

INTEGRATED GOVERNANCE ASSURANCE COMMITTEE (IGAC) MINUTESThursday 23rd July 2015

Room 3, Chertsey House, St Peter's Hospital

14.00 -16.00 hrs

CHAIR:	Professor Philip Beesley (PB)	Non-Executive Director (Chair)
IN ATTENDANCE:	Dr Michael Imrie (MI)	Chief of Patient Safety/Deputy Medical Director
	Terry Price (TP)	Non-Executive Director
	Valerie Bartlett (VB)	Deputy Chief Executive / Director of Transformation (Attended on behalf of Suzanne Rankin)
	Erica Heppleston (EH)	Corporate Quality Lead
	Liz Davies (LD)	Company Secretary
SECRETARY:	Dr Brendan Affley	Consultant
	Marty Williams (MW)	Acting Associate Director of Quality
APOLOGIES:	Heather Caudle (HC)	Chief Nurse
	Suzanne Rankin (SR)	Chief Executive
	Dr David Fluck (DF)	Medical Director
	Simon Marshall (SM)	Director of Finance & Information
	Lorraine Knight	Interim Chief Operating Officer
	Louise McKenzie (LM)	Director of Workforce Transformation

ITEM**Action****341/2015 Minutes of the Last Meeting**

The minutes of the meeting were agreed as an accurate record.

342/2015 Matters Arising

QEWS workforce and Organisational Development update referred to September. The Committee note that LM has pressing reasons for not attending.

Policy for external visitors – Chief Nurse advises this action rests with the Head of Communications- Giselle Rothwell. Permission was given for MW to sign off the policy.

MW

Action: MW to check with the Head of Communications that all points covered in other policies or to rectify.

308/2015 – **Action:** QEWS Workforce and OD update to be in September.

**As
stated**

288/2015 – **Action:** update on absconding event required.

330/205 – **Action:** Polices / process on CPE to be done by Infection Control Nurse Specialist.

330/2015 – Spot audits are done regarding hygiene around the hospital.

An infection control matter was discussed which is to be raised at performance meetings.

The Chief of Patient Safety advised that work is being done regarding infection control testing in order to ensure the Trust is compliance with NHS England requirements for CPE.

MI

330/2015 - Hand washing needs reinforcing given the CPE Situation. Our response to this will be toolkit compliance in future and our actions re. CPE are believed to be in line / better than other organisations. The situation will be kept under review. Known contacts are being given advice cards on the condition.

330/2015 – Completed reports have been sent to two Safeguarding Leads for advice.

334/2015 – No concerns with FFT per the Chief Nurse.

334/2015 – **Action:** MW to confirm with the Chairman that communication has been sent.

MW/PB

337/2015 - **Action:** MW to confirm with LK

MW/LK

338/2015 – Completed and issued.

343/2015 Incidents SIRI Report

W21204 – The Chair asked whether the evidence on falls suggests our strategy is adequate. The Chief of Patient Safety stated that more risk stratification is needed in terms of the harm to patients who suffer

falls. The Chief of Patient Safety advised incidents are being revised in clusters by familiar incident type with the aim of addressing update to actions in a faster manner. The action plan is being managed. The Falls Steering Group met recently. The Chair noted the deep dive report presented to Board.

The Falls Steering Group needs support; the group feeds into Quality Governance Committee.

Action: The Chief of Patient Safety and Acting Associate Director of Quality are to attend the Falls Steering Group to provide support.

MI/MW

It is noted risk assessments and medical assessments (including Adult Nursing Assessment documentation) are proving complex to get filled in.

Action: MW to review falls documentation pathway and to report back to Committee. The Committee agreed that improvements, if identified, should be progressed.

MW

W21816 – An explanation of the event was outlined by the Chief of Patient Safety. Retrospective review of component use is being undertaken.

A discussion was held about the SIRI backlog and it is noted that this is currently on trajectory. The CCG is comfortable with what we are doing. VB asked what was the learning from this re building up such a backlog. The Chairman noted the monitoring is to be regular and vigilant going forward.

There are 21 cases overdue to IGAC for consideration for approval to close. Most of these cases are items for which the tests of effectiveness are outstanding.

Agreed – recommend for closure as presented. TP noted 2-3 month slippage on some cases. The Chair raised the importance of keeping on track with SIRIs and ensuring effective monitoring of this.

344/2015 Risk Register Overview

The report was not presented to IGAC and won't be presented to Board this month. The Chief of Patient Safety advised that the current version of the Corporate Risk Register has only 3 risks. It is noted that 2 risks were downgraded previously and no longer rest on the Corporate Risk Register report. Therefore it is crucial to review the Risk Register as per action item. The Committee notes that the Divisional Departmental risk registers are now improved.

MW

Action: Executives to hold workshop to ensure the Risk Register is representative of current risks; timescale is to be within 4-6 weeks.

Quality Team to set up meeting. **Action:** MW

TP/MI

Action: TP to talk to this point at Trust Board this month, along with Chief of Patient Safety.

345/2015 CQC Action Plan

Noted slippage with actions reflecting, per the Corporate Quality Lead, a combination of staff movements, capacity and upcoming holiday season. Noted that staffing is rated green and that the action is to be reviewed by Quality Review Group soon.

Action: To raise to Board slippage on the actions regarding concerns re safer staffing, record keeping and Intensive Care Review timescale.

Board

Action: To remind Trust Board we can anticipate a CQC Inspection once the plan is nearer completion, which our internal timescales indicate may be as early as January to March 2016.

Board

Whilst many slippages are retrievable the following areas cannot be assured.

Compliance Actions:

Compliance action (4) – Staffing

Records (5b) - Quality of record keeping

Critical Care (2) – Governance and Risk management in Intensive

Care Review meeting timescale.

Execs

Action: To ask Executives to be actively supporting their workstreams and to raise concern with impact of vacant posts.

It was noted that 'should' actions 18 and 19 are complex to deliver with dependency of multiagency factors that are of high risk and challenging to deliver and also the complexity of item 36, the stroke unit action.

Action: VB to raise at Board re. engagement with the plan. Women's Health and Paediatrics Division haven't provided recent progress updates despite support. Despite the points we raise, The Committee notes how hard staff are working to keep the plan on trajectory.

VB

Action: VB to discuss with Executives a way forward.

VB

The Regulatory Gap analysis was discussed. It is noted this is both prioritised and time mapped.

Action: Board to discuss capacity to progress the regulation gap action plan. The Trust is required to both assess and deliver on this.

Board

Action: To prioritise assessment and then review gaps and timescale

EH

Action: EH to put summary position for Board and provide to VB and TP.

EH

347/2015 QEWS Triangulated Dashboard

Chair noted no QEWS zero wards. Noted that Best Care wards reviewed via the Best Care Surveillance Panel, which is to be ward based wherever possible with the aim that more attendees can attend.

Action: Going forward, take Fielding Ward off QEWS Dashboard as this is now closed. It is noted that Heron hand washing rate is low, The infection control impact noted. There is an action plan from the Best Care Surveillance meeting.

MW

Urology note 51% vacancy rate and low FFT score. Is this able to be

triangulated.

Chief of Patient Safety and Chair noted Urology team has been strengthened.

Significant progress has been made addressing deficiencies e.g. outpatients, cancer nurse provision.

What we need to do: Feedback is it a pathway rather than a capacity problem. Chief of Patient Safety stated there are uncertainties regarding where prostate pathway lies in respect of those on surveillance regarding raised PSA (Prostate Specific Antigen).

Noted is large and complex patient cohort and capacity implications.

Action: Raise with CCG - Chief of Patient Safety and Deputy Chief Executive.

VB/MI

Action: Urology scores and reasons for this need exploring with the service, to explore further reasons and to ensure this is addressed. Need to resolve the reason why Urology has 'N/A' Best Care score. Chief of Patient Safety to discuss with Chief Nurse and to report back to IGAC.

MI/HC

348/2015 Deep Dive Stroke Report

Acting Company Secretary and Dr Affley joined the meeting.

The Chair stated Board needs to know what we do well and where improvements need to be.

Key Indicators:

1. Meeting stroke 4 hour target - winter outlying patients is the key issued driving the challenge.
2. Maintaining the ring fenced beds.

Achievements:

1. One male, 1 female ring fenced bed is being achieved, an improvement.
2. Time to thrombolysis is excellent.

The Deputy Chief Executive noted the progress being made regarding stroke. It is noted in Cardiology some pathways involve direct admission to speciality area and the Stroke Team is considering this.

The Consultant advised patients are disadvantaged if they don't get admitted directly into a stroke unit. Prioritisation does occur. The aim is seeking to avoid complications and to avoid longer length of stay.

Action: Board to consider adequacy of winter planning and capacity plan for level of capacity increase likely to present to the Trust to: **Board**

- manage ring fencing
- meet overall bed capacity needs and to understand the Board position.

The Chief of Patient Safety discussed how this has been discussed at bi-monthly Stroke Meeting.

Action: Consultant suggested to liaise with stroke specialists in another specialist centre to determine their experience in this area regarding what best practice is. **BA**

Action: LK to meet with Consultant to explore support for the stroke pathway and exploring the way forward. Need to clarify whether pathway to be direct admission or not. **LK**

349/2015 Board Assurance Framework

Company Secretary presented this.

Item 1.2 - Company Secretary sought guidance.

Action: LD to liaise with Head of Emergency Planning and Resilience on forward capacity planning. **LD**

Action: Members to feedback questions to LD.

Action: Executives to review BAF and Risk Register simultaneously. This is to include items not on the Risk Register but in BAF. **All Execs**

Action: Chief of Patient Safety advised the Risk Register to be verbal **MI**

update for agenda for Board, paper to be deferred to September.

350/2015 Audit Committee Exception Report

No Update

351/2015 Finance Committee Exception Report

Temporary staffing deep dive has been via Workforce and Organisational Development Committee.

Action: Chief Operating Officer to provide an update on urgent care pathway to Trust Board.

LK

352/2015 Any Other Business

None

**Date of next meeting: 17th September, Room 3, Chertsey House
11.00-13:00.**