

**MINUTES OF THE GOVERNANCE &
QUALITY COMMITTEE HELD ON
14 DECEMBER 2010
AT 1:30 PM VIA VIDEO CONFERENCING
USING THE BOARDROOM, WEST
CUMBERLAND HOSPITAL AND
CUMBERLAND INFIRMARY**

Present: Mrs J Cooke, Non Executive Director (Chair)
Mrs H Kelly, Head of Governance and Quality
Mrs C Platton, Acting Director of Nursing, Quality & Governance
Mr A Mulvey, Director of Finance
Mrs R Duguid, Company Secretary
Mr M Bonner, Non Executive Director
Mr M Little, Chairman, NCUHT
Mr K Clarkson, Deputy Chief Executive/Chief Operating Officer
Mr S Lightfoot, Patient Panel
Mrs J Riddle, Patient Panel
Mr D Gallagher, Director of HR
Mr C Graham, AMD Clinical Support/Consultant Microbiologist
Mr A Davidson, Director of Estates

In Attendance: Mr M Thomas, Director IM&T
Mrs Gillian Hetherington, PA

GC96/10 WELCOME AND APOLOGIES FOR ABSENCE

Apologies for absence were received from: Mr B Glendinning, Mr M Walker, Mr S Brown, Ms C Heatly, Professor S Cholerton

Mrs Cooke noted that the meeting was quorate and as such fulfilled the Terms of Reference.

GC97/10 MINUTES OF THE LAST MEETING

The minutes to be amended as follows:

- Mr Clarkson's apologies had not been noted.
- GC90/10(d) 1st paragraph should read: "...December 2011 (General) and January 2012 (CNST, Maternity) ..."

- GC91/10 (a) – last paragraph should read “Mr Brown thanked Mrs Platton for presenting it.”

GC98/10 MATTERS ARISING AND ACTION PLAN

- GC79/10b – Telestroke Project – Mrs Kelly tabled this report at the Governance & Quality Committee to ask if members could read and send comments back to her before Christmas. Mr Clarkson informed the Committee that this report had been sent out to all our Partner Trusts and the timing of approval for this in January 2011, is critical. It is important that members read this report and comment back to Mrs Kelly.
- GC89/10a (2) – Health & Safety Issues – Mrs Duguid confirmed that she had met with Mr Mitchell, Manager, Health & Safety, and **AGREED** with him that an update on Health & Safety issues needs to come to Governance & Quality Committee on a quarterly basis. The first update will come to the February 2011 meeting.

All other matters arising are captured in the action plan – attached.

GC99/10 STANDING ITEMS

(a) Minutes/Action Plans of Meetings

- **Drugs & Therapeutics Committee (13 September 2010)** – Mr Bonner confirmed to that the above minutes had been discussed at last month’s Governance & Quality Committee.
 - **Acute Informatics Steering Group (26 July 2010)** – The Committee had **NOTED** the unratified minutes and action plan at the previous meeting
 - **UNRATIFIED Acute Informatics Steering Group (19 November 2010)** – The Committee **NOTED** the minutes and action plan. It was noted that the logo on these minutes required updating.
 - **UNRATIFIED Education, Training & Research Committee (30 September 2010)** – Mrs Duguid raised a number of issues with these minutes in relation to the mandatory training policy, electronic learning system and the terms of reference for the Education, Training & Research Committee. Mrs Duguid commented that it was important that the Governance & Quality Committee ratify the revised minutes to ensure the remit and membership of the group is correct. Mr Gallagher **AGREED** to go back and discuss them with Ms Hoyle and report back to Governance on the actions taken. Mr Clarkson commented that we need to assure ourselves that membership is what it is expected to be. Mrs Kelly informed the Committee that following a conversation with Ms Hoyle, she had **AGREED** to sit on this Committee and she asked if this would be acceptable to Governance. The Governance & Quality Committee **APPROVED** this. Mrs Platton to also check if there is a Senior Nurse on this Committee. Mr Clarkson confirmed that there is always a risk, we need to ensure that Education & Training is not isolated in it own department; we need to be assured they are taking on the wider issues in the Trust. It was **AGREED** that we need an update on the Education & Training in January
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2011.

- **Trust Partnership Forum (3 November 2010)** – Mr Davidson raised one issue with these minutes; on page 4 “New Catering Prices” should read effective from 1 January 2011 not 1 November 2011. The Governance & Quality Committee **NOTED** the minutes.
- **Joint Local Negotiating Committee (23 September 2010)** – The Governance & Quality Committee **NOTED** the minutes.

Action: Education & Training Minutes (30 September 2010)

- 1 Mr D Gallagher to take issues raised by Mrs Duguid back to Ms B Hoyle and report back on actions taken to the Governance & Quality Committee in January 2010.
- 2 Mrs C Platton to check if there is a Senior Nurse sitting on this Committee.

(b) Issues for Governance & Quality to the Trust Board

Mrs Kelly brought this report to Governance & Quality Committee to update them of the issues to be taken to the Trust Board at the meeting in January 2011. Mrs Cooke asked if any comments on this paper could be passed to Mrs Kelly by Friday, 17 December 2010.

Mr Clarkson commented that he is not entirely clear what the paper is trying to achieve in terms of process to reporting to the Board. Do we have to make the decision on this paper for the January Board or is this being discussed at the January Board. Mrs Duguid **AGREED** to have a conversation outside the meeting with Mrs Platton and Mrs Kelly, but in the meantime, could members still please let Mrs Kelly have their comments by Friday.

Action: Issues for Governance & Quality to the Trust Board – Mrs Duguid agreed to have a conversation outside the meeting with Mrs Platton and Mrs Kelly with regards to this.

GC100/1 COMPLIANCE AND REGULATIONS

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(a) CQC Risk & Quality Profile Action Plan

Mrs C Platton presented this report which had been written by Mrs Kelly, to inform the Governance & Quality Committee of the plans in place to address the issues within the Quality & Risk Profile as issued by the Care Quality Commission.

Mrs Platton informed the Committee that they need to be aware that some of the information in this document goes back 2 years. She confirmed that the left hand side of the document is CQC and the right hand side is evidence for North Cumbria on what progress has been made, and then what the plan is to move it forward. She informed the Committee that the EMT had asked if CQC would accept evidence we have assessed

ourselves. There had been a meeting booked with CQC to discuss this on 8 December but unfortunately they had to cancel the meeting, this will now be discussed in January 2011. This is all new to the CQC also and when we try to get information from them, they are unsure of what we need to be doing. Some of the columns in the Profile stated "no evidence" and this was quite alarming to the team; what was **AGREED** was that we would present an action plan.

Mrs Platton confirmed that they are monitoring these actions through the CQC weekly meetings and this is similar to what other Trusts such as Blackpool are doing.

Mr Mulvey asked if Mortality rates have been picked up. It was confirmed that these have been picked up. It is all work in progress and a further update will be presented in January 2011.

The Governance & Quality Committee **NOTED** the contents of the paper and appendix 1 and Mrs Cooke thanked Mrs Platton for presenting it.

<p>Action: Quality & Risk Profile Action Plan - Mrs Platton to rearrange the meeting with the CQC for January 2011.</p>
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(b) NHSLA/CNST Assessment Level 2 update

Mrs Platton presented this report, which had been written by Mrs Kelly, to Governance & Quality Committee to update them on progress towards the successful achievement of Level 2 NHSLA assessments for maternity and general services. She confirmed that this paper sets out the progress that we have made in the Acute Assessment and the CNST Maternity Assessment. What is attached to this is the plan which will eventually be on a Project Plan template; the Service Improvement Team are supporting us with this. We will continue with the weekly meetings and these will be supported with mock assessments throughout 2011, the first one being in January 2011.

Mrs Platton informed the Committee that Appendix 2 sets out the progress on CNST for Maternity, it breaks down various sections and actions. The Governance & Quality Committee need to be aware of the plans in place and the actual dates set out and to be assured that we are going to internally embed and monitor these.

Mr Clarkson feels that this is a great proposal but would like more assurance than we have been hearing for the Board. We need assurance through Mrs Platton and the team that this will be given the necessary impetus and start to deliver. Mrs Platton confirmed that we have been given an extension but we still do need to stick to the timescale and this is being made clear within all clinical areas. There is still a lot of work to do; hence we are monitoring this on a weekly basis. It is being made clear to Management Leads that we have to deliver.

Mr Mulvey asked what the risks are if we do not deliver. If we do not deliver then there is the potential that we will go back from 1 to zero. What will stop us delivering is if we do not have the evidence that the policies that we have within the Trust, are embedded within the clinical areas. Mr Mulvey concerned that with everything else which is going on eg bed reconfiguration, nursing reviews etc, we are asking people to do little bits more all the time. Mrs Platton feels that it is all about good communication, making sure staff are aware of policies and new policies, they are doing this every day. Mrs Kelly confirmed that there are dedicated people who have these points captured within their roles. Mr Mulvey does not want to have this discussion on 2-3 months' time; we have people in place, it will be about having the right people in place. Dr Graham confident that we have good people to drive this through.

Mrs Cooke confirmed that we need to keep very tight control over this. The mock assessments will be very rigorous and from these we will be able to see where we are in March 2011. This is a good piece of work.

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

(b) Policy Review Update

Mrs H Kelly presented this update to the Governance & Quality Committee to inform them of the process in place to ensure all Trust policies are reviewed and ratified within the timeframe agreed and offer assurance to the Committee of the success of this process.

The Governance & Quality Committee **ACCEPTED** the contents of the report and Mrs Cooke thanked Mrs Kelly for presenting what she felt was a very helpful summary.

(d) Policy Resume

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

- Disposal of assets – NC – Review
 - Management of Claims Policy – NC – Review
 - Moving & Handling Policy – NC – Review
 - Maintenance of Medical Devices – NC – Review
 - Stress Policy – NC – Review
 - PALS Operational Policy – Concerns – NC – Review
 - Safe Keeping Patients Property – NC – New
 - Policy for the use of alerts in PAS health records – NC – Review
 - IPC – Prevention of Aspergillosis – C – New
 - Protocol for the completion of laboratory chain of evidence – C – New
 - Nutrition Policy – C – New
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- Norovirus Policy – C – New
- DNAR Policy – C – Review
- Complaints Policy – NC – Review
- Use of Social Networking Sites – NC – New
- Internet Access Security Policy – NC – Review
- Hospital Laundry Arrangements for used and infection/foul linen – C – New

Maternity Guidelines approved 29/10/2010

- Latex Allergy – updated
- Anaemia in Pregnancy – updated
- Pre-labour SRM at term – updated
- Prematurity – updated

Standard operating Procedure approved at D&T November 2010

- Standard operating procedure for checking, administration and recording of medicines.

The Governance & Quality Committee **NOTED** ratification of these documents.

Mr Mulvey asked how do we respond to change that happens during the year but outside when the policy would be reviewed normally, say 6 months into the year, how does the system detect that. Mrs Kelly confirmed that if it was a recommendation or guideline it would be through the clinical lead, then the policy would have to be redrafted or amended. Dr Graham felt that it would not just fall on one individual but would be discussed at Committee level. Mr Bonner raised an issue that had occurred around a DTC Policy and that they had just added an appendix onto the end, which was not really appropriate – in such cases the governance committee would want to know that there was a proper review and update.

Mr Clarkson informed the Committee that he chairs the Radiation Protection Group and they have a standard item on the agenda for this group called “Horizon Scanning”. He suggested that this might be something we need to consider for certain sub groups of the Trust Board.

It was **AGREED**, following discussion, that Mrs Platton would pick this issue up with Mrs Kelly and also with the Clinical Standards Group and report back to Governance & Quality Committee

<p>Action: Trust Policies – Mrs Platton to discuss the issues around change, out with the normal review date for policies, with Mrs Kelly and also with the Clinical Standards Group and report back to the Governance & Quality Committee.</p>
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GC101/1 CLINICAL STANDARDS, PATIENT SAFETY & PATIENT EXPERIENCE

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(a) Patient Panel Issues

Mrs Cooke asked the Patient Panel members if they had any issues they wished to report to the Governance & Quality Committee. With regards to the West Cumberland Hospital Access Report, Mr Davidson confirmed that this will be completed in January 2011.

Mrs Riddle raised an issue with regards to the PALS office at Cumberland Infirmary, which is not staffed at the moment. There is a telephone answer machine but it is not very effective. Mrs Kelly informed Mrs Riddle that, as part of the Governance Review, this issue is being looked at. Mr Clarkson feels that we need to look at the overall PALS Service for North Cumbria, which needs to be effective and cost effective. Mrs Cooke confirmed that this needs to be a timely and high quality service.

<p>Action: PALS Office – Mrs Kelly to update the Governance Committee on progress with regards to staffing of PALS Office, CIC.</p>
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(b) Infection Prevention Report

Dr C Graham presented the Infection Prevention Report to inform the Committee of the activities of the Infection Control Team as well as issues and developments during the period November-December 2010.

MRSA Bacteraemias – There have only been 2 attributed cases, still well below trajectory.

Clostridium difficile – We are still below trajectory, getting to around the level on a par with the national average. This is partly down to the good work of the IP team. Mrs Duguid queried whether RCA's had been done for these patients. Dr Graham confirmed that RCA's are completed for all these patients, usually the IP nurse will draft the RCA using a standard proforma, lessons learned are then fed back to the Infection Prevention Steering Group.

MSSA Bacteraemias – Dr Graham informed the Committee that they have now started collecting and inputting into MESS and are in the process of validating the data entered so far this financial year. Many of the MESS cases are admitted cases and so the Infection Prevention team will be discussing with PCT colleagues how best to deal with this.

Norovirus – this has been a problem at CIC over the last few weeks there have been outbreaks and a number of wards have been affected. The IP teams are keeping a close eye on the situation. Dr Graham informed the Committee that they are introducing a new method of detecting Norovirus and they hope that this will help to contain this more than in the past.

Hand Hygiene – There was a slight fall off in November, Mrs Platton confirmed that the certain areas did not submit within the timescales given. These areas are being seen by Mrs Platton and will be informed that if this happens again, they will be taken down a more formal route. Compliance was 100% but areas did not submit in time.

IP Surveillance System – With regards to the IP Surveillance System, Dr Graham informed the Committee that originally the plan for this was that we would take a Health Economy approach to purchasing a surveillance system. The cost of this was to be around £100,000. Certainly ourselves and the PCT were keen to participate but did not get any follow through from Cumbria Partnership or Morecambe Bay. At the moment we are looking at the Real Time System to see how this works. One of the issues with the Real Time System is that it focuses on the Acute side and this could be a problem. Dr Graham confirmed that this is where they up to with this at the moment.

IV Antibiotics & Oral Antibiotics – Dr Graham confirmed that with regards to this we have been very good at developing a policy for control, it is interesting that there has been a reduction in Cdff cases, proving that the removal of certain antibiotics can work. What has been discussed at the Management Team meeting is that a regular audit needs to take place. Dr Graham is in discussion at the moment with Bill Glendinning and Tim Slaughter. Some Trusts report these figures publicly on their Trust Websites and Dr Graham would like to try and develop this in our Trust.

Legionella spp – This has been isolated from a cold water outlet on WCH site, a regular flushing regime has commenced. Mr Little asked if this required wider reporting procedure outside the Trust. Dr Graham confirmed that this would be reported as SUI type of investigation. Mr Clarkson confirmed that specific estates measures are being introduced as part of the performance reporting to the Board. This will be a very helpful assurance through the Board. Mrs Duguid concerned that there could be impact from a patient care perspective on this specific issue. Dr Graham confirmed that no patients have access to this area; it is a domestic type area, although there is still the issue around staff.

Mrs Duguid queried with regards to silver peroxide, if we are planning to do this when it will be complete. Mr Davidson informed Mrs Duguid that we are not going to do that, we have flushed through and been given the all clear. Mr Davidson confirmed that we will always have a risk of Legionella growing in our water systems, especially on the older site at West Cumberland Hospital. We have to stop nursing staff using bathrooms, which are not in use, as storage areas, if they are not needed as bathrooms then the plumbing etc needs to be removed. There followed an in depth discussion on this.

Mrs Duguid queried whether we should have informed the HSE. Mr Davidson confirmed that if necessary we would have informed them straight away but in this instance it was not at a level where we had to pass

it up to them. He informed the Committee that systems are in place on each site to check the water tanks on a regular basis. He confirmed that there have been issues due to site clearance, demolition etc on the WCH site; in fact some of the pipes have been changed up to 3 times.

Mr Mulvey confirmed that the risk is always going to exist; this is why we need to have the systems and processes in place. Mr Mulvey happy with the way Mr Davidson dealing with the issues and feels that the system in place is robust but we cannot ignore the risk.

Developments – As regards the new hospital build, Mrs Duguid queried if there is a timescale for this starting again. Mr Davidson confirmed that formal approval is due on 13 January 2011 and until such time there will be no instruction to proceed.

Mr Clarkson had a couple of queries with regards to the Annual Programme, in particular 1.8, 2.3 and 3.1. Dr Graham confirmed that these issues will be picked up in the next report.

The Governance & Quality Committee **ACCEPTED** the report and Mrs Cooke thanked Dr Graham for presenting it.

(c) PEAT/Environment Report December 2010

Mr A Davidson presented this report to advise the Governance & Quality Committee members of the Patient Environment assessment process for 2011, Whitehaven and Cumberland Infirmary, Carlisle.

The Committee **NOTED** the programme for the Trust PEAT assessment process in line with the National Patient Safety Agency (NPSA) and Mrs Cooke thanked Mr Davidson for presenting it.

(d) Clinical Portal Project

Mr M Thomas, Director for IM&T, attended the Governance & Quality Committee to present this report to inform members about the Forward programme. This programme focuses on improving patient safety.

Mr Thomas explained that the programme is clinically led and it allows you to look at clinical audit data and tell instantly who has taken what action with what patient etc. He confirmed that Infection Prevention will be improved, not only through the reduction in length of stay but also through the availability of “on line” information, where any outbreaks can be traced, with contact details of other patients and staff. It will also support the H@N project through the handover process and the ability to create patient lists for the H@N team.

Mrs Cooke felt that this was a really interesting piece of work which leads us forward in a big way, she appreciated that this is a very high level summary at this point.

Mr Thomas confirmed that safety and security is one element where we need to make sure people access information correctly. All staff will be issued with smart cards, this will enable us to know who accesses what information and when. It will drive out anyone saying they left their card in the machine, as all cards will have personal names on them, so tracing people will not be an issue. This increases patient safety at all times.

There was a query with regards to the cost of implementing this programme. Mr Thomas confirmed that the cost had been picked up through the capital programme, it is a significant investment for the organisation, but the return on that investment is a reduction in the average length of stay of patients.

Mr Bonner commented that it is interesting and exciting talking about a whole system wrapped around patients. He queried interfaces and integrity of data, how complex will this be and are we including the GP's in the relationship.

Mr Thomas confirmed that integration with GP's is already mapped on the preferred GP system in Cumbria. He confirmed they are looking at developing a secure messaging system, which would still leave them in control of what goes into this system and what comes out, this would also work for us in the same way.

Mrs Cooke felt that this is clearly a Board presentation for the future and asked if Mr Thomas could contact Mr Little about this. She asked what would be the timescale for delivery of the programme. Mr Thomas confirmed that it will start next year with roll out over the full year ward by ward, starting with Pillar/Patterdale Ward at West Cumberland Hospital. It is hoped that all ward areas on both sites will be covered by April 2012 with the actual programme being complete in 4 years' time.

Mr Clarkson commented that the size of the engagement in this programme will need to be crucial. EMT need to discuss the Board level commitment to this project because if we do not have this it will not work, if we do it will work.

Mr Mulvey reiterated that if we are going to do this, we need to do it well, slowly and well, cannot rush this programme.

The Governance & Quality Committee **NOTED** the content of this report and Mrs Cooke thanked Mr Thomas for bringing it to the Committee. It is really interesting and challenging work and she thanked him for allowing us in at the beginning.

Action: ForWard programme and patient safety – Mr M Thomas to contact Mr Little with regards to giving a presentation to the Trust Board.

(e) **Breast Screening Incident – Report on the Terms of Reference for review of our Clinical Governance arrangements**

Mrs R Duguid presented this report to the Governance & Quality Committee. The paper outlines the proposed terms of reference to review clinical governance across the Trust. This report came about following specific recommendations from the Breast Screening Incident report, published by the Primary Care Trust.

The purpose of bringing this report to Governance & Quality Committee is to seek comments, these will then be included in the full report which will go to Trust Board in January 2011 for formal ratification.

Mr Clarkson felt that we should acknowledge the fact that this is an excellent document, very clear about process and assurance around what we need. It is also clear that the team led by Mrs Kelly and Mrs Duguid need further support to drive this through in the timescales quoted.

Mrs Cooke asked if members of the Committee could forward any comments they have on the report to Mrs Duguid by Wednesday, 22 December 2010.

Action: Breast Screening Incident – Report on ToR for review of our Clinical Governance arrangements – Governance & Quality Committee members to give any comments they have on this report to Mrs Duguid by Wednesday, 22 December 2010.

GC102/1 **RISK MANAGEMENT**
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(a) **Options for Governance & Quality members to access the Risk Register**

Mrs Kelly gave a verbal presentation with regards to the above. This request centred around the fact that the estimated cost is £6,000 per person to have access to the Risk Register at home; it is also dependent on that person having broad band in their home.

Mr Thomas confirmed that the main risk is with regards to people's personal computers. The Trust likes people to use Trust equipment because we are then responsible for suitable virus protection. However, remote access is under review. Mr Thomas confirmed that in the future we are definitely looking to improve this. The alternative would be to give everyone access to PC's on the Trust site.

Mrs Cooke suggested that this would be helpful, although they had been promised this some time ago. Mr Little confirmed that he would have no

objection to the Non Executives coming and using the computer in his office, which would not cost the Trust anything. Mr Thomas **AGREED** to arrange for the Non Executives to have access to Mr Little's computer.

Action: Access to Risk Register – Mr M Thomas to arrange for the Non Executive Directors to have access to the computer in Mr Little's Office.

GC103/1 WORKFORCE GOVERNANCE

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(a) **Progress report on the implementation of revalidation and ongoing maintenance**

Mr A Davidson presented this report to the Governance & Quality Committee to confirm improvements in the reporting of Estates Maintenance and Facilities Management services against KPI's. Mr Davidson confirmed that this covered progress over the last 12 months. He also confirmed that the overall performance within the Directorate is strictly monitored and externally validated on a 6 monthly basis by a British Standard assessor. Mr Davidson informed the Committee that the Estates Directorate currently has the highest sickness absence rates across the Trust, currently standing at 8.14%; they are working towards getting this down to 3% during 2011.

Mr Mulvey confirmed that they are looking at future developments around the Estates matrix with regards to utilising energy costs by meter etc. This is one of the areas which has a huge cost implication for the Trust. Mr Davidson informed the Committee that the PCT have undertaken a space utilisation survey of their premises. This has produced a range of results with some of the premises and the accommodation therein only having a utilisation in the 40% range, he suggested that this is interesting and something he will look into with regards to Trust premises.

There was a discussion around Asset Registers, as there a few of them around the Trust. Mr Mulvey felt that these Registers ought to be looked at in order that they talk to each other, it is not an issue having them separate but they need to talk to each other.

Action: Estates Matrix – Mr Davidson and Mr Mulvey to investigate further into benefits of purchasing this matrix.

(b) **Self Assessment for Education & Training**

This report was not discussed at the meeting, as there was no one present from Education & Training to present it. Mr Clarkson did comment that this report demonstrates that this area needs some focus; the report really tells the Committee nothing.

Mr Gallagher to speak to Mrs Hoyle in order to bring an updated and more coherent report back to the January 2011 Governance & Quality Committee.

Action: Self Assessment for Education & Training – Mr Gallagher to speak to Mrs Hoyle in order to bring an updated and more coherent report back to the January 2011 Governance & Quality Committee.

(c) **The Future of ESR**

Mr D Gallagher presented the Future of ESR Report to the Governance & Quality Committee to gain their approval to implement additional ESR modules. He informed the Committee that ESR replaced the old payroll system but so far we have not yet realised the benefits of the system and in order to realise these benefits the Trust must implement the following expansion pack modules:

- Oracle Learning Management (OLM)
- Talent Management (TM)
- Manager Self Serve
- Employee Self Serve

Mr Gallagher then went on to explain the benefits of each of these modules. He confirmed that in order to implement this it will need professional project management and following discussion with Mr Thomas this will be provided in-house by the IM&T department. Mr Gallagher confirmed that we need to start implementing this as from his experience it could take up to 18 months to fully implement.

Mr Mulvey agreed and described the ESR payroll and personnel system used at the moment as a really poor system.

Mrs Duguid confirmed that this is around us being concerned about not being able to record who is being trained in the organisation.

It was **AGREED** that work should commence as soon as possible on certain mandatory training as a priority.

Dr Graham queried the need to look at the clinical and non clinical staff issues and how this is properly dealt with. Mr Mulvey explained that what ESR is a record of people we pay but not a record of people who come into the organisation to say project manage

The Governance & Quality Committee **NOTED** the contents of the report and Mrs Cooke thanked Mr Gallagher and Mr Mulvey for presenting it.

Action: 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.

GC104/1 ANY OTHER BUSINESS

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- (a) Mrs Cooke informed the Committee that in the first part of next year we will be giving some thought to ways in which Governance is moving ahead, some of which she had already mentioned eg timeframe for issuing of papers and attendance at meetings.
- (b) Mr Clarkson commented that he would like to see a chart of complaints, as at the moment we are consistently averaging about 27 complaints per month as a Trust. Mr Clarkson would like to see some benchmarking with other comparable Trusts. Mrs Kelly **AGREED** to do this.
- (c) Mr Mulvey informed the Governance & Quality Committee of a Potential Governance Risk issue with regards to potential loss of information, which may require further external disclosures to the Commission. He confirmed that a report will be brought to the Trust Board.

<p>Action: Complaints – Mrs Kelly to provide the Committee with a chart of complaints. Mrs Kelly also to benchmark Complaints against other comparable Trusts.</p>

GC105/1 DATE & TIME OF NEXT MEETING

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The next meeting will take place on **Tuesday, 25 January 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 – DECEMBER 2010

DATE OF MEETING: 25 January 2011

Minute Point Reference	Details of Action Agreed	Action by whom	Target Date	Progress
February 2010				
GC16a/10	Mrs Cook to bring back Clinical Audit Programme once it had been finalised by the Clinical Policy Group	M Cook	25/05/2010	COMPLETE – Agenda item for January 2011 – Mrs Platton to speak to Mr Walker with regards to next years Clinical Audit Plan
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	Specific report presented in June 2010 by Mr Wiggins. A further report to be presented in February 2011.
June 2010				
GC53/10(a)	Clinical Safety Indicators – Mr Thomas to report on Clinical Portal Project	M Thomas	Nov 2010	COMPLETE – Agenda item December 2010
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 be brought back to the January 2011, as non-one from Education & Training present to present the report.

Minute Point Reference	Details of Action Agreed	Action by whom	Target Date	Progress
Sept 2010				
GC72/10	IV Antibiotics to Oral Antibiotics – Dr Graham to arrange for this to be discussed at the Drugs & Therapeutics Committee with a view to starting to implement in the next 6 weeks.	C Graham	Oct 2010	COMPLETE – update given to December 2010 mtg.
GC74/10(a)	Information Governance – Mr Wiggins to provide a further report to the Committee in respect of the October baseline submission and the actions required to reach Level 2 by March 2011 to the January meeting	P Wiggins	Jan 2011	
GC74/10(b)	Policy Resume – Mrs Kelly to arrange for an audit report that shows that we remain in date across the range of policies.	H Kelly	Nov 2010	COMPLETE
Oct 2010				
GC23/10	ESR – Mr Gallagher and Mr Mulvey to provide a report to Governance following discussions with regards to future of ESR.	D Gallagher A Mulvey	Dec 2010	COMPLETE
GC79/10(a)	Surgical Division Report – 1 Data for Level 1 Child Protection Training to be reviewed. 2 Performance figures for PROMS for hips, knees, varicose veins and hernias to be included in next report.	E Tallis E Tallis	Jan 2011 Jan 2011	

Minute Point Reference	Details of Action Agreed	Action by whom	Target Date	Progress
	<p>3 Milestones in TPOT to be included in next report.</p> <p>4 Risks SUR 08/10 and SUR 09/10 to be reviewed.</p>	<p>E Tallis</p> <p>E Tallis</p>	<p>Jan 2011</p> <p>Jan 2011</p>	
GC79/10(b)	<p>Medical Division Report –</p> <p>1 Governance Framework – to be collated and finalised and brought back to the Committee at the end of the year.</p> <p>2 Records Management Audits - Update on lessons learned/recommendations to be taken forward, to be brought back to the Governance & Quality Committee</p>	<p>B Monk</p> <p>B Monk</p>	<p>Dec 2010</p> <p>Jan 2011</p>	COMPLETE
GC83/10(a)	<p>IP Surveillance System – Dr Graham to provide the Governance & Quality Committee with further information on this system and to bring along a member of Information Governance to discuss the system in more depth.</p>	C Graham	Dec 2010	COMPLETE – update give to December 2010 meeting.
GC83/10(b)	<p>Risk Register – Mrs Kelly to look at different options for the Governance & Quality Committee to access this document.</p>	H Kelly	Dec 2010	COMPLETE

Minute Point Reference	Details of Action Agreed	Action by whom	Target Date	Progress
GC84/10(d)	<p>1. CNST & NHSLA – Mrs Platton to prepare a paper with regards to CNST & NHSLA for the Trust Board.</p> <p>2. Revalidation – Mr Walker to present a paper regarding the progress of this including implementation times to the December meeting.</p>	<p>C Platton</p> <p>M A Walker</p>	<p>Jan 2011</p> <p>Feb 2011</p>	
Nov 2010				
GC89/10(a)	<p>1. Medical Director to provide an exception report on the updating of the Trusts Medicines Management Strategy at the January meeting.</p> <p>2. Mrs Duguid to give a verbal update at the next meeting on the reporting of Health & Safety issues.</p>	<p>M A Walker</p> <p>R Duguid</p>	<p>Jan 2011</p> <p>Dec 2010</p>	COMPLETE – see matters arising.
GC90/10(a)	<p>Quality & Risk Profile</p> <p>1 Mrs Kelly to check why Standardised Hospital Mortality Rates (pg 40) did not appear on the overview.</p> <p>2 All areas of ‘worse’ or ‘much worse’ than expected to be reviewed.</p> <p>3 Mr Brown to confirm to the Committee who has access to this document from outside the Trust.</p>	<p>H Kelly</p> <p>H Kelly</p> <p>S Brown</p>	<p>Dec 2010</p> <p>Dec 2010</p> <p>Dec 2010</p>	<p>COMPLETE – captured in agenda item 5.1 (December 2010)</p> <p>COMPLETE – captured in agenda item 5.1 (December 2010)</p> <p>COMPLETE - Mrs Kelly informed the Committee that at the present time only,</p>

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				commissioning PCTs, SHAs & Monitor have access to the QRP but in the future the CQC want to expand this to include the GP consortia and the general public.
GC90/10(b)	<p>Meeting Essential Standards of Care</p> <p>1 Mrs Kelly to speak to Mrs Keogh, Patient Panel Chair to arrange for booklet to be distributed to the Patient Panel members.</p> <p>2 Mrs Kelly to ensure that the booklet is more personalised to this Trust.</p> <p>3 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>H Kelly</p>	<p>Dec 2010</p> <p>Feb 2011</p> <p>Feb 2011</p>	COMPLETE – Mrs Kelly had attended the Pt Panel Mtg (13/12/10), and has agreed to attend the individual pt panel mtgs in the locality.
GC91/10(a)	Waste Management Policy – Mrs Kelly to speak to Mr G Pinches with regards to the Waste Management Policy.	H Kelly	Dec 2010	COMPLETE – the Waste Management Policy has been updated, circulated and amended to include comments. Dr Graham wants it circulated to the IP Committee for comments (as mtg has been cancelled) – it will then go to January 2011 Trust Policy Group for adoption.
GC91/10(b)	Quality Account – Mrs Kelly to prepare a	H Kelly	Feb 2011	

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	report for the Trust Board for February 2010 outlining progress against the achievements of this years Quality Account and priorities for 2011/12.			
GC91/10(c)	Clinical Indicators Tool and Real Time Surveys to be included in specific information reviewed on standards of care in the wards and departments.	C Platton	Jan 2011	
GC92/10(b)	<p>Maternity Services SUI –</p> <p>1 Family & Clinical Support Division to update the Governance & Quality Committee on the SUIs in their Divisional report in January 2011.</p> <p>2 Family & Clinical Support Division to update the Governance & Quality Committee in their next quarterly report on the learning and outcomes from SUI 3.</p> <p>3 Divisions to review medical secretary practice to ensure awareness is raised and lessons are learned across the Trust in relation to the SUI 2 in Gynaecology.</p> <p>4 Mrs C Platton to speak to Mrs Musgrave to see if it would be possible to have one line to cover both sites</p>	<p>Family & Clinical Support Div</p> <p>Family & Clinical Support Div</p> <p>All Divisions</p> <p>C Platton</p>	<p>Jan 2011</p> <p>Jan 2011</p> <p>Jan 2011</p> <p>Dec 2010</p>	<p>COMPLETE – Mrs Platton confirmed that this had been passed to the Family Services Division for a decision to be made.</p>

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	rather than two lines, in order to improve information being relayed.			
GC92/10(c)	<p>Emergency Planning & Business Continuity</p> <p>1 Emergency Preparedness SG – Mrs Wharton to check which assurance committee they report to and inform Mrs Kelly.</p> <p>2 Emergency Preparedness – Mrs Kelly to check with Ms Lucetti if this is a CQC Standard.</p> <p>3 Emergency Preparedness Policy to be reviewed by Committee members.</p>	<p>J Wharton</p> <p>H Kelly</p> <p>J Wharton</p>	<p>Dec 10</p> <p>Dec 10</p>	<p>Ongoing – Mrs Kelly to speak to Mrs Wharton.</p> <p>COMPLETE – this is not a CQC standard on it's own but is incorporated into other standards. Mr Clarkson not sure why this issue was raised as this is a statutory responsibility we should be taking this seriously anyway.</p> <p>Ongoing</p>
GC94/10	Breast Screening Incident Report – Mrs Duguid to bring a report on the Terms of Reference for review of our Clinical Governance arrangements to the next Governance & Quality Committee.	R Duguid	Dec 10	COMPLETE – item on agenda
December 2010				

Minute Point Reference	Details of Action Agreed	Action by whom	Target Date	Progress
GC99/10(a)	<p>Education & Training Minutes (30/09/10)</p> <p>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.</p> <p>2 Mrs C Platton to check if there is a Senior Nurse sitting on E & T Committee.</p>	<p>D Gallagher</p> <p>C Platton</p>	<p>Jan 2011</p> <p>Jan 2011</p>	
GC99/10(b)	<p>Issues for Governance & Quality to the Trust Board – Mrs Duguid agreed to have a conversation outside the meeting with Mrs Platton and Mrs Kelly with regards to this.</p>	R Duguid	Jan 2011	
GC100/10(a)	<p>CQC Risk & Quality Profile Action Plan – Mrs Platton to rearrange the meeting with the CQC for January 2011.</p>	C Platton	Jan 2011	
GC100/10(d)	<p>Trust Policies – Mrs Platton to discuss the issues around change, outwith the normal review date for policies, with Mrs Kelly and also with the Clinical Standards Group and report back to the Governance & Quality Committee.</p>	C Platton & H Kelly	Jan 2011	
GC101/10(a)	<p>PALS Office CIC – Mrs Kelly to update the Governance Committee on progress with regards to staffing the PALS Office, CIC</p>	H Kelly	Jan 2011	
GC101/10(d)	<p>ForWard programme and patient safety – Mr M Thomas to contact Mr Little with</p>	M Thomas	Jan 2011	

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	regards to give a presentation to the Trust Board.			
GC101/10(e)	Breast Screening Incident – Report on ToR for review of our Clinical Governance Arrangements – Governance & Quality members to give any comments they have on this report to Mrs Duguid by Wednesday, 22 December 2010.	All Members	Dec 2011	
GC102/10(a)	Access to Risk Register - Mr M Thomas to arrange for the Non Executive Directors to have access to the computer in Mr Little's Office.	M Thomas	Jan 2011	
GC103/10(a)	Estates Matrix – Mr Davidson and Mr Mulvey to investigate further into benefits of purchasing this matrix.	A Davidson & A Mulvey	?	
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	
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	

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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	