

TRUST BOARD
27th November 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 October 2014.
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:	20 th November 2014
Decision:	For Receiving

INTEGRATED GOVERNANCE ASSURANCE COMMITTEE (IGAC) MINUTES
Tuesday 21st October 2014
Room 2, Chertsey House, St Peter's Hospital
12.00 – 14.00 hrs

CHAIR:	Philip Beesley (PB)	Non-Executive Director
	Suzanne Rankin (SR)	Chief Executive
	David Fluck (DF)	Medical Director
	Mick Imrie (MI)	Chief of Patient Safety/Deputy Medical Director
	Heather Caudle (HC)	Chief Nurse
	Valerie Bartlett (VB)	Deputy Chief Executive
	Terry Price (TP)	Non-Executive Director
SECRETARY:	Marty Williams	Acting Associate Director of Quality
APOLOGIES:	George Roe (GR)	Head of Corporate Affairs
	Simon Marshall (SM)	Director of Finance and Information
	Louise McKenzie (LM)	Director of Workforce Transformation
	Carolyn Simons (CM)	Non-Executive Director
IN ATTENDANCE:	Danny Hariram	Acting Director of HR

ITEM	Action
223/2014 Minutes of the meeting held on 23 rd September 2014 PB will review the minutes to ensure minor amendments have been included.	
224/2014 Matters Arising	
The Committee reviewed all actions from the meeting held on 23 rd September 2014.	
Incidents SIRI Report – MI to check with his personal assistant whether there has been duplication in the action log.	MI
Patient Experience Monitoring Group Exception Report – HC to provide an update at the next meeting.	HC
IMD Report and action plan – This report is now available and a meeting is to be convened outside the committee to discuss and agree the actions. MI, PB and SR. IGAC will be advised if there are any outstanding issues.	MI/PB/SR
QEWS – It was noted that there are no level 0 wards on QEWS. The review of Aspen is complete and there has been a review of the quality metrics and staffing levels in the Emergency department (ED).	2
Mortality Reviews – MI advised that specialty leads should be responsible for their own mortality reviews and a communication notification will be sent from MI, an update on progress to be reported at the next meeting.	MI

Women's Health and Paediatrics external review – There was a verbal update on the main findings of this report and work is on-going, a full report will come to IGAC next month together with progress on the action plan which is being developed with the Division. HC to update the committee by email on whether the report has responded to the original brief. The initial concern is regarding stillbirths and Paul Crawshaw has been tasked to look at the three elements of perinatal mortality and to benchmark the Trust against similar organisations.

HC

Medical Appraisal and Revalidation

There are no referrals at present. Work is on-going to produce an integrated report for the next IGAC.

DH

DF to provide an update on the current position with regards to appraisals to the next meeting.

DF

225/2014 Self-Certification

GR unable to attend meeting due to sickness. He is to send the Self Certification paper to PB for Chairman's action.

GR

226/2014 Board Assurance Framework

A new risk regarding the merger has been added to the BAF. The changes reflected in the BAF are directly related to the change in the risk profile of the organisation. This is mirrored in the change of risk scores which are detailed in the paper and also reflected in our top five risks which have shown considerable change from the position they were a year ago.

Objective 3, Skilled, Motivated Teams – 3.2 – the score remains at 16 – IGAC noted that there had been an improvement but want to wait until the outcome of the National Staff Survey is known before considering downgrading the risk.

The committee members discussed the sustained operational pressures the Trust has been experiencing and the affect this is having on the staff. It was agreed a new risk should be added to the BAF and DH was tasked with describing a risk around resilience of staff under operational pressures after discussion with LM and then to forward to GR for inclusion on the BAF.

DH

IGAC considered and agreed that the financial risk on the BAF should be reviewed.

Incidents SIRI Report

227/2014

MI summarised the report and gave an update on the Never Events. It is looking increasingly likely that the second ophthalmology incident may not be a Never Event.

The NHS England Patient Safety Team is working with Maternity Services leading on the investigation into the retained swab (Never Event).

A Safety Seminar on (Never Events) has been planned for the 19

November 2014 and there has been an encouraging response from multi-disciplinary teams to attend.

There was a concern raised around the Operating Theatre utilization times and its relationship with the team brief at the beginning of the operating list. There is an opinion that the team brief apparently reduces theatre utilization. SR to discuss with the team.

SR

Urology SIRI's – progress has been made but the service is not yet where it needs to be and further work is on-going. There will be an action plan agreed with the CCG to drive further improvement. There will be additional Clinical Nurse Specialist resource going forward. This will be kept under review with verbal updates. IGAC is minded that there should be an external review but the issue will be discussed with the CCG to agree the best process.

MI

Risk Register – Overview Report

228/2014

There have been no changes to the Risk Register since last reported to IGAC, however, this is likely to change as some high level risks on the BAF will need to be reflected in the risk register going forward.

MI/HC

IGAC noted concerns regarding capacity and the ability to deliver on the merger work and for the upcoming CGC inspection. The committee members agreed there should be a risk regarding this issue. MI to frame a risk to take to the Trust Board.

MI reported that there had been good engagement by members of the Risk Scrutiny Committee and HC/MI to review the frequency of the meeting. It may be appropriate to extend the time of the present meetings and if there are additional issues which require discussing an extra meeting can be called.

QEWS Triangulated Dashboard

229/2014

IGAC is pleased to note there are no level 0 wards this month however we are cautious looking forward because of the sustained pressure on the Trust.

ED can now demonstrate harm free care.

Birch Ward has gone from 2 to 3.

Aspen Ward – A new Ward Manager is in place and the specialty lead will be engaging with the team to agree any changes needed. Aspen have no red flags; however, they have not yet achieved the level of green flags necessary to move out of the red on the Best Care dashboard. Further improvement is expected.

HC

HC discussed shifting the emphasis so that ward areas are focusing more on the red areas which our scoring system does not concentrate on at the moment. It was noted that this is to be picked up with the Ward Managers via performance meetings.

The escalation areas need to be included in the Friends and Family test to ensure we capture this data.

Care Quality Commission – Essential Standards

The CQC inspections are giving weight to the voices of patients and staff within the context of quality and safety. Staff are feeling burdened by the self-assessment process and are being given support with this.

230/2014

The CQC attended the Trust on 20th October and they described the expectations of their visit in December. The Trust mobilisation team are meeting with staff face to face in order to prepare for the inspection. The team are also doing a thematic analysis of the Data Packs as they are being completed. VB has suggested that an assurance step be added to the process to assure the data before it is sent to the CQC. The result of the inspections will be released in March 2015.

IGAC is satisfied that good progress on preparation is in place for the CQC visit. We recognise that there is a risk due to the issues of capacity within the organisation but are happy that everything is being done that should be done to get the best possible outcome.

MW

It was noted that information regarding staffing levels should take into account temporary staff and not be reliant solely on information taken from ESR.

External Agencies and Inspections Report

MW

There are four ambers on the report and MW advised that the TASC team were unaware of the cancer peer review for Colorectal. MW to speak to Sarah Burton in order to RAG rate this.

231/2014

The fixed wiring testing has been graded as a medium because they are behind schedule.

MW to check what the assurance system is in Estates.

Claims Report

MW advised of changes to the NHSLA. There has been a rise in claims both nationally and within the Trust. MW

Education is suggested for the Divisions in terms of prevention of complaints becoming claims. The Trust is looking at giving Ward Managers more budgeting ability to provide remedy at the point of care. There has been a rise in orthopaedic claims, MW to provide IGAC with a thematic analysis to understand whether these figures are settled claims or intimations of claims.

232/2014

Any Other Business

None Noted.

Date of Next Meeting

223/2014

Tuesday 18 November 2014, 12.00 – 14.00, PGEC, Room