

TRUST BOARD**28th November 2013**

TITLE	The Integrated Governance and Assurance Committee Minutes
EXECUTIVE SUMMARY	<p>This report contains the approved minutes of the meetings held on the 22nd October 2013. The Committee focused in detail on:</p> <ul style="list-style-type: none"> • Coroner and police involvement in a serious incident requiring investigation; • The QEWS Dashboard – Workforce Indicators; and • Mortality Reviews – New Process and Trajectory.
BOARD ASSURANCE (RISK)/ IMPLICATIONS	<p>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.</p>
LINK TO STRATEGIC OBJECTIVE	<p>The scope of the Committee includes assurance over all Strategic Objectives but the work of the Committee focuses on SO 1 and SO 4.</p>
STAKEHOLDER/ PATIENT IMPACT AND VIEWS	<p>This is the most senior Trust Board committee that focuses on quality governance and improvement.</p>
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 st November 2013
Decision:	For Receiving

1. Chair of IGAC's report

Introduction

Enclosed are the minutes of the meeting that took place on 22nd October and was chaired by Mr Philip Beesely.

The Chair's report will focus on the following items discussed at IGAC in October 2013:

- Coroner and police involvement in a serious incident requiring investigation;
- The QEWS Dashboard – Workforce Indicators; and
- Mortality Reviews – New Process and Trajectory.

Coroner and Police involvement in a Serious Incident Requiring Investigation

A case where a patient died on the 5th November 2013 was referred to the coroner who instructed the police to conduct an investigation though the Trust was unaware of the terms of reference of that investigation. The police seized the patient's notes from the bereavement office on the 7th Nov 2013 and the Trust has been unable to secure a copy for its own use. In the absence of the patient's notes we have been unable to issue terms of reference and cannot instigate an internal investigation.

The QEWS Dashboard – Workforce Indicators

The QEWS dashboard indicated that there were more level 1 and level 0 wards than last month. However, the deciding set of indicators was the Workforce indicators; with, in some cases, the workforce indicators turning some (3) wards with level 3 Best Care Accreditation to achieve a level 1 QEWS. With the Director of Workforce and Transformation not being present to discuss, this would be looked at in more detail.

Mortality Reviews – New Process and Trajectory

IGAC approved recommendations put forward in a paper presented by the Deputy Chief Nurse – Associate Director of Quality to ensure that the Trust keeps its promise to perform mortality reviews on every death by the end of March 2014. The paper plotted the trajectory for the whole Trust and whilst the gap between past performance and the target trajectory is significant, from 14% to 59%, this is achievable. There is a strong case for the Trust ensuring that its promise to review all deaths is kept. There are dedicated resources and performance-monitoring process on a monthly basis to help keep to this target and there is scope to add electronic solutions to tracking and reminding clinicians of this process needing to be done.

INTEGRATED GOVERNANCE ASSURANCE COMMITTEE (IGAC) MINUTES
Tuesday 22nd October 2013
12:00 – 14:30
Room 3 Chertsey House, St Peter's Hospital

MEMBERS PRESENT:

CHAIR:	Prof Philip Beesley (PB)	Non-Executive Director (Chair)
SECRETARY:	Mrs Heather Caudle (HC)	Associate Director of Quality
	Ms Valerie Bartlett (VB)	Deputy Chief Executive
	Dr Michael Imrie (MI)	Deputy Medical Director
	Mr Andrew Liles (AL)	Chief Executive
	Mr Terry Price (TP)	Non-Executive Director
	Mrs Suzanne Rankin (SR)	Chief Nurse
	Mr George Roe (GR)	Head of Corporate Affairs
APOLOGIES:	Ms Louise McKenzie (LM)	Director of Workforce Transformation
	Mr Simon Marshall (SM)	Director of Finance and Information
IN ATTENDANCE:	George Absi (GA)	Head of Accreditation & Regulation (Minutes)

ITEM	Action
76 / 2013 IGAC Forward Plan	
	Noted.
77 / 2013 Minutes	
	The minutes of the 16 th September 2013 meeting were agreed as accurate and approved.
78 / 2013 Matters Arising	
	The Committee reviewed all of the actions from the previous meeting.
	3/12.2. Serious Incidents in Gastroenterology
	The Medical Director confirmed that he had actioned.
	7/2 Monitor Self Certification
	Action completed.
	53/2013, 51/2013 and 52/2013
	Actions due in November 2013.
	3
48/2013	
Risk Register.	
	The Head of Corporate Affairs stated that Board training regarding risk

appetite was arranged for the evening of the 30/10/2013.

79/ 2013

Incidents SIRI Report

The Deputy Chief Nurse - Associate Director of Quality presented the report, in which there had been nineteen SIRIs, six of which were falls, reported since the last report to IGAC. The Committee went through each of the thirteen cases for closure. These were approved on the criteria that there had been external oversight of each and that the associated action plan for each risk had been implemented. It was agreed that, where there were outstanding actions, Chairman's action would occur.

A detailed discussion regarding falls took place. Trust data had shown improvement. A new Falls Co-ordinator had joined the Trust in September 2013. The Deputy Medical Director stated that analysis from Serious Incidents showed that the majority of falls occurred near the bedside. The Committee requested a mapping exercise to take place involving elderly patient movements. The Committee considered whether specific pathways contributed to patient moves with possible risk to falls. The Medical Director, Deputy Medical Director and Chief Nurse to meet to discuss the scope of the audit. The audit would be led by the Deputy Medical Director and Falls Steering Group. A previous audit had showed Heron and Aspen Wards as high movement clinical areas.

**DF, MI
& SR**

MI

The Chief Executive presented data that had been previously regional performance review meetings.

The Deputy Chief Executive questioned whether there should be a 3/5 year refurbishment estates forward plan. Infrastructure changes to decrease the risk of falls resulting in harm should be included in the 3-5 year plan. The Committee agreed. To be taken forward by the Associate Director of Estates & Facilities (Mr Chris Bell) and clinical teams.

**Chris
Bell/HC**

IGAC noted the report.

80/ 2013

Royal College of Paediatrics and Child Health (RCPCH) Invited Review Presentation

Due to leave commitments there was no representative from the Division to present this item. It was decided that the Medical Director and Deputy Medical Director would discuss this with the Divisional Director for Paediatrics and Child Health. As planned, the RCPCH action plan would be discussed at the Child & Young People's Action Group on the 28th October 2013.

DF & MI

It was decided that the Divisional report would be distributed outside the meeting to senior clinical leaders for discussion and approval.

It was noted that the Clinical Division's senior clinical leadership team did not attend the last Quality Governance Committee.

81/ 2013

Action trackers of all Quality and Safety Plans

The Deputy Chief Nurse - Associate Director of Quality presented the action tracker and gave an explanation of the report. The report gave an overview

of actions generated from the outcomes of incidents/complaints investigations where a root cause analysis (RCA) had been undertaken. The log currently contained 822 actions following incident investigations and 173 actions following complaints investigation. Of the on-going actions 192 (23%) have completed a test of effectiveness. The percentages of action blue (completeness of action) for each division were discussed, whereby low percentages of completeness was recorded for 3 of the 4 clinical divisions. The Chair questioned the low compliance. The Chief Nurse suggested that this may be due to resourcing and capacity issues within clinical divisions. The Deputy Chief Nurse - Associate Director of Quality stated that, following the devolvement of quality governance to the divisions, divisions would now have increased capacity to ensure the governance of effectiveness is completed.

The Chief Nurse stated that action plans must ensure improvement in quality and safety.

In answer to the Chief Executive's question whether patients were part of the test of completeness, it was stated that they were not. The Committee agreed that they should be and the Women's Health & Paediatric division was put forward to pilot patient involvement. There would be a recruitment process for patient whereby training could be provided and expectations would be set out. The Deputy Chief Nurse - Associate Director of Quality and indicated that there was a training resource which could be utilised.

HC /
SR

IGAC noted the action tracker.

82/ 2013

QEWS Triangulated Dashboard inc. Fielding Risk Summit feedback

The Deputy Chief Nurse - Associate Director of Quality provided a detailed review of dashboard. Four wards were at level 3 and sixteen at level 2. Falcon Ward was at level 0.

The Medical Director and Chief Nurse commended Fielding Ward on their improvements. The workforce indicators showed a worrying trend in particular for Swan and Holly wards for stability of workforce percentages. The Chief Nurse indicated that she would liaise with the Division's Associate Director of Nursing to ensure a plan was in-place. Nurses had recently been recruited from Portugal which would relieve workforce issues.

The Committee went through the Family & Friends results, Maple Ward and Medical Assessment Unit (MAU) results were highlighted in regards to returns and performance.

Fielding Ward risk summit report and draft action plan was presented. The Deputy Chief Executive endorsed the process, which she felt was effective and could be repeated in the future. The Labour Ward risk summit took place on the 30th September 2013. The final action plan will be presented at the November 2013 IGAC meeting.

The QEWS dashboard to be presented at the closed Trust Board meeting.

IGAC noted the dashboard.

83/ 2013 **Q2 Monitor Submission**

The Head of Corporate Affairs introduced the paper and gave a summary. Two items to note. Monitor's Compliance Framework has been replaced by the Risk Assessment Framework as of 1st October 2013 with minimal changes between the two. One change was that MRSA is no longer a target under Monitor's framework.

IGAC discussed the recommended quarter two declaration of risk within the paper and approved this to be presented at Trust Board.

84/ 2013 **Quality Governance Exception Report**

Deferred to the next meeting. The Deputy Medical Director reported there were no further issues of note.

85/ 2013 **Mortality Reviews**

The Deputy Medical Director and Deputy Chief Nurse – Associate Director of Quality presented the report. Routine and widespread mortality reviews help to attain greater understanding of deaths that occur in hospital and consequently drive down the mortality rate. The trend analysis graph showed a spike for the months of May and June 2013. A database has been created to aid monitoring. The Associate Director of Programmes and Performance is current reviewing the data quality. The Chief Nurse highlighted that specialities' mortality data (at Consultant level) will be presented at Performance review meetings.

Improvements to the frequency and formatting of the report were discussed and this will be changed for future IGAC meetings.

IGAC noted the report.

86/ 2013 **Care Quality Commission – Action plan**

The Deputy Chief Nurse - Associate Director of Quality and Head of Accreditation & Regulation gave an update. Regarding Outcome 21 (records), the Documentation Champions Group had recently met. Issues on wards had been discussed including Best Care results. It was stated that the Sister of NICU had been appointed as "Deputy Chair" of the Group. A small audit around orderliness of patient records was being conducted.

IGAC noted the report.

87/ 2013 **Any Other Business**

Two AOB items were discussed.

- The Care Quality Commission's (CQC) Intelligent Monitoring Report on Ashford & St Peter's Hospitals was presented. The report was part of the CQC's new inspection and monitoring regime. It would be made

public on the 24th October 2013. The report included a raft of indicators (86) including infection control rates, mortality rates, patient reporting outcome measures (PROMs), waiting times, staff surveys results and staffing levels. In the first report, which replaces the Quality Risk Profile (QRP), Ashford & St Peter's Hospitals NHS Foundation Trust was placed in the lowest risk group, band 6. A press release had been drafted. The Committee agreed that the report was encouraging and demonstrated the hard work and commitment of all staff towards providing high quality patient care.

- A serious incident (SI) involving a medicine error was presented by the Chief Nurse. The case was being investigated by the Police and the Trust was co-operating fully with the investigation and following due process.

88/ 2013 **Date of Next Meeting:**

Tuesday 19th November 2013, 12.00 -14.00 Room 3 Chertsey House, St Peter's Hospital.