

**TRUST BOARD****31<sup>st</sup> July 2014**

<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 25 <sup>th</sup> June 2014. The Committee focused in detail on: The SIRI report, the externally commissioned review of clinical quality governance in the TASCC division and the QEWS dashboard.
<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 <sup>th</sup> July 2014
<b>Decision:</b>	For Receiving

**INTEGRATED GOVERNANCE ASSURANCE COMMITTEE (IGAC) MINUTES****Wednesday, 25 June 2014****11:00 – 13:00 hrs****Room 1, Chertsey House St Peter's Hospital****MEMBERS PRESENT:**

<b>CHAIR:</b>	Philip Beesley (PB)	Non-Executive Director
<b>SECRETARY:</b>	Heather Caudle (HC)	Deputy Chief Nurse - Associate Director of Quality
	David Fluck (DF)	Medical Director
	Mick Imrie (MI)	Deputy Medical Director – Chief of Patient Safety
	Andrew Liles (AL)	Chief Executive

	Louise McKenzie (LM)	Director of Workforce Transformation
	Terry Price (TP)	Non-Executive Director

	Suzanne Rankin (SR)	Chief Nurse
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	George Roe (GR)	Head of Corporate Affairs
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**APOLOGIES:**

	Valerie Bartlett (VB)	Deputy Chief Executive
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	Simon Marshall (SM)	Director of Finance and Information
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	Carolyn Simons (CS)	Non-Executive Director
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**IN ATTENDANCE:**

	John Hadley (JH)	Consultant ENT Divisional Director
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	Sue Sexton (SS)	Associate Director of Nursing Theatres, Anaesthetics, Surgery and Critical Care (TASCC), Surgery Management
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	Lorraine Knight (LK)	Associate Director (TASCC)
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**ITEM**

189/ 2014 The apologies were noted.

190/ 2014 The minutes of previous meeting were approved

The Committee congratulated Suzanne on being newly appointed as the Trust's Chief Executive Officer.

179/ 2014 **Matters Arising**

The Committee reviewed all of the actions from the previous meeting.

Actions **182/2014** and **188/2014** have been completed and are to be removed from the action tracker.

**171/2014.** This will be covered in agenda item **194/2014.**

**180/2014.** This will be discussed in agenda item **195/2014.**

192/ 2014 **Incidents SIRI Report**

The Chief of Patient Safety – Deputy Medical Director presented the report. IGAC noted that 65 days had passed since the last trust-acquired stage 3 or 4 pressure ulcer. In addition, 30 days had passed since the last fall with moderate or severe harm.

IGAC asked that the Chief of Patient Safety convey the Committee's acknowledgement of and praise to the relevant teams for their hard work and effort that led to this very good outcome for patients.

MI

The 4 new cases related to the following:

1. Care of a deteriorating patient
2. Delayed diagnosis – the patient raised the incident through a complaint and therefore a discussion ensued around the cultural practice of ensuring that not only does the team recognise the clinical concerns but also shares those concerns with the patient as well as reporting them.
3. Retained foreign object (Never Event). The Chief of Patient Safety is coordinating a wider review of the practice of using objects that are used outside of their intended function. There is also a division wide learning event at July QUASH day around foreign objects / swab counting practices. It was noted that there is an absence of literature and research in this area.

MI

**Action:** Assurance from progress against this action plan is to be submitted to IGAC in September 2014.

MI

4. On-site car accident. Safety review of car parking to be conducted by police.

The Chief of Patient Safety informed the Committee that full SI reports are available to IGAC membership for their reading.

One incident (SIRI **W6894**) was recommended for closure. IGAC has closed the incident.

There was a discussion around the current lack of clarity regarding the test of effectiveness for SIRI actions. The Chief of Patient Safety commented that a test of effectiveness might need to be evaluated

over a period of months, for example a significant reduction in pressure ulcers, which could therefore result in a number of actions remaining opened until such time that the test is evaluated.

**Action:** Design a process of assurance of effectiveness of actions to address harm.

MI /HC

193 / 2014

### **QEWS Triangulated Dashboard**

The Deputy Chief Nurse – Associate Director of Quality presented the dashboard. There were 6 QEWS level-3 wards, 17 QEWS level-2 wards, 5 QEWS level-1 wards and 1 QEWS level-0 ward, which was Swan ward. It was acknowledged that Swan ward had a high staff turnover and the use of temporary staff was high owing to the level of vacancies. It was noted that this was going to be addressed with the recruitment drive that was happening currently. It was also noted that Swan had a Best Care level-2 rating which indicated that despite the level of staffing, the quality of care and safety was still of a good standard. The ward manager continues to demonstrate good leadership and so the Committee was assured that the improved staffing levels, once delivered, will have a positive impact on the QEWS level.

Cedar ward was one of the wards which achieved a QEWS Level-3 rating. The Chief Nurse was interested in the number of Catheters that were in place between 1 – 21 days going from 0 to 4 in one month alongside a catheter-associated urinary tract infection (CAUTI) developing during May.

**Action:** Cedar ward to feedback any issues around these QEWS indicators or any issues regarding infection prevention and control issues.

HC

Heron ward's Friends and Family Test results were reportedly 0% and 0 owing to submission difficulties. They have now addressed this.

194 / 2014

### **IMD Report and Action Plan TASCC**

The Chair introduced the IMD report on TASCC and thanked the Divisional team for attending the meeting. The report highlighted a number of areas for improvement particularly around quality governance. The chair asked that IGAC focus on the process of the review, whether there were any key outstanding issues and what were the lessons learned in the context of all divisions. The Divisional Director, Associate Director of Operations and Associate Director of Nursing Theatres, Anaesthetics, Surgery and Critical Care (TASCC) presented the TASCC division's response and the IMD report action plan.

The Divisional Director for TASCC commented on the background of the paper. He explained that despite some concerns about process

the report raised a number of important issues. The Divisional team had worked with IMD to produce and initiate implementation of an action plan. The Divisional action plan demonstrated that progress had been made in terms of clinical governance, in particular the divisional quality governance team. There is now an effective process of alignment from speciality level to divisional level and from divisional to Trust level meetings. Significant progress had been made around setting up the structure with an acknowledgement that there needed to be a period of embedding the new ways of working.

The Associate Director of Operations for TASCC presented the key outstanding issues, namely concerns over General Surgery, Ear Nose & Throat Surgery and Oral & Maxillofacial Surgery not meeting their Return To Treatment target. IGAC was also informed of the plans to mitigate the impact of waiting list management, issues around admin / booking procedures, team working and clinical risk assessment, which affected areas such as Urology.

The Chief Executive Officer acknowledged the concerns around the review process. He acknowledged that the key mind-set to implement and embed the changes required was at Divisional level with support from the Executive team.

The Chair enquired about the team and the Divisional Director highlighted the strengths of the leadership triumvirate as well as the wider division to deliver the action plan.

IGAC was assured that good progress had been made in addressing the key areas for improvement and that the Division was a safe place for patients. However, progress will be kept under review.

**Action:** The Chair of IGAC has requested that the Trust produce a management response for the report with a return to Board in July 2014

MI / HC

#### 195 / 2014 **Quality, Safety and Risk Management Strategy**

The Deputy Chief Nurse – Associate Director of Quality informed IGAC that one of the Royal Surrey – Ashford and St. Peter’s merger work-streams was to review the Quality Strategies from both Trusts and this is underway. The proposal going forward is to continue working in partnership with Royal Surrey to review the strategies. It was acknowledged that this would be an opportunities to look at the approach to Quality Governance in preparation for the new organisation.

#### 196 / 2014 **Annual Claims Report**

The Deputy Chief Nurse – Associate Director of Quality presented the report.

IGAC noted the financial impact of the new focus on outcome and claims profile, as well as the rise in the number of claims over the past 2 years within the Trust.

197 / 2014 **Patient Experience Monitoring Group Exception Report**

The Deputy Chief Nurse – Associate Director of Quality presented the report and referred to the paper that was presented to the Council of Governors and latterly the Board regarding the lack of assurance over the complaints process.

A discussion ensued about the customer service approach in the Trust

**Action:** To explore customer service training in the commercial sector and perhaps approach British Airways.

**HC**

198 / 2014 **Any Other Business**

1. Child Safeguarding:
  - I. Child x progress given by Chief Nurse on the case. The Trust continues to offer support to the family.
  - II. Baby C. the report has been submitted.
2. The Trust received the CQC draft intelligent monitoring report for review and comment. Final publication will be on 24<sup>th</sup> July.
3. The Transparency Patient Safety Report on NHS choices has been published on NHS Choices and the Trust has received an 'OK' rating.

**Date of Next Meeting**

Wednesday 22 July 2014, 12:00-14:00 PGEC, Room 1, St Peter's Hospital.