

TRUST BOARD
26th March 2015

TITLE	The Integrated Governance and Assurance Committee minutes
EXECUTIVE SUMMARY	This report contains the approved minutes of the meeting held on the 19 th February 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:	23 rd March 2015
Decision:	For Receiving

Paper 284

INTEGRATED GOVERNANCE ASSURANCE COMMITTEE (IGAC) MINUTES
Thursday 19th February 2015
Room 3, Chertsey House, St Peter's Hospital
14.00 – 16.00 hrs

CHAIR:	Philip Beesley (PB)	Non-Executive Director (Chair)
IN ATTENDANCE:	Louise McKenzie (LM)	Director of Workforce Transformation
	Suzanne Rankin (SR)	Chief Executive
	Marty Williams (MW)	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
	Valerie Bartlett (VB)	Deputy Chief Executive (for AOB only)
SECRETARY:	Heather Caudle (HC)	Chief Nurse (For AOB only)
	Erica Heppleston (EH)	Associate Director of Regulatory Assurance, Interim
	Jacqui Rees (JR)	Acting Head of Patient Safety (minutes)
APOLOGIES:	Valerie Bartlett (VB)	Deputy Chief Executive
	George Roe (GR)	Head of Corporate Affairs
	Simon Marshall (SM)	Director of Finance and Information
	Danny Hariram (DH)	Acting Director of HR
	Heather Caudle	Chief Nurse
	David Fluck (DF)	Medical Director

ITEM		Action
269/2015	Minutes of the last meeting Opportunity to highlight any inaccuracies given. Minutes accepted as accurate record.	

270/2015	Matters Arising	
255/2015	Risk Register to be discussed on the agenda.	
256/2015	<p>Mortality Reviews</p> <p>There was a rise in mortality over the winter period and in response to this the Chief of Patient Safety has written to all the Divisional Directors and asked them to complete a clinical review of all cases under 75 years. There will be a full report to the March IGAC meeting.</p>	MI
257/2015	IMD report on the agenda.	
258/2015	<p>A Joint Risk Management Conference with Children's Services and the CCG was held to discuss Children's High Dependency Unit (HDU) services and safeguarding of vulnerable Children's Adolescent Mental Health Services (CAMHS) on the paediatric ward.</p> <p>Actions ASPH have taken to date;</p> <p>An RMN will be recruited to work on the ward as required</p> <p>There will be further training provided by Children's Services for staff to enable them to manage vulnerable young people on the ward. This training will be available Jan-March 2015 as part of Children's services CQUIN.</p> <p>Nationwide lack of availability of Tier 4 beds for young people which is leading to extended stays on the acute paediatric wards is being reviewed by NHS England. In the interim, Surrey and Borders Partnership (SABP) and Specialised Commissioning will locate beds on a case by case basis. A bid for funding for more nurses to support the provision of two Tier 3 beds in the community is in progress which may reduce the need for Tier 4 admissions in the future.</p> <p>HDU care on the paediatric ward requires enough trained ward staff to manage complex ventilated children admitted from the community. The commissioners will advise tertiary centres that ASPH will stabilise children who are admitted in A&E whilst they await tertiary retrieval. ASPH will provide a summary of the HDU issues to NHS England to inform their discussions with London commissioners around PICU/HDU provision. Additional training of ward staff was agreed by NHS England. There will be a wider review across Surrey to establish HDU needs and commission appropriately.</p>	HC
250/2015	Urology Cancer pathway review with CCG: Meeting this morning cancelled due to CQC visits. Ongoing review March 2014. The Chief of Patient Safety will provide an update next month.	MI
262/2015	SIRIs to be discussed on the agenda.	

239/2015	<p>MaPSaf underway in Maternity and Theatres. Feedback at next IGAC meeting. Both areas to feedback at Team Brief.</p> <p>NICU Best care Audit</p> <p>Scoring was accurate and related to the consent process and staff knowledge. This has been addressed via training.</p>	MI
271/2015	<p>Incidents – SIRI Report</p> <p>A possible Never Event recently reported in theatres does not meet the criteria for a Never Event because there was no harm. The CCG have agreed this.</p> <p>The CEO asked for assurance that clinicians ‘visiting’ theatres from other hospitals are not allowed to operate. The policy for visitors in theatres should be reviewed for ensure comprehensive safeguards are in place for in respect of HR, security and infection control.</p> <p>ACTION: Conclude the investigation gaining all the facts and feedback to IGAC. The Chief of Patient Safety to contact the Medical Director at SGH to clarify arrangements.</p> <p>Overall there were Ten SIRI reports this month.</p> <p>Two pressure ulcers and three falls with harm which shows a spike very possibly in relation to operational pressures.</p> <p>A child safeguarding incident: The preliminary investigations will advise on the decision to invoke a Serious Case Review.</p> <p>The Chair asked whether our safeguarding policies are being implemented in practice.</p> <p>IGAC can be assured we are generally picking up and managing safeguarding issues well; where we are not it is often down to a specific individual. In any such cases rectifying action is always taken. However, the Board should recognise there will always be a level of risk around safeguarding. In the recent Ofsted inspection of child safeguarding across Surrey, ASPH have been assessed as good. The final report is waiting publication. The CCG report is also positive in relation to safeguarding.</p> <p>An incident where an A&E patient with head injury attended, and was triaged in A&E elected to leave without being seen. When he was found later he had sustained another head injury (the nature of which is unknown). There is always concern when patients want to discharge themselves, even when mental capacity has been assessed as there is a limit to how much staff can do. The Chair asked whether we know if other hospitals have had similar cases.</p>	

	<p>have identified risks on their agendas. The CEO clarified Workforce and OD should review their risks at their committees. The operational risks should be reviewed by the Finance and Performance meetings.</p> <p>ACTION: The Chief of Patient Safety will send the risks to the committees monthly.</p>	MI
274/2015	<p>TASCC Division Action plan from IMD Report.</p> <p>The IMD actions for the Trust Board are completed.</p> <p>There are actions in the TASCC action plan which are still on-going. The Divisional action plan should be fully enacted and closed. Any new actions from the CCG will form part of a new action plan.</p> <p>The management of equipment is the most significant action in the plan. This will be taken up as part of the CQC work.</p> <p>IGAC is assured progress has been made and the closure of the divisional actions and the final update will come to IGAC in April 2015.</p>	MW/LD
275/2015	<p>QEWS Triangulated Dashboard</p> <p>There will be an improvement summit with Swan Ward as Falls and Pressure Ulcers have increased.. The main issues relate to the staffing skill mix which is mainly junior staff. A permanent member of staff is allocated from Swan ward regularly.</p> <p>The recent cohort of Portuguese nurses will strengthen the team but they are still on their induction period and not ready to work unsupervised. There are plans for a joint recruitment project with RSCH in 15/16</p> <p>IGAC acknowledges the induction programme we have appears to be moving as fast as possible and the work planned to move the Trauma meeting to the ward. This should help the nursing and medical team to integrate if the meeting was on the ward every morning. MW noted that the plans to adjust the ward area to accommodate that are ready.</p> <p>IGAC noted that Swan FFT score is one of the highest in the Trust.</p> <p>The Chair summarised that senior leadership intervention and an improvement summit from which you might expect a range of actions to come are the correct interventions at this point.</p> <p>ACTION: Divisional Director to give assurance to IGAC around the Orthopaedic Surgeon's professional standards for pre and post-operative care and multidisciplinary working. Assurance to include some measurement of performance and compliance against those standards which should be published and displayed in the clinical areas.</p>	MI/JH

	<p><u>Friends and family data</u> There are some areas where data has not been collected. Need to include escalation areas in FFT. IGAC is dissatisfied with this level of performance for FFT.</p> <p>MW noted that Datix now reflects the escalation areas to ensure incidents and complaints are logged in these areas.</p> <p>CEO advised the Patient Experience Monitoring Group has been instructed that it is not acceptable for Divisions to miss their response rates for complaints.</p> <p>ACTION: MW to discuss with the Lead for Patient Experience.</p> <p><u>Workforce metrics</u> The Director of Workforce and OD would like to assure herself the figures are correct and whether they triangulate with the Trust Board scorecard.</p> <p>ACTION: Director of HR to review the metrics to ensure they are correctly representing the clinical areas.</p> <p><u>Pressure ulcers</u> There is a spike in the number reported. This will be monitored.</p> <p>Those ward areas that have a report of 0% for hand hygiene requires follow up as this is not acceptable.</p> <p>ACTION: The Acting Associate Director of Quality.</p>	<p>MW</p> <p>MI/JH</p> <p>LMc</p> <p>MW</p>
276/2015	<p>Board Paper - Annual Report and Accounts 2014/15</p> <p>Quality Accounts to IGAC for approval 21st May 2015.</p>	
277/2015	<p>Risk Scrutiny Exception report</p> <p>Three exceptions; Operational pressures, capacity issues in A & E DTA overnight and ambulances being unable to off load.</p> <p>There is an ongoing risk relating to review and action on pathology results. There is a lack of consistent process associated with this risk. We have seen issues in a number of other clinical areas and the issue crosses the work with SPS.</p> <p>There is a safeguarding system for cancer via the MDTs.</p> <p>ACTION: to review processes under the urology action plan and part of urology action plan solutions will come to the next TEC for discussion. The Chief of Patient Safety will ask SPS for formal dialogue about their processes.</p> <p>The Trust issues centre on electronic order COMMS system which would solve the issue as a request and returns list can be generated.</p>	<p>MI</p>

	<p>At the moment our system relies on personal follow up and the clinician should also know what investigations to expect. This gap is likely to be in other organisations.</p> <p>ACTION: IGAC requests a work steam should be initiated to fix this issue. IGAC acknowledges this is a long term piece of work that will require a working party.</p> <p>The staffing exception will be addressed by the CQC work plan.</p>	MI
278/2015	<p>Audit Committee Exception Report</p> <p>Annual report comes to IGAC</p>	
279/2015	<p>Finance Committee Exception Report</p> <p>Noted. In year financial position is that we continue to report a likely deficit of 2.39 million but this is likely to improve to our original deficit position of 2.25 million.</p> <p>NHS England and monitor are undertaking a new tariff approach.</p> <p>Overall in better position but await CMA decision.</p>	
280/2015	<p>Quality Account Update</p> <p>Indicative priority areas have been accepted by stakeholders. Some indicators have yet to be tested and finalised.</p> <p>The recommendation for selection of the agreed quality indicators should be approved by Trust Board.</p> <p>Action: Paper to go to Trust Board for approval.</p>	EP
281/2015	<p>Regulation</p> <p>Report Noted</p> <p>CQC has visited the Trust to agree the headlines of the draft report and the Divisions are in the process of agreeing the factual accuracy. Quality Summit to be held in March 2015.</p> <p>Intelligence monitoring report is next due in April</p> <p>Quality Governance self-assessment declaration for Monitor is due in April.</p> <p>Health assure: Currently linking evidence against inspection requirements in this data base which will require resourcing.</p> <p>Compliance in practice audit will be refreshed subject to the CQC report findings and to reflect KLOE's.</p>	

282/2015	<p>Any Other Business</p> <p>IGAC to review examples of anonymised complaints letters next month.</p> <p>Concerns raised around vascular surgery and the use of TVARs by the multidisciplinary clinical team. IGAC approved the decision to suspend the procedure pending the results of a Risk Summit and formulation of an appropriate pathway.</p> <p>ACTION: Notify speciality leads of decision and other surgeons.</p>	VB/MI
	<p>Date of next meeting: 19th March 2015, Room 3, Chertsey House 14.00 – 16.00</p>	