

TRUST BOARD

31st January 2013

TITLE	INTEGRATED GOVERNANCE ASSURANCE COMMITTEE (IGAC) MINUTES
EXECUTIVE SUMMARY	This report contains the Chair of IGAC's report and the draft minutes of the meeting held on 12 th December 2012.
BOARD ASSURANCE (Risk) / IMPLICATIONS	The main topic of discussion was the 2 nd stage review as commissioned by Monitor and the ensuing improvement action plan. The capabilities and processes pertaining to risk management were also discussed.
STAKEHOLDER / PATIENT IMPACT AND VIEWS	Not sought.
EQUALITY AND DIVERSITY ISSUES	None identified.
LEGAL ISSUES	None identified.
The Trust Board is asked to:	Receive the minutes and heed the assurance and expressions of concern of the report.
Submitted by:	Heather Caudle on behalf of Philip Beesley, Non-Executive Director and Chair of IGAC.
Date:	24 th January 2013
Decision:	To Receive.

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1. Chair of IGAC's report

The Integrated Governance and Assurance Committee was held on Wednesday 12th December 2012. Apologies were received from the Chief Executive, the Patient Panel Representative, the Associate Director of Health Informatics and the Deputy Medical Director.

1. The Committee focused on three main areas:

- i. The PricewaterhouseCoopers 2nd Stage review of the Trust's clinical quality governance processes and the ensuing action plan.
- ii. Issues of Assurance
- iii. Issues of Concerns

2. PwC 2nd stage review

2.1 The action plan was discussed and agreed by IGAC. Much discussion centred around the recommended monthly frequency of meetings. The debate that ensued ended with the agreement to not only follow the recommendation but that IGAC will develop a business cycle to inject pace and accountability to the Trust approach to Quality Governance. IGAC will finalise the frequency of meetings and the cycle of business at its February meeting subject to Board approval.

2.2 It was agreed that IGAC will monitor the progress of the action plan on behalf of the Board.

3. Assurance

The Integrated Governance and Assurance Committee would like to provide the following

Assurance:

3.1 The culture, capabilities and processes around risk management were discussed in detail aided by an analytical triangulation of risks and incidents.

3.2 IGAC will move to a monthly frequency in line with the recommendations from PwC and develop a business plan and revised membership in order to drive the quality agenda, subject to approval from IGAC in February and from the Board.

3.3 The decision to accelerate the application for a level 3 NHSLA discount will be examined in more detail by the Executive Directors.

3.4 The Quality and Safety Half (QuASH) Day Terms of Reference was agreed and will now be used as a framework against which the Divisions would apply their own QuASH day format.

3.5 CQC – the Trust has done well to receive the all clear and still focusing on delivering the action plan devised in July 2012 to address outcome 21. However, the Trust must not be complacent and IGAC will continue to carefully monitor the action plan.

4. Concerns

IGAC would like to bring the following **concerns** to the Board's attention:

4.1 The Serious Incident Requiring Investigation (SIRI) action tracker is not fully understood by frontline staff. Training around this will be delivered.

- 4.2 There is a need for a standardised description of the roles and responsibilities for clinical governance leads in the Divisions.
- 4.3 The audit tool for the compliance in practice review process needs improvement, particularly with outcomes 12 (Pre-employment checks), 13 (data held in HR), 14 (appraisals and mandatory training).
- 4.4 There remains a concern with Falls that result in harm. Further to the in-depth analysis that was presented to the Board in October 2012, there will be a Trust-wide event looking more closely at the issue. This will generate a stratified action plan addressing improvements required at Corporate, Division, Specialty, Ward / Clinic / Department and then at Individual levels.

2. INTEGRATED GOVERNANCE ASSURANCE COMMITTEE (IGAC)

Minutes of the meeting held on
12 December 2012

14.00 -16.00hrs – Room 2, Chertsey House, St Peter's Hospital

Members Present:

Valerie Bartlett	VB	Deputy Chief Executive
Raj Bhambher	RB	Director of Workforce and Organisational Development
Philip Beesley	PB	Non-Executive Director (Chair)
David Fluck	DF	Medical Director
Simon Marshall	SM	Director of Finance
Terry Price	TP	Non-Executive Director
Suzanne Rankin	SR	Chief Nurse

In Attendance:

Heather Caudle	HC	Associate Director of Quality
Sal Maughan	SMa	Head of Accreditation and Regulation
George Roe	GR	Head of Corporate Affairs
Dakshita Takodra	DT	Internal Auditor (Parkhill)
Marty Williams	MW	Head of Patient Safety

Apologies:

Andrew Liles	AL	Chief Executive
Maurice Cohen	MC	Patient Panel Representative
Donna-Marie Jarrett	DMJ	Associate Director of Health Informatics
Michael Imrie	MI	Deputy Medical Director

- 1 **Apologies for Absence**
These are noted above
- 2 **Committee Duties and Responsibilities for Reference**
These were noted.
- 3 **Minutes of the Meeting held on 19 Sep 2012**
 - Paragraph 9a to be corrected. Terry Price does not chair meeting.
 - **ACTION:** Minutes to be corrected

HC
- 4 **Matters Arising**
 - 4.1 Action Points
The completed action points were accepted. On-going action points as follows unless covered under another agenda items
 - 5.2 – Progressing, the improvements from the Salford Royal to be fed back to Senior Nurses and Midwifery Leadership Committee. **HC**
 - 5.2 – Visit to Nottingham due to have taken place on 13th Dec was cancelled by Nottingham. The visit is to be rearranged. **DMJ**
 - 9a – After an initial dip in quality around governance processes for the

Surrey Pathology Services, there was significant improvement. Targeted areas of improvement around the relationship have been successful. There have been no reports of significant harm to patients.

14i – Corporate action plans from PALS and complaints highlighted in the PICC report to be presented at next meeting in February 2013. **HC**

14j – From next meeting comparable data / information within the PICC report will be presented in graph form. **MW**

4.2 Terms of Reference for QuASH Days

HC presented the QuASH days Terms of Reference paper and drew attention to the fact that it was a framework to which each Division could apply their own QuASH day format.

Issues pertaining to accountability were discussed and clarified. All present agreed that the QuASH day was the place where staff engaged in activities necessary to provide high quality services and that reporting should be to Divisional Clinical Governance meetings by exception. RB observed that further clarification was required under the Learning and Development element of item 3. Assurance around the QuASH days would be numerical in nature to evidence the rate of mortality reviews and also by providing an attendance list for the event.

ACTION: HC and RB to meet to clarify the Learning and Development elements of the QuASH days. **HC/RB**

4.3 Triangulation of Risks and Incidents by Division

HC presented the paper, which was intended to test the hypothesis that those Divisions who are good at identifying risks would have low levels of commensurate incidents.

PB noted the report and acknowledged that, whilst the paper was limited in proving the hypothesis, it stimulated a valuable discussion about the effectiveness of risk management in the Trust. It was noted that, in some cases, risks were logged after a related incident had taken place. One suggestion was to explore the use of an issues log.

SM asked about the role of executive directors apropos the corporate risk register. PB felt that whilst TEC was the forum where the movement of risk was discussed and agreed, IGAC would expect to receive assurance around the reasons for risks being kept open or closed and therefore maintain its role as the overseeing / monitoring Committee for risks.

PB summarised that this was the start of work in ensuring live proactive practice rather than being reactive when recording and managing risks. The Risk Symposium which took place on the 7th of December looked at similar issues.

5 2nd Stage Review Action Plan

HC clarified that the recommendation from the 2nd stage review most relevant to IGAC was its meeting frequency increasing to monthly. More than one IGAC member questioned whether there was sufficient evidence that this was needed.

The Committee discussed the disadvantages of a quarterly frequency, which included the current overrunning of meeting and the inability to cover business-critical items such as the risk register and BAF in meaningful detail. This could be a risk as the Board relies on IGAC to fully examine, advise on and drive the Quality agenda. SR noted that the Monitor self-certification process would be better evidenced through more regular meetings.

HC explained that PwC's recommendation for a monthly frequency was in the context of challenges to the Emergency Care Pathway and the Epsom acquisition that were prevalent at the time that the review was commissioned. In light of improvements on these two issues, PB believed PwC would be happy with bi-monthly meetings but also noted that AL, although not present at IGAC, was in favour of a monthly frequency.

The Trust action plan in response to the 2nd stage review was agreed and IGAC was identified as the committee to monitor its progress.

ACTION: to plan a cycle of items for monthly meetings and review the membership in time for next IGAC on 14th Feb 2013.

HC / PB

ACTION: Include the Francis enquiry report on the agenda for the next meeting.

HC

ACTION: Heather to contact Mid Staffs Head of Quality to get some insight.

HC

ACTION: HC and PB to look at a cycle of business.

HC/PB.

ACTION: review of cycles of Board sub-committees comparable to IGAC from other Trusts.

HC

ACTION: Present AL with the cycle of meetings and revised Terms of Reference.

HC/PB/SR.

ACTION: GR will arrange a pre-meet with the EDs and the NEDs to discuss the 2nd stage review.

GR

ACTION: GR/SR and HC to further refine the 2nd stage review action plan.

GR/HC/SR.

6 Quality, Safety and Risk Management Strategy

6.1 KPI Update
For noting.

7 NHSLA Update

7.1 The NHSLA is planning to revise their processes. In order to do this

there will be a freeze on assessments from April 2013 to March 2014 except for Trusts where there are concerns and for Trusts who have level 2 and 3 CNST discounts.

The paper presented four options which were:

1. Do nothing – comply with assessment freeze
2. Continue with plan to be assessed in January 2014
3. Accelerate an assessment in December 2013
4. Accelerate an assessment in December 2013 with investment in a specialist interim project management support.

MW recommended option 4.

ACTION: MW and SMa to provide a forward plan to get to NHSLA level 3 for discussion at the Executive Director's Tuesday meeting

ACTION: Once information provided, the Execs to make the decision on the preferred option.

MW

**SR/SM/RB/
VB.**

8

Incidents

8.1 SIRI Report

MW presented the SIRI report, which identified an increase in pressure ulcers, fractured neck of femurs resulting from falls and restriction of access to the Maternity Unit.

There were 12 cases to be considered for closure. One of the cases was brought to the previous IGAC and the test of effectiveness completed.

Two services were currently under review: Paediatric (Neonatal) services and Radiology services.

There will be a meeting between the falls champion and SR to look further into this issue. Whilst a significant amount of work has gone on to address the issue of Falls in the Trust, there remained a need to look at the training and development issues.

ACTION: to address the training and development in partnership with the Falls lead, Keefai Yeoung

ACTION: SR to confirm to IGAC that she is in agreement with the 12 cases closing. IGAC will follow her recommendation.

ACTION: internal review of process and practice around wrong interpretation of an x-ray.

ACTION: IGAC to assure the board that we are taking actions around all the issues where there are clusters.

**RB /SR /
KY / HC.
SR/MW**

MI/HC

PB/SR/HC.

8.2 Action Tracker

MW presented the Action tracker report. Out of the 437 actions on the tracker there were 248 with a green status, 131 with amber and 0 rated red. The test of effectiveness (actions with a blue = 28) were not happening as quickly as they should.

ACTION: MI and MW to meet with the Divisional triumvirates to impart learning and understanding of the SIRI action tracker process.

MI/MW

9 Clinical Governance Committee Exception Report

- 9.1 Seven items were presented to the IGAC. Three items for information, two items for assurance, one item for both information and assurance and one item for noting.

IGAC was asked to note that the absence of mandatory NJR submission had had an adverse impact on the Trust's QRP rating in outcome 16. The ensuing discussion highlighted the need for a standardised description of roles and responsibilities for clinical governance leads in the Division.

ACTION: to formulate a standardised description for the clinical governance leads

HC/RB

10 Safety and Risk Committee Exception Report

- 10.1 Three issues were presented to IGAC for assurance.

11 Care Quality Commission

11.1 Essential Standards

There had been significant progress in the CQC compliance assurance framework in the Trust and the plan to embed Divisional-level compliance monitoring was progressing on track.

The compliance in practice audit has now been done three times and improvement in practice was evident. There was however a need to improve the audit tool, particularly with outcomes 12 (Pre-employment checks), 13 (data held in HR), 14 (appraisals and mandatory training compliance data). The next stage would be to meet with the RB to get advice on the improvements.

An internal mock-inspection programme had started and the first mock CQC inspection was carried out on the 6th December. Issues were fed back to the areas inspected.

ACTION: to re-inspect the wards which had submitted post-inspection action plans in accordance with deadlines for improvements.

SMA

ACTION: improvements to be made to the compliance in practice tool for outcomes 12, 13 and 14.

SMA/RB

- 11.2 CQC Action Plan Update
For noting

12 Corporate Risk Register Reports

- 12.1 There were 23 risks added to the registers since September 2012, three of which were corporate.

Seven risks were being reviewed and a follow up report will be given at the next IGAC meeting in February 2013.

ACTION: Seven risks for reviewing and reporting to IGAC in February 2013.

MW

- 12.2 Three risks awaiting some actions. Debrief from Gastroenterology report. Report will be reviewed on Thursday 13th December 2012.

ACTION: update to be reported to IGAC in February 2013.

MW

- 12.3 Finance risk around loss of income is being tolerated.

- 12.4 Paper noted.

13 Board Assurance Framework (BAF)

- 13.1 GR presented the BAF, which was the second iteration of the revised version.

The top five risks were discussed. The derivation of the top five risks was judged to be unclear as was the mechanism for managing, appraising and treating these. One major reform of IGAC would be to allow for debate and discussion of the BAF around the top five risks in relation to the Trust's Strategic Objectives. It was agreed that a method would be recommended.

Owing to the ceasing of the Epsom transaction, it was agreed that all risks relating specifically to Epsom be removed, but risks around strategic partnerships be reviewed.

ACTION: EDs to feedback their nominations for the top risks priority list to GR.

EDs

ACTION: risks related to mergers and partnerships generally to be described and captured.

EDs

14 External Agencies and Inspections Report

- 14.1 Report was noted.

SMa acknowledged that this report would benefit from improvements in the process.

Although the RAG rating for Ofsted inspection on the Nursery was 'good – strong' the Ofsted inspections for the Hop, Skip and Jump Holiday Play Scheme resulted in a judgement of 'inadequate'. The report's RAG rating of green for this item therefore was misleading and therefore needed to be separated.

ACTION: RB to meet with SMa two weeks prior to IGAC.

ACTION: the External Agencies Report item pertaining to the Trust Nursery to be split to reflect the feedback which was different for the Nursery and the Hop, Skip and Jump Holiday Play Scheme.

**RB/SMa
SM**

15 Audit Committee Exception

- 15.1 Exception Report

ACTION: Terry to send the audit reports and responses to IGAC.

- 15.2 Internal Audit Report – CQC Outcome 4

For noting

15.3 Internal Audit Report – Complaints
For noting

16 Finance Committee Exception Report

16.1 Two issues were presented to IGAC for information.

17 Any Other Business

None

18 Next Meeting

Thursday February 14th 1300-1500 in room 2 Chertsey House

