

TRUST BOARD
27th March 2014

TITLE	The Integrated Governance and Assurance Committee Minutes
EXECUTIVE SUMMARY	The key matters discussed in the meeting included the: <ul style="list-style-type: none"> - SIRI report - Risk Register - Terms of Reference.
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 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 overall 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:	Professor Philip Beesley, Non-Executive Director and Chair of IGAC
Date:	25 th March 2014
Decision:	For Receiving

Paper 151

INTEGRATED GOVERNANCE ASSURANCE COMMITTEE (IGAC) MINUTESTuesday, 18th February 2014

12.00 – 14.00 hrs

Room 2, Chertsey House

MEMBERS PRESENT:

CHAIR:	Philip Beesley (PB)	Non-Executive Director
	Heather Caudle (HC)	Deputy Chief Nurse - Associate Director of Quality
	Jim Gollan (JG)	Non-Executive Director/ Finance Committee Chair
	Mick Imrie (MI)	Deputy Medical Director/ Chief of Patient Safety
	Louise McKenzie (LM)	Director of Workforce Transformation
	Andrew Liles (AL)	Chief Executive
	Terry Price (TP)	Non-Executive Director
	Suzanne Rankin (SR)	Chief Nurse
	George Roe (GR)	Head of Corporate Affairs
	Carolyn Simons	Non-Executive Director
APOLOGIES:	Valerie Bartlett	Deputy Chief Executive
	David Fluck	Medical Director
	Simon Marshall	Director of Finance and Information
	Terry Price (TP)	Non-Executive Director/ Audit Committee Chair
IN ATTENDANCE:	George Absi (GA)	Head of Accreditation and Regulation

ITEM

134/ 2014 The apologies were noted.

The minutes of previous meeting were approved.

135/ 2014 The chair welcomed Carolyn Simons to the Committee. Jim Gollan was in attendance to observe the meeting but was invited by the Chair to play an active role in the meeting.

136/ 2014 **Matters Arising**

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

Outstanding actions **113/2013**, **115/2013**, **129/2014** all completed.
To be removed from tracker.

125/2014 Quality, Safety and Risk Management Strategy summary paper to be presented at the March 2014 IGAC meeting.

It was noted that there had been positive feedback from a Schwartz round presentation which involved an incident with an aggressive patient. This provided a forum for sharing of learning and an opportunity for discussion with attendees. Training is being provided to ward staff on how to manage aggressive patients. This is being delivered by the Health & Safety Manager and Lead Nurse for Adult Safeguarding. Further improvement actions were on-going.

The Chief Nurse stated that the Trust is unsure as to when the CQC will complete their Dementia audit. A Dementia Lead Nurse position is being recruited to in the new financial year.

IGAC confirmed that there was now no need to present the PALS, Incidents, Complaints and Claims (PICC) report to the Committee. This information is included in a number of other reports that are reviewed at the Risk Scrutiny Committee and Quality Governance Committee, both of which report to IGAC.

137/ 2014 **Terms of Reference**

The Deputy Chief Nurse – Associate Director of Quality presented the updated Terms of Reference of the Committee.

IGAC members requested that terms of reference were updated to include three NEDs as part of the membership and the revised list of sub-committees reporting into IGAC to be clearly defined in the Terms of Reference.

The Head of Corporate Affairs stated that the Committee membership should only include Board level attendees. Therefore the Deputy Medical Director – Chief of Patient Safety, Deputy Chief Nurse-Associate Director of Quality would be included as in attendance.. The Head of Corporate Affairs also requested that the assurance part of the committee was reflected in the terms of reference. The Deputy Chief Nurse – Associate Director of Quality to amend.

HC

138/ 2014 **Incidents SIRI Report**

The Deputy Chief Nurse – Associate Director of Quality introduced the report. There had been nine SIRIs since the last report to IGAC 21st January 2014. Six of these relate to pressure ulcers. A Non-Executive Director questioned whether it was known what was the root cause of the increase? The Chief Nurse stated that the Lead Nurse Tissue Viability was currently undertaking an in-depth robust review of these pressure ulcers and would be reporting to the senior nursing management team and committee shortly. A distinction between system factors and human factors will be made. Fundamental nursing care would also be part of the review. The Chief Nurse stated that the Trust undertook a Safety Thermometer

audit. This is a national directive which includes reporting on pressure ulcer, falls and VTE. It was stated that results reported were comparative or better than other Trust's in the region. A considerable discussion on pressure ulcers followed: how these are acquired, their prevention and management.. It was stated that a patient may have acquired a pressure ulcer at their home, before they are admitted to hospital, however the condition should not deteriorate within the hospital setting.

Four cases were closed. W4834, 132011, W4522 and W3633.

139/ 2014 **Action Trackers of all Quality and Safety plans**

The Deputy Chief Nurse – Associate Director of Quality presented the report. The log allows divisions to view and track actions and ensure learning from all serious incidents/complaints. At present the Action Log Tracker contains 943 actions following incident investigation and 220 following complaints investigation. It was reported that Women's Health & Paediatrics had the highest conversion rate to blue status (95%). The Chief Executive stated that he would like to see improvements in testing the effectiveness. The Deputy Chief Nurse – Associate Director of Quality stated that guidance was being produced to support Clinical Divisions in the process. It was agreed that the volume of testing should be reduced, however when testing occurs this should be robust. It was stated that the Patient Panel may be able to help with some of the testing of effectiveness.

HC

140/ 2014 **Francis Enquiry Action Plan**

The Chief Nurse gave a verbal updated and stated that the Francis report gap analysis was presented to the Trust Board in September 2013. The Chief Executive suggested that building on from the report there should be 4/5 main themes identified and a statement of assurance from the Trust against each. The Chief Nurse and Deputy Chief Nurse – Associate Director of Quality to present a draft to April IGAC.

SR /HC

141/ 2014 **RTT**

The Deputy Chief Executive was not in attendance. The report was deferred to March IGAC meeting.

VB

142/ 2014 **QEWS Triangulated Dashboard**

The Chief Nurse introduced the QEWS dashboard which is used to

predict trends. A Best Care audit spreadsheet was also presented which showed ward's accreditation levels over the last 6 months. A detailed discussion took place regarding ward's performance and action being taken by lower scoring wards to improve performance. These wards present frequently to a high-level Scrutiny Committee of which includes the Medical Director and Chief Nurse.

The Committee commended the improvement of Swan Ward, under the new leadership, which is now a level 3 QEWs ward. It was reported that a risk summit will take place for ASPEN ward. Ash ward have a planned away day which seeks to improve the team working within the ward.

It was reported that thirteen wards had improved their Best Care Accreditation score since the implementation in April 2013.

143/ 2014 ***Risk Register – Overview Report***

The Deputy Medical Director – Chief of Patient Safety presented the report. The Trust Risk Register report provides assurance that relevant risks have been identified as Trust risks and that migrating action are in place. Each risk was discussed.

144 /2014 **Quality Governance Committee Exception Report**

The Deputy Chief Nurse – Associate Director of Quality presented a verbal report. The Terms of Reference of the Committee were to be reviewed. Administrative capacity to support clinical audit has been reported as a concern. The Chief Nurse and Medical Director are looking into ways to increase this support/capacity. The requirements of junior doctors in participation of clinical audit is being reviewed by the Medical Director and Chair of the Clinical Effectiveness & National Audit Review Group (CEARG). Funding by the Commissioners for a palliative care Consultant is due to expire at the end of March 2014. There are on-going discussions with the commissioners to extend this funding for 2014-2015. It was reported that the Diagnostic, Therapies, Therapeutics and Orthopaedics Division (DTTO) had provided no evidence of mortality reviews to date. This is being followed up by the Medical Director.

145/ 2014 **Risk Scrutiny Exception Report**

The Deputy Medical Director – Chief of Patient Safety presented the report. The items were presented for the Committee's attention. This included capacity pressures affecting 4 hour waits in the Emergency Division now rated as extreme, TASC no paper submitted due to capacity issues and T&O only have 3 reported risks on their

Divisional Risk Register. Action to resolve these issues is ongoing.

146/ 2014 **Audit Committee Exception Report**

A report was presented by a Non-Executive Director. This stated that following a meeting held on the 22nd January 2014, only one point which arising from the meeting pertaining to outcome of internal audit's safeguarding children and young people review. The Audit Opinion stated "Substantial Assurance". A number of recommendations have already been implemented. Other actions had future 2014 implementation dates. These will be followed up by internal audit in March-July 2014.

147 /2014 **Finance Committee Exception Report**

The Non Executive Director/Finance Committee Chair presented the report. The report updated IGAC on the Finance Committee meetings between October – December 2013. The following points where highlighted:

- High costs related to ongoing use of temporary staffing both to cover vacancies and to address ongoing operational issues; and
- The reduction of the forecast to £1.5million on the back of continued operational pressures requiring additional resources, and the resultant impact on CIP's and cash. This risk had been placed on the Board Assurance Framework (*BAF*) and *Trust Risk Register*.

148/ 2014 **Mortality Reviews**

The Deputy Chief Nurse – Associate Director of Quality gave a verbal update. The Trust standard was a review of every hospital death. However, this was not yet being achieved and action to improve use of QuASH days for this purpose is in progress. Good sharing of learning was taking place at Trust Mortality meetings.

149/ 2014 **AOB**

The Chief Nurse stated that the Trust had been in business continuity due to the local flooding. This had been managed well. The Deputy Chief Executive will be sharing any learning which may arise.

The Trust had received a request for information regarding how many beds had the named nurse responsible for patient care above the bed from the Secretary of State's office. The Trust had responded accordingly.

Date of Next Meeting

Monday 24th March 2014, 13:00-15:00 Room 2, Chertsey House, St Peter's Hospital.