

**MINUTES OF THE GOVERNANCE &
QUALITY COMMITTEE HELD ON
22 FEBRUARY 2011
AT 1:30 PM VIA VIDEO CONFERENCING
USING THE BOARDROOM, CUMBERLAND
INFIRMARY AND WEST CUMBERLAND
HOSPITAL**

Present: Mr M Bonner, Non Executive Director
Mrs H Kelly, Head of Governance and Quality
Mrs C Platton, Acting Director of Nursing, Quality & Governance
Mrs R Duguid, Company Secretary
Mr D Gallagher, Director of HR
Mrs J Riddle, PPI
Ms B Hoyle, Business Manager, Education & Training
Mr B Glendinning, Manager, Pharmacy

In Attendance: Mrs A Gadsden, Information Management
Mrs Gillian Hetherington, PA

GC12/11 MINUTES OF THE LAST MEETING

Mrs J Riddle's apologies had not been noted and on page 7, line 6 of the minutes should read: "problem is that they do not work in some of the remotest areas". Following these amendments the minutes of the meeting held on 25 January 2011 were accepted as a true record.

GC13/11 MATTERS ARISING AND ACTION PLAN

There were no matters arising from the minutes. See attached action plan.

GC14/11 WELCOME AND APOLOGIES FOR ABSENCE

Apologies for absence were received from: Mr S Brown, Professor S Cholerton, Mrs J Cooke, Mr M Walker, Dr C Graham, Mr A Mulvey, Mr K Clarkson, Mr A Davidson, Mr P Wiggins

Mr Bonner noted that the meeting was not quorate and as such did not fulfil the Terms of Reference. It was **AGREED** it would not be possible to approve in the meeting, just note for subsequent approval

GC15/11 STANDING ITEMS

MINUTES/ACTION PLANS OF MEETINGS

(a) **Emergency Preparedness Steering Group held 17 December 2010**

Mrs H Kelly informed the Committee that she is now a member of the Emergency Preparedness Steering Group. Mrs Duguid reported that there are operational issues to be picked up from the minutes, in relation to the de-brief sessions regarding winter planning, which the committee should seek assurances on at an appropriate meeting in the future. The Committee **NOTED** the minutes and action plan.

(b) **Trust Partnership Forum held 21 December 2010**

Mrs Duguid reported that discussions had taken place at Trust Partnership Forum with regards to policy implementation and review etc and what came out of this discussion was that we need to be utilising Staff Side Representatives more, particularly in the areas of education and training. She also informed the committee that the TPF had welcomed the opportunity to be informed of key governance issues facing the Trust and agreed to update TPF on key issues on a regular basis. . The Committee **NOTED** the minutes and action plan.

(c) **Clinical Standards Sub Committee held 15 December 2010**

The Committee **NOTED** the minutes and action plan.

(d) **Drugs & Therapeutics Committee held 8 November 2010**

Mrs C Platton commented on page 5, last paragraph section relating to Pharmacy being closed on Sundays and the fact that Dr Macdonald questioned the fact that the risk had been raised in the past but no progress had been made and Dr Macdonald suggested "risk assessments be sent to non executive team and if a solution was not provided we should alert external agencies". Mr Glendinning suggested that there had been a lot of confusion around this. It has now been clarified in terms of process, the risk assessments now go through to the Division.

Mrs Duguid asked if Mrs Kelly would check the risk assessments on Ulysses to ascertain whether the risk assessments relating to Pharmacy closing on Sundays need any further escalation up the risk process.

The Committee **NOTED** the minutes and action plan.

<p>Action: DTC – Mrs Kelly to check the risk assessments on Ulysses, relating to Pharmacy closing on Sundays, to ascertain whether they need any further escalation up the risk process.</p>

(e) **Health & Safety Committee held 11 November 2010**

The Committee **NOTED** the minutes and action plan.

(f) **Safeguarding Board held 10 December 2010**

Mrs Platten raised an issue with regards to the minutes; on page 4 there was a paragraph "Confidential to the meeting". This paragraph needs to be in the minutes but Mrs Platten concerned that at some point there may be issues around the fact of these minutes being available for anyone to see. She asked if there needs to be an FOI restriction. A discussion ensued and it was noted that whoever has charge of these minutes, needs to be aware and have processes in place to remove sections as above from the public document. Mrs Duguid to look into this from a legal point of view. The Committee **NOTED** the minutes and action plan.

Action: Safeguarding Board Minutes – Mrs R Duguid to look into the issues around Confidential information in the minutes from the legal point of view.

(g) **Information Governance Group held on 20 December 2010**

The Committee **NOTED** the minutes and action plan.

GC16/11 COMPLIANCE & REGULATION

(a) **Policy Resume**

The Policy Resume was brought to Governance & Quality Committee to approve the following document:

Uniform Policy – North Cumbria – Review

The Governance & Quality Committee **NOTED** ratification of this document.

Mrs Kelly then went on to explain the document which had been sent out relating to out of date policies and guidelines and the work going on around trying to ensure these policies and guidelines are updated.

Mrs Duguid stated that she was concerned at the number of out of date policies, particularly the clinical policies and used the NG Tube policy as an example of a policy that should always be in date. Mrs Kelly confirmed that they are speaking to the author with regards to the policy being reviewed. Mrs Duguid felt that the Governance & Quality Committee needed to apply more rigor in making sure policies, including HR policies are never out of date.

A report is being submitted to EMT to ensure lead Directors are held to account if these policies/guidelines are not getting through. This report is going to EMT on

Wednesday, 2 March 2011.

Mr Bonner thanked Mrs Kelly for bringing the Policy Resume and list of out of date policies to Governance & Quality Committee and confirmed that the list of out of date policies need to come to this meeting every month.

<p>Action: Policies – Mrs Kelly to provide a list of out of date policies and progress every month, as part of the Policy Resume</p>

(b) **CQC - Essential Standards of Care**

Mrs H Kelly presented the CQC – Essential Standards of Care document to Governance & Quality Committee to update members of the progress made in the implementation of the new regulation system that became law on 1 October 2010 and what standards patients can expect from the regulation of NHS hospitals. She explained that the system has been revisited to ensure it captures the essential standards of care.

Mrs Kelly explained that there have been a number of changes in order to make sure the Trust is compliant. There is a legal requirement to reach a standard of quality as set out by CQC.

This report had been presented to the Trust Board in February 2011. Mrs Kelly explained that she has been attending group meetings within the Trust to explain this document and the Trust's Governance strategy to the staff. There are also plans for Road Shows to be held in March on both sites, to raise awareness and join key aspects of work up to allow clinical staff to make connections with the various aspects of evidence that we need to provide.

With regards to Appendix 2 of this document, it is proposed that they will be put into patient waiting areas in both hospitals, on all wards and in departments and staff areas; they will also be available on the Hospital Website, as Patient Panel members were not convinced that all patients would read them if included within pre-admission documentation. Mrs Kelly had had preliminary meeting with Ms E Kay, Communications Manager and it has been **AGREED** that this document will be laminated before being placed in areas around the hospitals.

Previously, there were two weekly meetings with regards to NHSLA and CQC. These meetings have been combined into one Compliance Steering Group and meet on Thursday mornings.

Mrs Kelly informed the Governance & Quality Committee that previously we had been found to be non compliant with regulation 23. We have now been reviewed by the CQC with regards to the regulation and the CQC have requested for further progress to be made in a number of areas, mainly staff appraisal rates.

Mrs Duguid queried with Mr Glendinning, from his perspective, what he thought about the new governance strategy from a staff perspective working in a clinical area t. Mr Glendinning felt that the document was much clearer and could be

easily understood in terms of the components of clinical governance and what they mean.

Mrs Riddle commented that she felt that it is essential that Appendix 2 should go into pre-admission documentation for patients, as we do have a elderly population who do not all have access to computers, so therefore would not have access to the website and still rely on paper copies of information to read.

The Governance & Quality Committee **NOTED** the content of this report and Mr Bonner thanked Mrs Kelly for presenting it.

GC17/11 STANDARDS, SAFETY & EXPERIENCE

(a) Infection Prevention Report

Mrs C Platton presented the Infection Prevention Report to Governance & Quality Committee to provide a summary of the activities as well as issues and development during the period January 2011 to February 2011.

MRSA Bacteraemias – Trust continues to be well within trajectory due to the high standards of work from clinical teams and Infection Prevention team. This is a major achievement and we are currently sitting at 2 MRSA Bacteraemia. The trajectory we have been given for 2011/12 is 4.

MSSA Bacteraemia – Mrs Platton confirmed to the Committee that we are currently collecting information with regards to MSSA but no targets have been set. Although Government has discussed Trusts having targets for this, it is still unclear what our target will be but information from the DoH suggests that 2011/12 will still be data collection only.

Clostridium difficile – Again working well within trajectory, our trajectory for 2011/12 is 69.

Mr Bonner commented that if you look at the Cdiff graph, it has been linear all this year – there had been no “winter peak” as in the past; this is very encouraging and the teams should be congratulated for this work. Mrs Platton also confirmed that it is a similar trend for January and February 2011.

The Governance & Quality Committee **ACCEPTED** the report and Mr Bonner thanked Mrs Platton for presenting it.

(b) Perinatal Mortality Report

Mrs Kelly informed the Committee that unfortunately this report had not been completed but would be brought to the Governance & Quality Committee in March 2011. A report had previously been submitted to the Trust Board outlining specific recommendations which the Division would be progressing. However, it was noted that the Director of Nursing and Medical Director have requested for specific information to also come back from a risk management / maternity incident

management perspective, following the review of supporting evidence which was presented by the Division in respect of this important report.

She confirmed that due to a variety of factors and also due to the Associate Medical Director for the Division of Family Services being out of the Country, the report had not been completed. Mrs Kelly had also been informed that a number of the actions would take more than a month to complete.

Mrs Duguid reiterated that a report is required for Governance & Quality Committee in March 2011 incorporating all the actions/issues raised by the Trust Board.

(c) **Chart of Complaints and Benchmarking of Complaints**

Mrs Kelly presented this report to the Governance & Quality Committee to describe the reasons and trends regarding the increase in numbers of complaints received.

Mrs Kelly informed the Committee that she had now introduced workshops for staff, as we have to make sure letters, which have to be signed by the Chief Executive, are written in a professional manner.

Mr Bonner commented that it was useful to have data on a useful scale, but was interested to know why in one quarter we have 8, were there specific circumstances that caused this, and he hoped that this is the data being looked at in the weekly meetings. Mrs Kelly confirmed that it is about sharing knowledge and assured Mr Bonner that that level of detail is reviewed in the weekly meetings. He found it interesting that everyone in the North West appears to be having similar issues, and wondered whether there was any connection with the fact that the NHS had in the last 9 months been under the media and political spot light, with a lot of negativity.

Mrs Platton informed the Committee that there is also monitoring taking place within the Divisions, it is about lessons being learned. Mrs Kelly confirmed that a lot of work is also taking place at ward level to make staff aware of the complaints, especially around nursing care and attitude.

Mrs Duguid felt that questions should be focussed particularly around clinical standards, we now need to look at where we have trends of complaints in terms of subject or clinical areas to provide greater assurance that we have no system / underlying issues.

Mrs Duguid explained the process of how we monitor complaints and the next step is that we need to drill down for Governance & Quality Committee to have assurance through identified trends and analysis of trends.

Mrs Kelly asked when the Committee would like further work done on this. Mrs Duguid felt that a decision needs to be made between Mrs Platton and Mr Walker and we also need to report through the Governance Report on all the top 5

complaints, which will then be reported up to the Trust Board.

The Governance & Quality Committee **NOTED** the contents of the report and Mr Bonner thanked Mrs Kelly for presenting it.

Action – RD and HK to discuss with MW and CP how complaints trend analysis can be scheduled into the committees programme of work on a regular basis.

GC18/11 WORKFORCE GOVERNANCE

(a) Progress Report on Revalidation

Unfortunately Mr Raimes had been delayed, and had not managed to get to the meeting and therefore the Progress Report on Revalidation was deferred until March 2011 Governance & Quality Committee.

(b) Self Assessment for Education & Training

This report was deferred to the March 2011 Governance & Quality Committee.

(c) Terms of Reference for Education, Training & Research and Development Committee

Ms B Hoyle presented the above report to the Governance & Quality Committee to inform them of the Terms of Reference for the Education, Training & Research & Development Committee and to notify of this groups' replacement by the Academic Development Committee with its accompanying Terms of Reference.

She explained that the reason why the name of the Committee had been changed was that members felt that the original title was too wieldy and the title Academic Development Committee encompassed all of the functions of the group.

Mr Bonner explained that it was his understanding that Chair of Governance & Quality Committee had some concerns that title Academic Development Committee was not as focussed or specific as the previous title and might put constraints on the direction of the Committee and miss getting some of the basics right around education and training. The new title implied an agenda focused on the Academic rather than Academia.

Ms Hoyle assured the Committee that this Committee would cover all Academia.

Mrs Platon commented that there was no senior nursing representative on the Committee, which ultimately means there is no-one there to represent nursing. Ms Hoyle accepted that this was the case and asked if Mrs Platon could nominate someone to join the Committee from the Senior Nursing Team.

Mrs Duguid emphasised that this Committee is a Sub Committee of the Governance & Quality Committee, therefore any changes to the terms of reference

needed to be formally ratified by the committee. She also outlined specific areas in the terms of reference that she felt were missing. These included reference to CQC compliance, NHSLA monitoring, and the general monitoring and improvements on the basic aspects of education and training which were required across the Trust.

Ms Hoyle explained that they do have another Committee which feeds into the Education, Training & Research & Development Committee and this Committee deals with the basic education and learning needs. Mrs Duguid commented whether it was necessary and efficient to have two committees in the organisation looking at education and training and whether these could be combined. Ms Hoyle said that she has already amalgamated Committees down to the two. She felt that the Education, Training & Research & Development Committee would be very big group without the Learning and Development Group. Mrs Duguid felt that this is something which needs to be looked at.

It was **AGREED** that Ms Hoyle would provide Mrs Duguid with details of both groups in order to clarify the situation, as we need to ensure requirements around CQC/NHSLA are being properly captured and that there were no duplication / opportunities for further streamlining the number of committees.

Mr Bonner thanked Ms Hoyle for presenting the report to Governance & Quality Committee.

Action:

- 1 **Education, Training & Research & Development Committee** – Mrs Platton to provide Ms Hoyle with a nomination from the Senior Nursing Team to join this Committee.
- 2 **Education, Training & Research & Development Committee & Learning and Development Group** – Ms Hoyle to provide Mrs Duguid with details of both groups in order to clarify the situation, as we need to ensure requirements around CQC/NHSLA are being properly captured and that there were no duplication / opportunities for further streamlining the number of committees.

(d) **Staff Survey Results**

This report was deferred to March 2011 Governance & Quality Committee.

GC19/11 INFORMATION GOVERNANCE

Information Governance Toolkit – Update

Mrs A Gadsden, Information Governance, attended the Governance & Quality Committee to present this update in respect of the 2010/11 Self Assessment Process and the main issues in respect of compliance with the V.8 IG Toolkit Requirements.

She explained that since the January 2011 Governance & Quality Committee discussions have taken place in respect of compliance for staff training and in finding ways to embed Information Governance more effectively within the overall Trust approach to all aspects of Governance.

Mr Bonner queried what contingency plans were in place in case we do not meet the targets. Mrs Gadsden explained that they are still having meetings to discuss what will be done; there is still have some time but we do need to get to 95% and are currently sitting at 33% staff trained so far.

With regards to IG404 – Mrs Gadsden explained that she cannot give assurance that they will reach level 2 and this is the high risk area. Mr Bonner asked what the implication of us not achieving IG404 would be for the Trust. Mrs Gadsden was not sure if it impacts on NHSLA; although Mrs Kelly thought that it would.

Mrs Duguid confirmed that although there has been issue with a permanent manager there are Clinical Audits taking place as part of the Trust's audit programme which could be evidenced. Mrs Gadsden stated that the IG guidance was very specific about what was required.

Mrs Duguid explained that IG requirements need to be built into the Clinical Audit calendar.

Mr Bonner confirmed that at the Audit Committee this morning they received confirmation from Internal Audit that Governance and Audit are working in tandem on this.

The Governance & Quality Committee **RECEIVED** this report and looked forward to a further update in March 2011. Mr Bonner thanked Mrs Gadsden for presenting the update.

GC20/11 ANY OTHER BUSINESS

(a) Mrs Kelly informed the Committee that the Ombudsman has recently published a report "Care and Compassion?" regarding ten investigations she and her office have conducted into NHS care of older people. Mrs Kelly stated that the Care Quality Commission have already indicated their focus areas will be privacy and dignity and nutrition and suggested the committee members may find the report useful.

GC11/11 DATE & TIME OF NEXT MEETING

The next meeting will take place on **Tuesday, 22 March 2011 at 1.30 pm via Video Conferencing using the Boardroom WCH and Boardroom CIC with the Boardroom WCH being the main venue for this meeting.**

GOVERNANCE & QUALITY COMMITTEE ACTION LIST – FEBRUARY 2011

DATE OF MEETING: 22 March 2011

Minute Point Reference	Details of Action Agreed	Action by whom	Target Date	Progress
April 2010				
GC35/10(a)	Medical Records - Mrs Duguid to investigate the reasons for waiting for 7-8 years before scanning medical records and report back to the Governance & Quality Committee in May 2010.	R Duguid	May 2010 Revised February 2011	Ongoing
July 2010				
GC63/10(a)	Mrs Duguid to request a timescale from Mrs Hoyle for completion of the self assessment for education and training attached to the report.	R Duguid/B Hoyle	Nov 2010	Ongoing – Report deferred to March 2011.
Oct 2010				
GC79/10(a)	Surgical Division Report – Performance figures for PROMS for hips, knees, varicose veins and hernias to be included in next report.	E Tallis	Jan 2011	Ongoing – new action plan developed to pick everything up.
GC84/10(d)	Revalidation – Mr Walker to present a	M A Walker	Feb 2011	Ongoing – report deferred to March 2011

Minute Point Reference	Details of Action Agreed	Action by whom	Target Date	Progress
	paper regarding the progress of this including implementation times to the December meeting.			meeting.
Nov 2010				
GC89/10(a)	1. Medical Director to provide an exception report on the updating of the Trusts Medicines Management Strategy at the January meeting.	M A Walker	Jan 2011	Ongoing – Mr Walker gave the Committee an update on the draft and confirmed that it needs to go on the agenda for Clinical Standards. A full report will come back to the Governance & Quality Committee in March/April 2011.
GC90/10(b)	<p>Meeting Essential Standards of Care</p> <p>1 Mrs Kelly to ensure that the booklet is more personalised to this Trust.</p> <p>2 Report to come back to the Committee confirming how these standards are being publicised and how evidence is being gathered to ensure they are being implemented across the organisation.</p>	<p>H Kelly</p> <p>H Kelly</p>	<p>Feb 2011</p> <p>Feb 2011</p>	<p>COMPLETE – Agenda item</p> <p>COMPLETE – Agenda item</p>

Minute Point Reference	Details of Action Agreed	Action by whom	Target Date	Progress
GC91/10(b)	Quality Account – Mrs Kelly to prepare a report for the Trust Board for February 2010 outlining progress against the achievements of this years Quality Account and priorities for 2011/12.	H Kelly	Mar 2011	
GC92/10(c)	Emergency Planning & Business Continuity Emergency Preparedness Policy to be reviewed by Committee members.	J Wharton		Ongoing – to be presented to TPG, 3 March 2011, then to be brought back to Governance Committee
December 2010				
GC99/10(a)	Education & Training Minutes (30/09/10) 1 Mr D Gallagher to take issues raised by Mrs Duguid back and discuss with Ms B Hoyle and report back on actions taken to the Committee in January 2010.	D Gallagher	Jan 2011	COMPLETE – Agenda item
GC101/10(b)	Infection Prevention Report – Dr Graham to include, in IP report, Key Performance Indicator around Pharmacy, to include antibiotic stop date.	C Graham	Feb 2011	Ongoing
GC103/10(a)	Estates Matrix – Mr Davidson and Mr Mulvey to investigate further into benefits of	A Davidson & A Mulvey		Ongoing

Minute Point Reference	Details of Action Agreed	Action by whom	Target Date	Progress
	populating this matrix.			
GC103/10(b)	Self Assessment for E & T – Mr Gallagher to speak to Mrs B Hoyle in order to bring an updated and more coherent report back to the January 2011 Governance & Quality Committee.	D Gallagher	Jan 2011	Ongoing – report deferred to March 2011 meeting.
GC103/10(c)	ESR – Mr Gallagher and Mr Mulvey to commence work on ESR as soon as possible or agree an alternative/interim solution to ensure the Trust has robust training records for all staff.	A Mulvey & D Gallagher	Jan 2011	Ongoing – Mr Gallagher gave a verbal update on ESR. Mrs Duguid queried when we will know if ESR is working; Mr Gallagher confirmed that an access data base is being populated at the moment. Mrs Duguid asked for an Exceptions report for the next Governance & Quality Committee in March 2011.
GC104/10(b)	Complaints – Mrs Kelly to provide the Committee with a chart of complaints. Mrs Kelly also to benchmark Complaints against other comparable Trusts.	H Kelly	Jan 2011	COMPLETE – Agenda item
January 2011				
GC03/11(a)	Information Governance: 1 Mr Wiggins to provide further updates report to the February and March 2011 meetings. 2 Mr Wiggins and Mrs Kelly to meet to identify ways in which the	P Wiggins P Wiggins/H Kelly	Feb/Mar 2011 Feb 2011	Ongoing – Agenda item COMPLETE

Minute Point Reference	Details of Action Agreed	Action by whom	Target Date	Progress
	<p>organisation can better engage in Information Governance requirements.</p> <p>3 Update on professional lead in clinical audit – Mr M A Walker</p>	M A Walker	Feb 2011	Ongoing – will be able to confirm new manager for Clinical Audit by next meeting in March 2011.
GC04/11(a)	<p>Medical Division –</p> <p>1 Mrs Kelly to meet with the Division to seek assurance that they are on track with their action plans.</p> <p>2 Dementia Audit – Mrs Duguid requested an update to be provided to the committee given the red areas that required completion from a quality of care perspective.</p>	<p>H Kelly/B Monk</p> <p>B Monk</p>	<p>Feb 2011</p> <p>Mar 2011</p>	Ongoing – Ms B Monk to be asked to provide a specific audit report to Governance & Quality Committee in March 2011.
GC04/11(b)	<p>Family Services Division</p> <p>1 Community Midwives badges – Mrs Preston to do another risk assessment on whether these badges are required or not.</p> <p>2 Baby Tagging – Mrs Platton to meet with Mrs Preston and the team to go through the issues</p>	<p>S Preston</p> <p>C Platton</p>	<p>April 2011</p> <p>Feb 2011</p>	Ongoing – Mrs Platton due to meet with Mrs Preston and Mrs Moore. There are still concerns with regards to Baby Tagging at CIC.

Minute Point Reference	Details of Action Agreed	Action by whom	Target Date	Progress
	surrounding this.			She confirmed that we need a lot more assurance than we currently have. Mrs Preston/Mrs Moore/Mr Mitchell to be asked to present a report to Governance on Baby Tagging Audit.
GC04/11(c)	Surgical Division			
	1 Records Group – Mrs A Yarnold to check if there are patients involved in this group.	A Yarnold	April 2011	
	2 VTE – Mrs A Yarnold to check the Surgical figures again as if we are looking at 100% on AQ measures, then need to have a second check in Surgery to get to 100%. Mrs Yarnold to then report back to the Committee.	A Yarnold	Feb 2011	Ongoing
	3 VTE – Mrs C Platton to check that the VTE data is being collected properly and to look at this with this Division.	C Platton	Feb 2011	COMPLETE
	4 23 hour unit – Mr E Tallis to send the data on the procedures used for the 23 hour unit to Mrs Duguid.	E Tallis	Feb 2011	Ongoing – Mrs Kelly to speak to Mr Tallis.
	5 PROMS – section to be expanded to provide greater clarity on the	A Yarnold	April 2011	

Minute Point Reference	Details of Action Agreed	Action by whom	Target Date	Progress
	response rates for Q4.			
GC07/11	Academic Development Committee – Mrs Platton and Mr Walker to find out why the name of this Committee has been changed.	C Platton/M A Walker	Feb 2011	COMPLETE
GC08/11(a)	Policy Resume: <ol style="list-style-type: none"> 1 Mrs Kelly to ask Mrs Butterworth to confirm to the Governance & Quality Committee what policies and clinical guidelines are out of date. 2 Mr Mulvey to arrange for an audit of policies and clinical guidelines to take place as part of the internal audit. 3 Mrs Kelly to arrange for a list of how many policies are in date and how many are out of date to be added to the Policy Resume for future meetings. 	H Kelly A Mulvey H Kelly	Feb 2011 Feb 2011 Feb 2011	COMPLETE – Agenda item COMPLETE – this will be picked up through Audit Committee. COMPLETE – Agenda item
	February 2011			
GC15/11(d)	Drugs & Therapeutics Committee – Mrs Kelly to check the risk assessments on Ulysses, relating to Pharmacy closing on Sundays, to ascertain whether they need any further escalation up the risk process.	H Kelly	Mar 2011	

Minute Point Reference	Details of Action Agreed	Action by whom	Target Date	Progress
GC15/11(f)	Safeguarding Board Minutes – Mrs Duguid to look into the issues around Confidential information in the minutes, from a legal point of view.	R Duguid	Mar 2011	
GC16/11(a)	Policies – Mrs Kelly to provide a list of out of date policies and progress every month, as part of the Policy Resume.	H Kelly	Monthly	
GC18/11(c)	<p>1 Terms of Reference for Education, Training & Research & Development Committee – Mrs Platton to provide Ms Hoyle with a nomination from the Senior Nursing Team to join this Committee.</p> <p>2 Education, Training, Research & Development Committee & Learning and Development Group – Ms Hoyle to provide Mrs Duguid with details of both groups in order to clarify the situation, as we need to ensure requirements around CQC/NHSLA are being properly captured and that there were no duplication/opportunities for further streamlining the number of committees.</p>	<p>C Platton</p> <p>B Hoyle</p>	<p>Mar 2011</p> <p>Mar 2011</p>	

