

TRUST BOARD26th June 2014

TITLE	The Integrated Governance and Assurance Committee Minutes
EXECUTIVE SUMMARY	This report contains the approved minutes of the meeting held on the 21 st May 2014. The meeting focussed on the SIRI Report, the Infection Control Annual Report, the QEWS dashboard and the Quality Account.
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:	22nd May 2014
Decision:	For Receiving

INTEGRATED GOVERNANCE ASSURANCE COMMITTEE (IGAC) MINUTES
Wednesday, 21st May 2014
15:00 – 17:00 hrs
Level 2, Seminar Room, St Peter's Hospital
MEMBERS PRESENT:
CHAIR:

Terry Price (TP)	Non-Executive Director
Valerie Bartlett (VB)	Deputy Chief Executive
Heather Caudle (HC)	Deputy Chief Nurse –
	Associate Director of Quality
Mick Imrie (MI)	Chief of Patient Safety –
	Deputy Medical Director
Louise McKenzie (LM)	Director of Workforce
	Transformation
Suzanne Rankin (SR)	Non-Executive Director
	Chief Nurse
George Roe (GR)	Head of Corporate Affairs

APOLOGIES:

Philip Beesley (PB)	Chair of IGAC / NED
David Fluck (DF)	Medical Director
Simon Marshall (SM)	Director of Finance and
	Information
Andrew Liles (AL)	Chief Executive
Carolyn Simons (CS)	Non-Executive Director

IN ATTENDANCE:

George Absi (GA) (minutes)	Head of Regulation &
	Accreditation
Juliet Rayner	Senior Discharge Coordinator
Dr Angela Shaw	Director of Infection Prevention
	& Control

ITEM

177/ 2014 The apologies were noted.

178/ 2014 An amendment to 172/2014, p5, minutes should read *“Bedside clinical guidelines will be replaced by up to date System’s guidelines”*.
The minutes of previous meeting were approved

179/ 2014 Matters Arising

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

Actions **153/2014**, **170/2014**, **170i/2014**, **172/2014** and **173/2014** have been completed and are to be removed from the tracker.

101/2013. Medical Engagement Strategy. It was reported that there are work streams to drive improvement in medical engagement however there is no strategy as such. The Chief Nurse stated that it was important that the interventions are measurable. To remove from tracker.

139/2014. Action trackers of all quality and safety plans. The Chief of Patient Safety - Deputy Medical Director stated that he was working on improving the testing of effectiveness of actions. Tests would differ depending on the specific action. To remove from tracker.

140 & 166/2014. Francis Enquiry Action plan. The Deputy Chief Nurse – Associate Director of Quality stated that the new Head of Patient Experience had now started employment and that they were working on the Patient Experience elements of the document. This would be brought to the July IGAC meeting.

HC

168/2014. Friends & Family test A&E. The Chief Nurse reported that returns and performance had increased since the previous month. The Associate Director of Nursing for Acute Medicine & Emergency was closely monitoring this. To be removed from tracker.

171/2014. CQC Surgery & Anaesthetics action plan for outcome 11. Compliance is still red and this is on the Division's Risk Register. The action plan included actions regarding the Asset Register and audit. The Committee felt that the action plan needed strengthening. The Deputy Chief Nurse – Associate Director of Quality to liaise with Division to support improvement in action plan.

HC

180/ 2014 Incidents SIRI Report

The Chief of Patient Safety – Deputy Medical Director presented the report. There had been 12 SIRIs reported since the last meeting on the 15th April 2014. An overview of each SIRI was given to the Committee. Of the 12 SIRIs, 5 were related to pressure ulcers and 3 patient falls. It was felt that there was one potential claim.

All SIRIs receive a full Root Cause Analysis. Improvement plans and action plans are developed to address the outcomes of the RCA and these are monitored through Divisional Governance meetings and at Performance Reviews. The Chief Nurse requested that the updated SIRI process was added to the Trust's Quality & Safety Strategy.

MI / HC

The Committee stated that it was important that families were informed in a timely manner.

IGAC agreed the closure of 2 cases: W7358 and W8009.

The report was noted.

181/ 2014 Director of Infection Prevention & Control (DIPC) Annual Report 2013-14

The Director of Infection Prevention & Control presented and discussed the annual report. The Trust had two hospital-acquired cases of MRSA bacteraemia diagnosed in the Trust in 2013-14. There had been 10 cases of hospital-acquired C difficile compared with the maximum target of 13, which was the lowest rate ever recorded by the Trust. Weekly C difficile ward rounds are conducted by the Antibiotic Czar, antibiotic pharmacist and infection control team which helps to ensure that cases of C difficile are optimally managed. There were four cases of Glycopeptide-resistant enterococcus bacteraemias and eight hospital-acquired Meticillin Sensitive Staphylococcus aureus (MSSA). The average score of hand hygiene audits remained good overall. The Infection Control team is available for advice 24 hours a day, primarily by a Consultant Microbiologist out of hours). The terms of reference of the Infection Control Committee were reviewed and updated in December 2013.

The Chief Nurse stated that the Infection Control team needed to have a clear focus on areas for improvement within 2014/15. The Director of Workforce and Organisational Development questioned why attendance at mandatory training had reduced. The Director of Infection Prevention & Control suggested that the wards ability to release staff may have impacted on this figure.

The report was noted.

182/ 2014 QEWS DASHBOARD

The Chief Nurse presented the dashboard. A detailed discussion took place regarding wards performance and actions being taken by lower scoring wards to improve on their performance. Performance was also triangulated against the QEWS dashboards for the previous 3 months. Wards make presentations frequently to a high-level Scrutiny Committee which includes the Medical Director and Chief Nurse.

MSSU currently score as a 1 for Best Care and 0 for QEWS. The Associate Director of Nursing for the Acute Medicine and Emergency Division is closely monitoring ward performance, with regular meetings with the Ward Manager. There is currently a high nursing vacancy rate on the ward, which is being addressed. Staff sickness has been high on Aspen ward. Stability of workforce on some wards has improved its performance. There is a drive to improve appraisal rates of staff on all wards. The Committee stated that NICU's performance for hand hygiene must improve. To be discussed at the next IGAC meeting.

SR

183/ 2014 Risk Scrutiny Exception Report

The Chief of Patient Safety – Deputy Medical Director reported that the last meeting had been well attended with good engagement from clinical divisions. Most divisions had invested significant time to update their Risk Registers.

The Surgery & Anaesthetics request to reduce the risk rating regarding outcome 11 – equipment was rejected. (action plan was presented at the IGAC meeting).

Committee members noted progress of the Risk Scrutiny Committee.

184/ 2014 Audit Committee Exception Report

The Chair presented the report. The Internal Audit into the Trust's CQC process had concluded that there was substantial assurance in this area. The report highlighted four recommendations which the Trust had responded to.

The report was noted.

185 /2014 Quality Account 2013/14

The Chief Nurse presented the Quality Account. The Account displays a host of information including progress against the quality improvement priorities for 2013/14 and lists the proposed quality improvement priorities for 2014/15. It was stated that work had been undertaken to ensure that the quality improvement priorities for 2014/15 were aligned to the CQUIN and business plan priorities for 2014/15. Further performance information was included in part 3 of the report.

The Head of Regulation & Accreditation reported that comments had been received from the Trust Governors and NHS North West Surrey CCG, which had been inserted into the report. The Trust had not yet received comments from HealthWatch Surrey or Surrey County Council Health Scrutiny Committee but was expecting to receive these before the 27th May 2014. The Head of Regulation & Accreditation was thanked for co-ordinating the development of the Account.

The Account was also being presented to the Audit Committee.

The Account was approved for submission to the Trust Board

186/ 2014 Finance Committee Exception Report

The exception report for the period January to March 2014 was presented.

The report was noted.

187/ 2014 Mortality Reviews

The Deputy Chief Nurse – Associate Director of Quality presented the report, which showed performance for Q4 2013-14. The

performance was below trajectory. There was a poor percentage of mortality reviews completed with Acute Medicine & Emergency division, for February and March 2014. The Chief of Patient Safety – Deputy Medical Director and Deputy Chief Nurse – Associate Director of Quality will lead review into how to increase performance of Divisions and ensure engagement. Mortality reviews now formed part of the monthly Balance Scorecard for the Trust.

The Committee felt that pockets of good practice should be shared across Divisions.

The report was noted.

188/ 2014

Any Other Business

The Chief Nurse stated that the mandatory requirement to monitor staffing levels data was discussed at the last Workforce Committee. NHS England would shortly be publishing this data. Each organisation would receive a rating based on whether the safe levels were perceived as safe or not.

This initiative would have a significant impact on the Trust Information department. The indicators of NHS England would be added to the QEWs dashboard for IGAC to monitor. The Chief Nurse to inform the Board.

Date of Next Meeting

Wednesday 25th June 2014, 11:00-13:00 Room 1 Chertsey House, St Peter's Hospital.