

TRUST BOARD**29th May 2014**

TITLE	Integrated Governance and Assurance Committee minutes
EXECUTIVE SUMMARY	This report contains the approved minutes of the meeting held on the 15 th April 2014. The Committee focused in detail on: Pressure Ulcers, the Risk Register and the CQC gap analysis report.
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) MINUTESTuesday, 15th April 2014

12:00 – 14:00 hrs

Room 2, Chertsey House, St Peter's Hospital

MEMBERS PRESENT:

CHAIR:	Philip Beesley (PB)	Non-Executive Director
	Valerie Bartlett (VB)	Deputy Chief Executive
	Danny Hariram (DH)	Deputy Director of Workforce & OD
	Mick Imrie (MI)	Chief of Patient Safety – Deputy Medical Director
	Simon Marshall (SM)	Director of Finance and Information
	Terry Price (TP)	Non-Executive Director
	Suzanne Rankin (SR)	Chief Nurse
APOLOGIES:	George Roe (GR)	Head of Corporate Affairs
	Carolyn Simons (CS)	Non-Executive Director
	Heather Caudle (HC)	Deputy Chief Nurse – Associate Director of Quality
	David Fluck (DF)	Medical Director
IN ATTENDANCE:	Andrew Liles (AL)	Chief Executive
	Louise McKenzie (LM)	Director of Workforce Transformation
	Sue Harris (SH)	Lead Nurse Tissue Viability
	George Absi (GA) (minutes)	Head of Regulation & Accreditation

ITEM

163/ 2014 The apologies were noted.

164/ 2014 The minutes of previous meeting were approved.

165/ 2014 **Matters Arising**

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

Outstanding action **160/2014** is on the agenda. Actions **154/2014** and **158/2014** have been completed and are to be removed from the tracker.

101/2013. The Medical Director to update the Committee at the May IGAC meeting.

166/ 2014 **Francis Enquiry Action Plan**

The action plan is to be presented at the May IGAC meeting.

SR/HC

167/ 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 24th March 2014. An overview of each SIRI was given to the Committee. Of the 12 SIRIs, 7 were pressure ulcer related whereas 2 were related to patient falls.

It was stated that the Trust is a high reporter of SIRIs than other local Trusts. The Chief Nurse stated that the Trust's process is in-line with the Trust's Being Open policy and that staff are supported to deliver their responsibilities accordingly. It was also stated that the process fully met the Trust's Duty of Candour.

A presentation regarding pressure ulcers would follow later in the meeting. The Chief Nurse informed members that a 3 year trajectory for pressure ulcers was being discussed with the CCG with the target of 0% in the 3rd year.

The Chief of Patient Safety – Deputy Medical Director stated that as previously reported to IGAC, work was underway to improve the action plan tracker/monitoring of actions.

An audit is currently being undertaken by the Falls Lead Nurse to map the location of the falls within wards. These results will be reported into a future IGAC meeting. The Chief Nurse stated that further preventive falls measures were being investigated including specialist flooring.

IGAC agreed the closure of 3 cases: W2538, W7153 and W4899.

167.1/2014 **Pressure Ulcer Presentation**

The Lead Nurse Tissue Viability presented findings of an investigation which had been conducted with the support of an external specialist, a Tissue Viability Specialist Nurse from another NHS Trust. The aim of the investigation was to determine any emergent themes and risks that can be mitigated. The sample included 10 pressure ulcers reported as Serious Incidents and which occurred during December 2013 – January 2014. Areas of good practice were identified including good use of body maps and repositioning charts & care plans were in-place. However these were not always maintained.

An in-depth discussion took place which included the role of medical engagement. It was stated that pressure ulcers are still seen as a nursing issue. Other areas discussed included digital cameras to

record all pressure ulcer damage. However some members felt that there were constraints including quality of picture and confidentiality issues, and the need to “react to red” and therefore not wait until the skin breaks down. A full report will be presented at a future IGAC meeting. The Chair recommended that the full report together with the action plan will also be presented to the Trust Board and Governors.

168/ 2014 **QEWS Triangulated Dashboard**

The Chief Nurse and Chief of Patient Safety – Deputy Medical Director introduced the dashboard. A detailed discussion took place regarding ward performance and action being taken by lower scoring wards to improve performance. Performance was also triangulated against the February 2014 QEWS dashboard. These wards present frequently to a high-level Scrutiny Committee which includes the Medical Director and Chief Nurse.

An in-depth discussion took place regarding the workforce indicators including nursing vacancy, agency use, stability of workforce and sickness. The Deputy Director of Workforce and OD stated that it was worrying that sickness rates had increased over the past few months. It was stated that the Workforce & OD Committee would be discussing the data and would report back to IGAC. The Deputy Chief Executive stated that it was a priority for the Trust to recruit and retain good staff.

LMK/DH

Members felt that the friends & family data for A&E was worryingly low. The Chief Nurse to liaise with leads to identify reason(s) and action(s) being taken. To be fed back to May IGAC.

SR

169/ 2014 **Action log Tracker Exception Report**

The Chief of Patient Safety – Deputy Medical Director presented. The Committee noted the report.

170 /2014 **Trust Risk Register**

The Chief of Patient Safety – Deputy Medical Director presented the register. No new risks had been added or removed since the last report. The Committee went through each risk in-detail.

The committee had the following recommendations:

- The risk could be reduced for risk ID 1336 (governance within Trauma, Anaesthetics, Surgery and Critical Care Division) due to the recent recruitment of governance staff.
- All risks related to CIPs could be removed from the Trust Risk Register and placed on appropriate Division’s Risk Register.
- The Chief of Patient Safety – Deputy Medical Director to

ensure all risks regarding 2013/14 CQUINs are removed.

- The Risk Scrutiny Committee to meet before the next IGAC meeting, to review, amend and recommend appropriately.
- All actions to be incorporated into the risk register presented to the 1st May Trust Board meeting.

The Chief of Patient Safety - Deputy Medical Director to action accordingly.

MI

171/ 2014

Care Quality Commission – Essential Standards of Quality & Safety

The Head of Regulation & Accreditation presented the quarterly report. The Trust implements a robust internal quality assurance system which includes, on a quarterly basis, clinical division's self assessing themselves against the regulatory 16 outcomes/standards. For 2013/14 quarter 4 assessment division's had all rated themselves as either green or yellow, with the exception of the Theatres, Surgery, Anaesthetics & Critical Care Division who had declared themselves red against outcome 11 – Safety, availability, and suitability of equipment. The Chair requested that an action plan demonstrating actions being taken to reduce/minimise the risk is presented at the May IGAC meeting. The Head of Regulation & Accreditation to liaise with the Division's senior clinical leadership team.

GA

The latest CQC Intelligent Monitoring Report had been published in March 2014 and the Trust had maintained its' band 6 status (lowest risk group). The Committee discussed the report which included 92 indicators of quality & safety.

The Head of Regulation & Accreditation also updated the Committee on recent developments of the CQC. Provider handbooks (consultation documents) had been published in April 2014 regarding their new inspection regime and proposed new standards. The Head of Regulation & Accreditation is currently reviewing these documents. In May 2014 a staff booklet will be disseminated to staff "What do the new CQC standards mean for you?"

The CQC have yet to decide when the Trust will be reviewed under the new inspection regime. The Trust had received a positive inspection report in March 2014, following an unannounced themed inspection in January 2014. It was stated that the CQC will not be returning to the Trust to complete the Dementia audit. The Chief Nurse had received feedback of which highlighted good practice and some learning and will disseminate these to committee members.

SR

CQC Gap Analysis Report

A review and gap analysis of a sample of first wave (September – December 2013) published final reports by the CQC was presented for discussion. This provided further intelligence into the new

inspection regime.

Practice and descriptions in the reports had been themed and leads within the Trust had been asked to give their thoughts on the Trust's compliance against the themes. Fifty-eight themes had been identified including documentation, falls prevention and medicines management. Leads had RAYG rated the themes accordingly. The report showed many areas of good practice and some areas for improvement and learning. There were no red areas reported.

The Chief Nurse stated that all the potential risks identified within the report were known to the Trust. The Head of Regulation & Accreditation confirmed that there were Trust leads for each area.

The committee felt that the exercise should be repeated and an update given on a six monthly basis.

GA

172/ 2014 **Quality Governance Exception Report**

The Chief of Patient Safety – Deputy Medical Director stated that there were two items to report. Firstly, an updated version of the bedside clinical guidelines had been re-uploaded onto the intranet and secondly, the attendance from Senior leadership teams at the last Quality Governance Committee meeting had been poor. The IGAC Chair, Deputy Chief Executive, Medical Director, Chief Nurse, Deputy Chief Nurse – Associate Director of Quality and Chief of Patient Safety – Deputy Medical Director to meet to discuss how to improve attendance at the sub-committee.

PB,
VB, DF,
SR,
HC,MI

IGAC Annual Report for Trust Board

173/ 2014

The Chair presented the report. The members felt that to mirror the work of the Committee over the last year, the report should include more detail on the achievements of the IGAC over the last 12 months. The report to be revised and presented at the next IGAC meeting.

HC/PB

175 /2014 **Any Other Business**

The Chief Nurse stated that the CQC had recently published the National Inpatient survey. It was concluded that although some results were positive, overall the results showed areas for improvement.

Date of Next Meeting

Wednesday 21st May 2014, 15:00-17:00 Level 2 Seminar Room, St Peter's Hospital.