

Paper 341

INTEGRATED GOVERNANCE ASSURANCE COMMITTEE (IGAC) MINUTES

Monday 29th June 2015

Room 3, Chertsey House, St Peter's Hospital

16.00 -18.00 hrs

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| CHAIR: | Professor Philip Beesley (PB) | Non-Executive Director (Chair) |
| IN ATTENDANCE: | Heather Caudle (HC) Dr Michael Imrie (MI) | Chief Nurse Chief of Patient Safety/Deputy Medical Director |
| | Suzanne Rankin (SR) Terry Price (TP) Marty Williams (MW) | Chief Executive Non-Executive Director Acting Associate Director of Quality |
| | Dr David Fluck (DF) Simon Marshall (SM) Aileen McLeish (AM) Louise McKenzie (LM) | Medical Director Director of Finance & Information Chairman of Trust Board Director of Workforce Transformation |
| SECRETARY: | Jacqui Rees (JR) | Acting Head of Patient Safety (Minutes) |
| APOLOGIES: | George Roe (GR) | Head of Corporate Affairs |

| ITEM | Action |
|---|---------------|
| 297 Minutes of the Last Meeting | JR |
| Accepted as correct. | |
| 298 3 - Matters Arising | |
| As below. | |
| 288/2015 3 - Standardisation of theatre procedures | |
| The Executive Team will draft a letter to the Consultants. | SM |
| The Executive Team will consider a wider approach to addressing the | |

reduction in variability. The Executive Team to report the details of the work streams through which we will drive a reduction in variability back to IGAC in September 2015. **MI**

3 - Absconcion from ED

ASPH is an active member of the Surrey Crisis Mental Health concordat.

SR raised the experience of other local ED departments and the police observations that mental health patients are no longer held in a police cell as a place of safety they are taken to ED instead. SR suggested this should be further explored to determine whether this impact was felt in our ED or Surrey and Borders (SAB). SAB liaison keeps this data. **Action** Explore the extent to which our ED/inpatient bed provides a safety back stop for the lack of mental health provision within the local health economy. Also the extent to which we able to apply a financial penalty to recoup costs when this happens. **HC/SM**
Feedback July 2015

315/2015 3 - Complete

299/2015 3 - Personal letter to clinicians to be drafted. **LMc**

New clinical attachment policy recently completed.

SIRI report closure on the agenda.

320/2015 3 - Complete.

The Chief of Patient Safety has spoken with Medicine regarding the completion of mortality reviews at the bedside.

IGAC agrees the Trust should continue with this bedside approach and explore alternative ways of ensuring completion. There should be a recalibration of the target for completion and feedback to IGAC in the next mortality paper. **MI**

SR suggested contacting Aspen ward, who have implemented 'Consultant of the Week' and confirm whether the new way of working has impacted their compliance with mortality reviews.

309/2015 3 - **QEWS Dashboard**

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|-----------------|--|-----------|
| | The re-audit schedule is complete. | HC |
| | Space issues on Swan Ward: The Divisional Director JH is consulting with urology staff to free up office space for use as ward space subject to redesign. | |
| | The low Friends and Family (FFT) return rate has been addressed for Cedar Ward. This should improve going forward. | |
| 311/2015 | 3 - Medical Appraisal and Revalidation | KC |
| | Written response to be sought from DF | |
| 312/2015 | 3 - PEMG exception report | |
| | No incidents have been identified in the last month as a result of a complaint | |
| 313/2015 | 3 - Failure to act on results | |
| | Complete. | |
| 318/2015 | 3 - Carbapenemase-producing Enterobacteriaceae (CPE) Briefing | |
| | On agenda in SIRIs. | |
| 329/2015 | 4 - Quality Safety and Risk Management Strategy (QSRMS) | |
| | Key performance indicators developed with the launch of the QSRMS have been completed. | |
| | MW presented the forward plan for 2015/16 including , Duty of Candour Legislation and Training, Manchester Patient Safety Framework (MaPSaf) and the Safety Improvement plan, and Sign up to Safety. | |
| | The patient diary will be further explored to enhance patient communication. This could be as a mixture of patient information linked to their individual clinical pathway and linked to expected discharge. | |
| | Mystery shopper pilot will be included in the patient experience strategy. Other strategies to be explored in the future will be recording of consultations. | |
| | Communication methods are changing and this is something the Trust should be actively pursuing with a view to a pilot study. IGAC noted the reservations of the clinicians but in a modern world it's going to happen and it is better if the Trust has the recording. Most of the hospital public areas already have cameras. | |
| | Action: In the next 12 months a proposal to IGAC for the use of | |

recording in the hospital in order to promote candour and patient safety as part of the patient experience strategy.

The strategy concludes in 2017. SR asked how the forward plan presented will address the strategy actions and add to the year on year achievement. **Action:** MW will compile appropriate key performance indicators (KPIs) with new timeframes to add to the strategy.

MW

330/2015 5 - Incidents SIRI report

Nine SIRIs reported since last IGAC. Key points:

W19970 Medicines management issues in NICU related to neonatal Oramorph administration. Need to agree the appropriate process for safe care management and administration.

CPE outbreak W20741: organism typing has identified that it has previously been in the organisation. The origin could be in the environment, in the population as a whole or an individual.

The approach to hand hygiene and universal precautions needs to be robustly audited for improvement. The Trust is considering a switch to screening for CPE from MRSA. DF asked about procedures when CPE is identified in a patient. HC agreed isolation procedures are likely to be required but this should be communicated by the IPC team to the clinical team.

Action: The Trust will reinforce the message of hand hygiene
The Chief Nurse to ensure the audit is objective

IPC/HC

Tooth extraction: no obvious harm, orthodontic plan can be changed to achieve a good outcome. MI to further explore any safeguarding issues with the Lead Doctor for Children's safeguarding.

MI

32 cases are overdue to the CCG with possibility of a performance notice being issued. The CCG requires the STEIS 2 system to be closed and the majority of these SIRIs are logged on STEIS 2.. Most of the delay sits with the Trust. The Chief Nurse asked whether actions had been completed. MI advised the safety team had met with all the Divisions to agree the recovery plan.

Action: The Clinical Commissioning Group (CCG) will be notified of a trajectory for completion as the current resource will not be able to meet the CCG deadline of 31/8/15. Also the CCG should be assured about the completions of actions against the reports outstanding. In November there will be Root Cause Analysis (RCA) training which will include report writing to increase the number of clinicians within the organisation who can investigate and write effective RCA reports. **MI**

The Chief Nurse will be monitoring performance against the trajectory.

MI advised there needs to be system change in order to ensure there is a sustainable way of completing and submitting reports in a timely manner. This is currently being discussed with the Divisions.

Twenty five SIRIs presented for closure this month. All the actions and the Test of Effectiveness have been completed by the Divisions. IGAC agreed to closure for all submissions. It was agreed that future SIRI reports should include a timeline for closure. MI agreed to progress this.

331/2015 6 - Speciality dashboard

Aim to include medical care delivery against speciality pathway lines in the QEWS dashboard. The appropriate pathway to include will be agreed by the executive team outside the meeting. This could be linked to the deep dive into the Stroke pathway which is happening in the next month. Feedback September 2015. **MD**

333/2015 8 - Falls Report

Seen at Trust Board. Main question posed related to what the Trust is doing practicably to make a difference. MW feedback a number of initiatives currently underway including the re-launch of the falls steering group, providing wards with run charts to enable them to understand their position, Heat maps across the Trust have been developed identifying exactly where falls are occurring such as toilets, bays, corridors etc. SR felt this that Winter resilience planning should be informed by this work.

The medical engagement with falls prevention requires support and

has made a good start with DrThirumagal Rajeevan, Geriatric Consultant chairing the Falls Steering Group with support from the Chief of Patient Safety and the Associate Director of Quality. The Chief Nurse fed back about the planning for the 'Strictly Come Dancing Campaign' for hospital harms.

334/2015 9 - QEWS Triangulated Dashboard

The Chair noted Swan has improved to level 1.

LM reported on the work underway in relation to Workforce metrics. All ward establishments and staff in post are being checked to ensure accuracy. Also a recalibration of the QEWS indicators and ensure nursing vacancy levels take account of head room and use of agency is realistically rag rated. Overall all areas show improvement. Workforce stability issues (number of people who stay for more than 12 months and how stable that makes your workforce) continue. Completing appraisals has highlighted issues with ESR data entry. Sickness requires further work to understand the metrics. A full report will come to IGAC in July.

LM

8.7% FFT test measure on Wordsworth and Chaucer is noted as a concern. This may have been affected by the recent closures. The scoring has changed in that the Net Promoter score has been replaced with the percentage of patients who would recommend the service to their friends and family. **Action:** The Chief Nurse will clarify 100% returns are correct.

HC

Holly Ward has shown a steady improvement in QEWS score. There have been no pressure ulcers all year. We need to understand the leadership factor that safeguards patients from harm on this ward. **Action:** The Chairman will send a congratulatory communication to the ward team.

AM

Emergency Department is currently at Level 0 QEWS but was assessed as Level 2 Best care and which is moving towards a level 3. This is very positive.

The pressure ulcer work towards reducing the stage 2 pressure ulcers

continues as this is the highest reported stage. The team has recently introduced a 3 day RCA turnaround to ensure early learning is shared.

HC

SR advised we should consider FFT in escalation ward areas.

The National FFT team have decided to collect feedback from Labour Ward patients only in Maternity. We will no longer be reporting on antenatal community, postnatal inpatients and postnatal community care. .

Paediatric returns need clarifying. SR asked for a run chart for LOS to be included.

335/2015 10 - Monthly Safer Staffing

Paper usually goes to Trust Board but not IGAC due to timings.

Whether this paper should come to IGAC was discussed. It was agreed the paper should continue to go to directly to Trust Board and IGAC will follow up any exceptions requested by Board..

336/2015 11 - Complaints Project Closure Report

The paper identifies some issues for TEC in terms of the recommendations not achieved to date. Acting on findings pertaining to the staff who deal with complaints and the national best practice for PALs and patient experience offices to be central and visible to patients in the trust. The options are for relocation of the team or refurbishment to current offices to make the area more visible. This will be taken forward at Transformation Board and Trust Executive Committee (TEC) would need to sign off the work.

IGAC noted this was an excellent project and has led to huge improvement in how the organisation deals with complaints.

MW raised the point whether the focus on complaints has contributed to the backlog of SIRIs.

337/2015 12 - Quality Governance Exception Report

Ash Ward workforce plan is underway. The plan will take some time to complete.

Lack of consultant cover for endoscopy out of hours. **Action:** Lorraine Knight to clarify existing cover on GI bleeding rota.

Radiology: Introduced WHO surgical safety checklist in CT.

The Aesthetic service (Botox) proposal presented requires further work and needs to be postponed until all governance issues have

been addressed.

Stroke services have been issued with a contract query notice. The CQG are expecting a stroke recovery plan. This will be discussed at Executives meeting tomorrow.

338/2015 13 - CQC Action Plan Update

Report noted. Some slippage is noted, but IGAC was assured that slippage will be remedied. EH to draft a note for CEO to all Divisions. EH to provide the CEO details of attendance at the monthly update meetings.

EH

339/2015 14 - Any Other Business

None

**Date of next meeting: 23rd July 2015, Room 3, Chertsey House
14.00-16:00.**