to the t/drive folder t/CQC Evidence for IGAC members.</p> <p>EH and HC to meet to agree design of the format of presentation of future CQC action plan updates. PB requested to see whether actions are complete, or slipping. Less detail is needed than in</p>	<p>EH</p> <p>EH</p> <p>EH</p>

	<p>the main plan.</p> <p>A discussion was held on the risk associated with the potential for the CQC action plan to not deliver and it was noted that this is already on the Board Assurance Framework and it was asked that this risk be added to the Quality Division risk register.</p> <p>The Chief of Patient Safety asked that all key items on the CQC action plan need to be added by each area to their risk register by divisions, with reporting to Risk Scrutiny Committee.</p>	<p>HC/EH</p> <p>EH</p> <p>MI</p>
304/2015	<p>9 – External Agencies Report</p> <p>IGAC noted that this is on track and that good progress was noted. EH raised the ongoing review process to ensure completeness of data and ensuring the report was used for its predictive value.</p>	
305/2015	<p>10 – Board Assurance Framework (BAF)</p> <p>LD presented the report and confirmed that Executives have reviewed their respective risks.</p> <p>Risk 1.1 was proposed for closure. This was not agreed owing to the need to consider a wider point relating to review of the risk in light of the contract with North West Surrey Clinical Commissioning Group which was signed recently. LD is to ensure this has been done and liaise with the Director of Finance and Informatics who will be asked to decide if the BAF needs review in light of the contract and wider financial context.</p> <p>The impact of the merger decision on the Board Assurance Framework is to be considered.</p> <p>The encapsulation of meeting the CQC action plan in the wider context of other competing items is to be reflected in the Board Assurance Framework.</p> <p>The Board is to receive an update on the Board Assurance Framework in May.</p>	<p>LD</p> <p>VB</p> <p>HC</p> <p>LD</p>
306/2015	<p>11 – IGAC Annual Report for Trust Board</p> <p>It was agreed that the following items be included for review next year.</p> <ol style="list-style-type: none"> 1. Review of changes to membership and governance structure. 2. CQC action plan delivery. 3. Ensuring implementation of review of the 3 year safety 	<p>MW</p>

	<p>trajectory.</p> <p>4. Any other items to be notified to PB/MW for consideration under separate cover.</p> <p>The following items need modification in the Annual Plan in Appendix 2.</p> <ol style="list-style-type: none"> 1. Add safer staffing into IGAC. 2. Going forward the plan needs to extend to March 2016. 3. In respect of patient experience it needs to be more specific regarding what is needed in respect of complaints and PALS items as this is not currently evident from the document. 	
307/2015	<p>12 – Any Other Business</p> <p>PB raised the mandatory training percentage completeness and it was agreed to put this as an agenda item for next month.</p> <p>LM is to be requested to liaise with Sue Ells to determine whether the above item is being considered as part of the Workforce and Organisational Development (WOD) Committee.</p> <p>In respect of the point pertaining to Staff Governors and cross referencing this to WOD this will be progressed by PB.</p> <p>The Chief of Patient Safety provided an update on the incident involving the wrong tooth being extracted from a patient. The individual involved did not have a Trust contract nor registration with an applicable professional body in the UK. The General Dental Council is considering the potential impact as to whether this could be a criminal matter. The individual was involved with 15 other ASPH patients.</p> <p>An action is for the 15 affected cases to be reviewed and the Trust needs to contact patients as soon as possible.</p> <p>The Chairman raised whether IGAC can be assured that the correct policy is currently in place within the Trust and neither the Chief Nurse nor the Chief of Patient Safety were able to provide this confirmation. HC is to liaise with LM to resolve who is leading on this item. The Chief Nurse also asked for a policy and practice gap analysis.</p> <p>The Chief of Patient Safety raised that NRLS 6 monthly reports have been received and that 6 months ago the Trust was in the lowest 25% of reporters. The Trust had anticipated a significant movement on this however this has not occurred and the Trust still remains in the bottom 25% and thus is classified as a low</p>	<p>LM</p> <p>LM</p> <p>PB</p> <p>MI</p> <p>HC/LM</p>

	<p>reporter nationally. It was noted that there has been a decrease in NRLS reporting since the devolvement of the quality function in respect of this to the divisions.</p> <p>MI was asked to provide more details on this matter and this point is to be a substantive item on the agenda for next month's meeting.</p> <p>EH provided an update on the Quality Report. The 31 March deadline of providing the external auditors with a format template, i.e., a draft of the report wording minus data, was not achieved owing to the competing priority of the CQC action plan and staff absences unexpectedly occurring. EH is confident that this slippage will be caught up by next week.</p>	
	<p>Date of next meeting: 21st May 2015, Room 3, Chertsey House 16.00-18:00.</p>	