

TRUST BOARD
31st October 2013

TITLE	The Integrated Governance and Assurance Committee Minutes
EXECUTIVE SUMMARY	This report contains the draft minutes of the meetings held on the 16 th September 2013. The Committee focused in detail on:
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.
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:	24 th October 2013
Decision:	For Receiving

1. Chair of IGAC's report

Introduction

Enclosed are the minutes of the meeting that took place on 16th September and was chaired by Mr Terry Price in Mr Philip Beesely's (chair) absence

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

- Serious Incidents Requiring Investigation – Falls
- Patient involvement in quality assurance and improvement
- QEWS dashboard – Fielding and Labour ward risk summits

Serious Incidents Requiring Investigation – Falls

The Incidents SIRI report led to a discussion focusing on the review of the falls within the Trust and possible steps to address this. IGAC was asked to note that since the Falls debrief, which took place in July 2013, there has been a steady decrease in falls resulting in moderate harm from July to September, with no such harm occurring in September.

A discussion ensued about the opportunities to look at the possible contributing factors to Falls and steps that could be taken to address these. Possible contributory factors discussed were:

- Pathways – it was felt that more needed to be done to ascertain whether peaks in demand for inpatient services in certain pathways might be having an impact. There is an action for the Deputy Chief Executive, Chief Nurse, Medical Director, and Deputy Chief Nurse to conduct an audit and pathway mapping exercise in relation to risk of Falls and present the findings to IGAC.
- Environment – the opportunities to create harm-free ward environments will be facilitated through including the falls-prevention element to the capital programme.

Patient Involvement in Quality assurance and improvement

The contribution of patients and public to the Trust's quality assurance and improvement agenda was discussed, with a commitment to more formally include patients the Trust's activities to continuously improve quality. In conjunction with the implementation of the Patient Engagement and Experience Strategy, ways to formalise the concept of creating a Patientforce through honorary appointment contracts for patients with a remit in quality improvement will now begin.

IGAC will track the progress of this and other patient involvement initiatives formally. The Patient Engagement and Experience Improvement Plan is on the IGAC annual business plan for next year.

The QEWS dashboard – Risk Summits

Internal risk summits were held on two wards during September: Fielding Ward and Labour wards. Both summits were productive and resulted in immediate and effective interventions. Fielding ward is now a level 3 Best Care ward. Fielding's draft action plan was presented to IGAC and both risk summits were discussed. The finalised action plans and progress will be presented to IGAC in November. Progress will be monitored through IGAC.

INTEGRATED GOVERNANCE ASSURANCE COMMITTEE (IGAC) MINUTES
Monday 16th September 2013
13:00 - 15.00hrs
Room 3 Chertsey House, St Peter's Hospital

MEMBERS PRESENT:

CHAIR:	Mr Terry Price (TP)	Non-Executive Director (Chair for this meeting)
SECRETARY:	Mrs Heather Caudle (HC)	Associate Director of Quality
	Mr Andrew Liles (AL)	Chief Executive
	Mrs Suzanne Rankin (SR)	Chief Nurse
	Dr David Fluck (DF)	Medical Director
	Dr Michael Imrie (MI)	Deputy Medical Director
	Mr Simon Marshall (SM)	Director of Finance and Information
	Mr George Roe (GR)	Head of Corporate Affairs
APOLOGIES:	Mr Philip Beesley (PB)	Non-Executive Director (Chair)
	Ms Valerie Bartlett (VB)	Deputy Chief Executive
	Ms Louise McKenzie (LM)	Director of Workforce Transformation
	Dakshita Takodra (DT)	Audit Manager, Parkhill
IN ATTENDANCE:	Ann Spiropoulos (AS)	Head of Clinical Effectiveness (Minutes)
	Nikki Hill (NH)	Deputy Director of Workforce & OD
	Dr Paul Crawshaw (PC)	Divisional Director of Women's Health and Paediatrics

ITEM		Action
61/ 2013	IGAC Forward Plan	
	Noted.	
62/ 2013	Minutes	
	The Head of Corporate Affairs requested that his title be corrected. The minutes of the 16th July 2013 meeting were agreed as accurate and approved.	
63/ 2013	Matters Arising	
	The Committee reviewed all of the actions from the previous meeting.	
	3/12.2. Serious Incidents in Gastroenterology.	
	The Medical Director clarified the options available. The Chair decided that actions to close the item should be undertaken outside of the meeting and a brief note describing assurance was requested.	DF / MI
	56/2013 Quality Governance Committee Exception Report	
	The Associate Director of Quality informed the meeting that the Theatre,	3

Anaesthetic, Surgery and Critical Care (TASCC) Division had declined to be green and that there were mitigating actions in place.

HC

An update on out-of-date policies will be delivered to the December meeting.

The Head of Corporate Affairs confirmed that the following items were completed and could be signed off: **6. MAU Data collection, 23/2013, 46/2013, 54/2013**

7/2 Monitor Self Certification

GR / HC

The Chief Executive queried whether the Board were up-to-date with risk training. The Head of Corporate Affairs and the Associate Director of Quality to check.

53/2013 Francis Enquiry Action Plan – initial review completed but there would be ongoing actions.

48/2013 Risk Register – The Associate Director of Quality confirmed that a Trust Board master class was planned for 30 October; risk management recommendations would be included within the business planning cycle. The Trust's Major Incident plan had been updated to include a section on recovery.

Items on the agenda

51/2013, 52/2013, 53/2013

The Chair asked whether the review of the Liverpool Care Pathway had gone to Trust Board. The Chief Nurse confirmed that a report was included in July and there is an action update due at the September Board meeting. The Chair confirmed that IGAC would continue to look at the governance going forward.

64/ 2013 **Action Log Tracker Exception Report**

The exception paper was noted. The action log tracker holds the actions considered necessary to ensure learning from all serious incidents /complaints. The Risk Scrutiny Committee oversees the plan to ensure conversion.

The Associate Director of Quality provided an update which included the percentage of conversion rates to blue status. The low conversion rates for Trauma & Orthopaedics, Theatres, Anaesthetics, Surgery and Critical Care and Woman's Health & Paediatrics Divisions were identified as a concern. The Associate Director of Quality outlined that there were no major 'reds' and most of the items listed referred to procedural issues. When a major 'red' was identified a mini review would be undertaken immediately with follow-up in more detail by the Head of Patient Safety. The Chair suggested that a target for the conversion rates could be set and that IGAC should send a message to the Divisions.

HC

IGAC noted the report.

71/ 2013 **Royal College of Paediatrics and Child Health (RCPCH) Invited Review Presentation**

71.1/ 2013

The Divisional Director of Women's Health and Paediatrics outlined the reasons for looking at the safety of the service. The RCPCH had undertaken a review of the service with a multi-professional team including a lay member. It was considered that the main focus was on documentation and meeting standards, however, staff had also given their personal opinions. The overall view was that the Trust is providing a safe service; findings and improvements identified were presented to the Trust Executive Committee.

The presentation considered the data available within CHKS, comparisons with peers and the context for Surrey. The Medical Director questioned whether there were any problems with communication / staff culture. The Chief Nurse indicated that more work was required – the main issues related to the ante-natal pathway and still births with further issues around intra-partum care. The review will be going to the next Open Trust Board meeting and the action plan will be progressed via CYPAG (Children & Young Person's Action Group) with exception reporting to IGAC. The Closed Board meeting will have the detailed report.

The Deputy Director of Workforce & OD queried whether staff were being supported; it was noted that an event had been held at the Royal Holloway celebrating good practice.

The Chief Nurse will provide an update on the response from the Clinical Commissioning Group meeting.

SR

IGAC noted the divisional action plan for 2013/14.

65/ 2013 **QEWS Triangulated Dashboard**

The Associate Director of Quality presented the QEWS dashboard including the new data relating to re-admissions and length of stay by ward. Discussion considered the improvement work and action plans for Swan and Fielding wards and issues highlighted by the workforce indicators.

The Chief Nurse raised possible concerns about Chaucer and Wordsworth wards based on the QEWS data. This led to a wider issue discussion pertaining to the environment at Ashford Hospital.

The Chair recommended that the dashboard should not be presented to the Open Board meeting in September owing to the fact that indicators were still being tested. The Chair requested that reasons for areas appearing to be outliers should be included in the next report to IGAC.

HC

IGAC noted the QEWS dashboard.

66/ 2013 **External Agencies and Inspections Report**

The Associate Director of Quality presented the report and indicated that there were no major concerns.

IGAC noted the report.

67/ 2013 **Responding to Francis and Patients First and Foremost**

The Chair congratulated the Associate Director of Quality and Jo Finch, Corporate Lead Nurse for the timely and detailed work undertaken to

identify the gaps against the recommendations. The Associate Director of Quality considered that a significant amount of evidence had been collated to provide assurance against many of the process items and that the main areas for focus would be on the cultural changes required.

The Deputy Director of Workforce & OD suggested mapping the deliverables to existing work-streams and committees and that they should provide an update / exception report on progress to IGAC.

The Chief Executive recommended that the Director of Workforce Transformation should be asked to check whether some of the workforce / cultural issues were already being addressed.

LM

In order to fulfil the Trust's obligation to respond formally to the Francis Report by December 2013, the completed analysis will be presented to IGAC and Board in November. The ensuing action plan will be reviewed in February 2014.

GR / HC

The Chief Executive acknowledged the detailed work that went into the analysis of the recommendations.

IGAC noted the action plan.

68/ 2013 **Patient Experience Monitoring Group Exception Report**

The Associate Director of Quality presented the paper. The target of 95% had not been met and work continues to review the quality of the final responses and provide support for clinicians with focussed workshops planned.

IGAC noted the report.

69/ 2013 **Risk Scrutiny Committee Exception Report**

The Associate Director of Quality presented the report and highlighted the main areas of concern and the actions relating to: prescription errors, falls, storage of drugs.

IGAC noted the report.

70/ 2013 **Care Quality Commission – Essential Standards of Quality and Safety**

The Associate Director of Quality presented the report. The CQC has not visited the Trust during 2013 and the Trust is not one of the first 18 acute Trusts to undergo the new inspection regime. The new inspection will have similarities to "Ofsted" and the intention is for all acute Trusts to be inspected by June 2015. The 16 essential outcomes of quality and safety will be replaced with indicators covering five domains to assess whether services were:

- Safe
- Effective
- Caring

- Responsive
- Well-led

The rating given would be: excellent, good, requires improvement or inadequate. The Associate Director of Quality (HC) suggested that as well as at the divisional level, specialties should undertake self-assessment following publication of the new guidance for inspection

The Quality Risk Profile (QRP) is being refreshed less often, currently it shows the Trust as being rated: six green, nine yellow and one amber outcomes.

The Compliance in Practice audit had indicated that Swan and Fielding wards results had declined from the previous audit in 2012. The Chief Nurse informed the meeting that action plans have been developed and that she was doing clinical shifts on Swan ward with a risk summit being held for Fielding ward shortly. Fielding ward had experienced leadership and staffing problems and had been running with a deficit of four whole time equivalent staff, but it was noted that immediate action had taken place to rectify the situation.

IGAC noted the report.

72/ 2013

Any Other Business

The Chief Nurse shared two important issues of Safety that had occurred over the past two months:

1. Due to the unforeseen absence of the Associate Director of Midwifery an interim has been appointed to maintain leadership of the service.
2. The Chief Nurse reported that there had been 2 incidents of incorrect pre-assessment of patients for cataract surgery leading to the wrong implant being used. One of the 2 patients had opted for corrective surgery. Whilst technically it appears that these events do not constitute Never Events and it is likely that external agencies such as Clinical Commissioning Group will required clarification on this point, the Chief Nurse recommended that the Trust manage these incidents as Never Events in accordance with the spirit of the Never Event guidance and the desire to understand and learn from incidents of this nature.

73/ 2013

Date of Next Meeting:

Tuesday 22nd October 12.00 -14.00 Room 2 Chertsey House, St Peter's Hospital.