

**TRUST BOARD**  
**April 2015**

<b>TITLE</b>	<b>The Integrated Governance and Assurance Committee minutes</b>
<b>EXECUTIVE SUMMARY</b>	This report contains the approved minutes of the meeting held on the 19 <sup>th</sup> March 2015.
<b>BOARD ASSURANCE (RISK)/ IMPLICATIONS</b>	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.
<b>LINK TO STRATEGIC OBJECTIVE / BAF</b>	The scope of the Committee includes assurance against all Strategic Objectives but the work of the Committee focuses on <b>SO1</b> : Best Outcomes and <b>SO2</b> : Excellent Experience.
<b>STAKEHOLDER/ PATIENT IMPACT AND VIEWS</b>	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.
<b>EQUALITY AND DIVERSITY ISSUES</b>	None identified
<b>LEGAL ISSUES</b>	None identified
<b>The Trust Board is asked to:</b>	Receive the minutes
<b>Submitted by:</b>	Philip Beesley, Non-Executive Director and Chair of IGAC
<b>Date:</b>	24 April 2015
<b>Decision:</b>	For Receiving

**INTEGRATED GOVERNANCE ASSURANCE COMMITTEE (IGAC) MINUTES**  
**Thursday 19<sup>th</sup> March 2015**  
**Room 3, Chertsey House, St Peter's Hospital**  
**14.00 – 16.00 hrs**

<b>CHAIR:</b>	Professor Philip Beesley (PB)	Non-Executive Director (Chair)
<b>IN ATTENDANCE:</b>	Suzanne Rankin (SR) Marty Williams (MW)	Chief Executive Acting Associate Director of Quality (Secretary)
	Dr Michael Imrie (MI)	Chief of Patient Safety/Deputy Medical Director
	Terry Price (TP)	Non-Executive Director
	Carolyn Simons (CM)	Non-Executive Director
<b>SECRETARY:</b>	Heather Caudle (HC) Dr Erica Heppleston (EH)	Chief Nurse (For AOB only) Associate Director of Regulatory Assurance, Interim
	Jacqui Rees (JR)	Acting Head of Patient Safety (minutes)
<b>APOLOGIES:</b>	Valerie Bartlett (VB) George Roe (GR) Simon Marshall (SM)	Deputy Chief Executive Head of Corporate Affairs Director of Finance and Information
	Danny Hariram (DH)	Acting Director of Human Resources
	Dr David Fluck (DF) Louise McKenzie (LM)	Medical Director Director of Workforce Transformation

<b>ITEM</b>	<b>Action</b>
<b>284/2015 Minutes of the Last Meeting</b>	
	To be condensed and submitted to Trust Board.
<b>285/2015 Matters Arising</b>	
<b>256/2015</b> On Agenda	
<b>258/2015</b> On Agenda	
<b>250/2014</b> Update from cancer/urology pathway - Chief of Patient Safety to	<b>MI</b>

provide paper for Trust Board April/May 2015.

**262/2015** On agenda

**239/2014** On agenda

**275/2015** On agenda

**224/2014** The Medical Director is at performance meeting today. The Medical Appraisal and Revalidation report is delayed and is to be submitted for April 2015. **MW/DF**

**282/2015** The Chief of Patient Safety informed IGAC that the Thoracic Endovascular Aneurysm Repair (TVAR) procedure can now be undertaken on a named patient basis subject to approval by the Divisional Director and Chief of Patient Safety.

**258/2014** Carolyn Simons will be the Non-Executive Lead for child safeguarding on the Trust Board.

The actions on the Child Safeguarding incident are now complete.

Significant progress has been made following the Risk Summit with the CCG about safety in relation to the High Dependency Unit (HDU) services for Children and the Child and Adolescent Mental Health Service (CAMHS). Training is in place and ongoing. A workforce model which includes Health Care Assistants (HCA) is currently being explored for paediatrics as a more cost effective way of providing close supervision for young people on the ward. This model is used successfully elsewhere.

The Trust is in discussion with NHS England to describe the HDU need. The paediatric acuity and nursing dependency tool will be used to demonstrate patients' dependency on Ash Ward.

**286/2015 IGAC Terms of Reference**

Key responsibilities: Change NHSLA to appropriate external risk management standards and national reports.

Agreed to remove receipt of the PALS Incidents Complaints and Claims (PICC) reports from the annual plan as this is replaced by other mechanisms.

The committee discussed the current membership of IGAC and decided it needed to change to include Divisional Directors and Divisional Quality Leads. As described earlier this is part of a wider review of corporate meetings relating to governance and risk. Recommendations in relation to this are to go to TEC in April 2015. An amended TOR and membership will be compiled as a result of these recommendations.

MW

TOR discussed today to go to Trust Board in the context of a wider review already in progress.

Check IGAC membership rules for Board subcommittees with the Company Secretary.

**287/2015 Risk Scrutiny Committee Terms of Reference**

Key responsibilities: Change National Health Service Litigation Authority (NHSLA) to appropriate external risk management standards and national reports.

Remove point 8 covered off in IGAC TOR.

IGAC ratified the TOR.

**288/2015 Incidents – SIRI Report**

Incidents reported since last IGAC and discussed at the meeting:

Maternal Death – Thorough investigation underway for dissemination of lessons learned.

Never Event – Error picked up during the procedure, the correct procedure was undertaken at the time of the operation and there was no harm to the patient.

It is noted there is an increased number of SIRIs this month. IGAC will monitor SIRI numbers to decide if any further action is required.

The delayed diagnosis category is very diverse and IGAC will keep the numbers in this category under review. The Chief of Patient Safety is to respond back about the actions against this category to reduce the incidence of delayed diagnosis.

MI

Pressure ulcers have decreased overall, however, there was a peak during the latter half of the year in relation to operational pressures.

Falls overall have reduced.

The Trust is performing well on the Safety Thermometer which is a national benchmark for incidents which cause harm.

#### **Closure of SIRIs**

The committee members were assured by the Chief of Patient Safety that the action plans were completed for all cases submitted to the committee for closure. IGAC agreed closure of all SIRIs where this was requested. IGAC also discussed whether evidence of assurance on closure can be incorporated in Audit Committee work. TP to take this to the Audit Committee for consideration.

TP

W11265 – Chief of Patient Safety to ask the TASC division to undertake improvement work around standardisation of procedures /equipment. There is a need to produce a plan and rank risk around lack of standardised procedures in theatres. IGAC to be updated on progress with a proposal in May 2015.

MI

#### **289/2015 QEWS Triangulated Dashboard**

3 Wards scored level Zero.

##### **Ward 1 (Swan)**

An Improvement Summit will take place as soon as practicably possible. A change in leadership arrangements will be implemented following the resignation of the Ward Manager who is currently a band 8a. Replacements will be employed at band 6 and band 7 grades. The Associate Director of Operations for DTTTO will take on the additional role of Associate Director of Nursing (ADN) until the Trust can recruit into this post. Clinical Nurse Leader support is now in place.

HC

##### **Ward 2 (Falcon)**

There is good leadership from the Ward Manager. However, new members of staff require support to work without supervision.

The Chief Nurse and ADN are to formulate a plan to support the Ward Manager and to consider whether an Improvement Summit is required. There will be a more in depth view of the impact of staffing issues on quality.

HC

##### **Ward 3 (MSSU)**

The Chief Nurse is to follow up with the ADN to gain assurance around issues relating to their area.

Some low QEWS scores may reflect there are pinch points within the

organisation and the Chief Nurse will take this into account.

**290/2015 MAPSAF**

There has been a MaPSaF<sup>1</sup> process undertaken in areas that have recently experienced never events. The process was positive and outcomes appropriate. Some actions need to be taken locally.

The next stage is to roll out the process across the organisation.

MaPSaF actions are to be tracked through the Director of Workforce Transformation, aligned to the Trustwide work on organisational culture.

**MI**

The Executive Team are to agree who will hold the responsibility for actions against organisational themes identified from this work.

**291/2015 Complaints Compliance – Examples of Complaint Responses**

Redacted examples of complaints and responses were reviewed by IGAC.

The quality of responses and compliance and with response times has improved, and follow-up complaints have also reduced.

**MI**

The Complaints Panel is now an embedded process and there was 100% compliance with timescales this month.

The Chief of Patient Safety is to agree a process around complaints that are also being investigated as SIRIs.

It was useful for IGAC to see examples of complaints and IGAC commended the quality and timeliness of the responses.

**292/2015 CQC Update Following the Quality Summit**

IGAC would like to thank EH for her work on this.

The action plan for the CQC is to be submitted by the 6<sup>th</sup> April 2015 and the work is on schedule to deliver against this timescale.

The Trust has to display its CQC ratings due out in April 2015. There is a plan in place with the Communications Team which will be clarified with the CQC.

**EH**

A report on the action plan is to be submitted to May 2015 IGAC and

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<sup>1</sup> The Manchester Patient Safety Framework (MaPSaF) is a tool to help NHS organisations and healthcare teams assess their progress in developing a safety culture.

IGAC will monitor progress.

**293/2015 Quality Governance Exception Report**

To be deferred to the next meeting. MW will alert chair to anything that requires consideration and will report back in the next meeting.

**MW**

**294/2015 Mortality Reviews**

Three divisions have achieved 100% reviews. Numbers for review within the Acute Medicine and Emergency Services Division are higher than other divisions which is as expected.

A report on the increase of deaths in patients under 75 years old over the Christmas period is outstanding. This is because a number of in-depth reviews which have been requested for this cohort have yet to be provided. IGAC finds the inadequate number of reports completed unsatisfactory. Specialities must provide this data and this will be followed up in performance meetings.

**M/LD**

**295/2015 Any Other Business**

EH invited to attend future meetings provided this does not conflict with other demands on her time.

**Date of next meeting: 23<sup>rd</sup> April 2015, Room 3, Chertsey House  
14.00 – 16.00.**