

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

Present: Mr S Brown, Director for QIPP (Vice 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
Professor S Cholerton, Non Executive Director
Mrs I Edgar, Deputy Director of Human Resources

In Attendance: Mrs A Gadsden, Information Governance Office
Mrs J Wharton, Head of Clinical Planning
Mrs Gillian Hetherington, PA

GC86/10 WELCOME AND APOLOGIES FOR ABSENCE

Apologies for absence were received from: Mr A Davidson, Mr B Glendinning, Dr C Graham, Mr M Walker, Mrs J Riddle, Mrs J Cooke.

Mr Brown noted that the meeting was quorate and as such fulfilled the Terms of Reference.

GC87/10 MINUTES OF THE LAST MEETING

There were a number of amendments to the minutes, requested by Mrs R Duguid. The minutes would be amended and re-issued to members.

GC88/10 MATTERS ARISING AND ACTION PLAN

All matters arising are captured in the action plan - attached

GC89/10 STANDING ITEMS

(a) Minutes/Action Plans of Meetings

- **Drugs & Therapeutics Committee (13 September 2010)** – Mr Bonner commented that these were much improved minutes. He had a query with regards to NPSA alerts and how we are kept informed of alerts; Mrs Platton confirmed that this is done through the Governance reporting structure and alerts will also go through the Clinical Standards Sub Group, which has just been set up to replace Clinical Policy Group. Mr Bonner also queried on page 4 of the minutes the updating of the medicines management strategy in relation to ensuring appropriate controls and processes are in place particularly regarding the financial implications of medicines management across the organisation. Mrs Duguid confirmed that the Medical Director is involved in this and suggested an update is scheduled to be given at the January meeting.
- **Unratified Minutes/Action Plan – Acute Informatics Steering Group (26 July 2010)** – The Committee **NOTED** the minutes and action plan.
- **Health & Safety Committee (10 June 2010)** – The Committee **NOTED** the minutes and action plan. Mrs Duguid informed the meeting that she has set up a meeting with the Health and Safety Manager to ensure adequate and timely reporting on key issues in addition to the minutes.

Mr Mulvey made a general comment on the importance of updating the action plans to close off actions when they are complete and understand why items are ongoing, for example the action list from the Drugs and Therapeutics Committee.

Action:

1. Medical Director to provide an exception report on the updating of the Trusts Medicines Management Strategy at the January meeting.
2. Mrs Duguid to give a verbal update at the next meeting on the reporting of Health and Safety issues.

GC90/10 COMPLIANCE AND REGULATIONS

(a) CQC Risk & Quality Profile

Mrs H Kelly presented the CQC Risk & Quality Profile to the Governance & Quality Committee in order to inform the Committee of the issues within the updated Quality & Risk Profile (QRP) issued in October 2010. She confirmed that this QRP (Appendix 1) contains a comprehensive assessment of the evidence available and each of the sections has received a rating regarding compliance. Also attached as Appendix 2 are details of the overview of the findings.

Mrs Kelly confirmed that there had been a visit by the CQC Assessors, the feedback from this visit was encouraging. She confirmed that what they want to see are examples of lessons learned and examples of good

practice in place. She also confirmed that there will possibly be a spot check visit at some point, for their own assurance.

Mrs Kelly then went on to explain the Overview of Findings (App 2). Mrs Platton explained that some of the data is for 6 months and some 2 years, which can be very confusing, an updated action plan will be presented to the Committee at the meeting in December 2010.

Mr Mulvey & Professor Cholerton had a query with regards to page 40 of the QRP with regards to Hospital Mortality Rates which read "much worse than expected" but does not appear on the Overview. Mrs Kelly **AGREED** to look into this.

Professor Cholerton felt that we should be looking at every point which has a negative / worse than expected outcome score throughout the report to clarify whether there is an underlying issue or just lack of evidence.

Mrs Duguid queried section 5 'quality and management' in page 133 of the main report where there were 4 areas much worse than expected. Mrs Duguid requested this to be looked into particularly as some of these areas related to the reporting of near misses and incidents, which the committee were aware that reporting has decreased in this area following the introduction of on line reporting. In addition, Mrs Duguid also queried the proportion of alerts acknowledged within the deadline.

Mrs Platton confirmed that she had initially spoken to the CQC for advice and help in accessing the QRP, as she even had difficulty getting onto our QRP.

Mrs Duguid stated that overall within the report we need to look at areas which read "much worse", even if this number was small.

Mrs Platton confirmed that a system has been implemented to review our evidence for CQC against the QRP to establish an internal traffic light system for the specific sections and regulations. Mrs Platton stated that this was based on the good practice system which Blackpool NHS Foundation Trust had implemented

Mr Brown confirmed to the meeting that the Quality & Risk Profile is just for our use and does not go into the public domain. Mr Mulvey asked if it goes to the Commissioners, Mr Brown did not think so but **AGREED** to check. Professor Cholerton asked for confirmation of who does have access to the document. Mr Brown to check.

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

Action: Quality & Risk Profile –

- 1 Mrs Kelly to check why Standardised Hospital Mortality Rates (pg 40) did

- not appear on the overview.
- 2 All areas of 'worse' or much worse than expected to be reviewed.
 - 3 Mr Brown to confirm to the Committee who has access to this document from outside the Trust.

(b) Meeting Essential Standards of Care (CQC)

Mrs H Kelly presented this report to the Governance & Quality Committee to inform members of the new CQC essential standards of care which became the law from 1 October 2010.. She confirmed that the Trust is reviewing the systems currently in place to ensure the correct evidence is collected to demonstrate how patients are aware of what to expect regarding standards of care within the hospitals. Attached to this document as Appendix 1 is the CQC document "What standards to expect from regulations of your NHS hospital". This booklet needs to be available to the public and Mrs Kelly asked for thoughts on how the Trust can ensure patients are aware of the document. Listed below are some of her ideas:

- Laminate the booklet and display in all clinical areas.
- Issue the booklet with the pre-admission documentation.
- Make the booklet available within the Trust's internet site.

Mrs Platon confirmed that the booklet will be displayed in patient areas and that it will be addressed with the Matron and Sister/CN groups, at their monthly meetings, they will then have to cascade the information to staff within their areas. At the moment the Senior Nursing Team are in the process of standardising and rolling out a standard ward meeting template, which will include CQC information.

Mr Bonner felt that it should be displayed on notice boards and web sites, in all areas where there are visitors and carers as well as patients. There was a query with regards to the financial implications and what the cost of this would be.

Mrs Duguid commented that the essential standards dove tailed nicely with the patients' rights set out in the NHS Constitution and suggested that the communication to patients and the public on the standards could also include reference to the NHS Constitution.

Mrs Kelly asked if it would be feasible to feed this into the Quality Account for next year.

Mrs Duguid commented that it was important that the committee received appropriate evidence and assurance as to how these standards are met across the organisation and suggested whether the evidence gathering for CQC in general could be reviewed to incorporate these standards as they would link to specific regulations. Mrs Kelly suggested that this could be achieved.

Mrs Duguid proposed that a report is brought back to the committee confirming how the essential standards have been publicised and how the Trust is gathering evidence to assure the committee that they are being achieved across all patient areas.

Mr Brown suggested that Mrs Kelly speak to Mrs Margaret Keogh, Patient Panel to arrange for the booklet to be distributed to Patient Panel members.

Professional Cholerton felt that the examples should relate to what we are doing in this Trust rather in other hospitals, it needs to be more personalised.

Action: Meeting Essential Standards of Care –

- 1 Mrs Kelly to speak to Mrs Keogh, Patient Panel Chair to arrange for booklet to be distributed to Patient Panel members.
- 2 Mrs Kelly to ensure that the booklet is more personalised to this Trust.
- 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.

(c) Trust Policy Resume

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

- Tracking and Retrieving Policy – Updated following approval – NC – Review
- Induction and Mandatory Training – Updated following approval – NC – Review
- Medical Devices Training Policy – Updated following approval – NC – Review
- Security of People and Property – Updated following approval – NC – Review
- Innoculation Injury Policy – Updated following approval – C – Review
- Resuscitation Policy – Updated following approval – C – Review
- Incident Reporting and Investigation – Updated following approval – NC
- Patient Information Policy and Procedure and Toolkit – Updated following approval – NC

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

(d) NHSLA

Mrs C Platton gave a verbal presentation on NHSLA. She explained that we had had a visit by the external assessor who strongly advised us against going for assessment in January 2011 (General) and July 2011 (CNST, Maternity). She indicated that for the work that had to be done, we had a 2

year period in order to complete and rather than rushing it would be better to go for December 2011 (General) and June 2012 (CNST, Maternity). Mrs Platton had taken this to the Trust Board, who had supported this view.

Mrs Platton confirmed that they will continue with weekly meetings; there is to be a mock assessment at the end of November 2010 and these will continue to be carried out throughout 2011.

She explained that it is important that all staff are up to speed with NHSLA requirements, as if an assessor visited a ward and asked any member of staff to produce a certain policy, they would have to know exactly where to find this policy or we could fail.

Mr Brown thanked Mrs Platton for her update.

GC91/10 CLINICAL STANDARDS, PATIENT SAFETY & PATIENT EXPERIENCE

(a) Infection Prevention Report

Mrs C Platton 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 October-November 2010.

MRSA Bacteraemias – During the last 5 months there have been no apportioned cases.

Clostridium difficile – There have been no cases for 2 months at WCH, CIC there were 4 cases in October and 7 cases in November.

MSSA Bacteraemias – At present there are no Government targets for this. Although we are higher than trajectory many of these cases are admitted with this infection and we will discuss how best to deal with this with our PCT colleagues.

Mrs Duguid noted the increased incidence of C-Difficile highlighted on page 4 of the report and commented that it was important for the committee to be assured that necessary actions are being taken and that robust monitoring is in place following the increased incidences the Trust had during the winter period last year. Mr Brown agreed and confirmed that this was in place.

Mr Brown confirmed that although MSSA is not mandatory here, it is in Scotland and will be down here soon. We need to monitor the incidence of this internally. He also asked about the Waste Management Policy which is still outstanding. Mrs Kelly to pick this up with Mr G Pinches.

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

Action: Waste Management Policy – Mrs H Kelly to speak to Mr G Pinches with regards to the Waste Management Policy.

(b) Quality Account Priorities Update

Mrs H Kelly presented the Quality Account Priorities Update to the Governance & Quality Committee to inform them of the progress towards the identified priorities within the Quality Account published in June 2010 and the progress made towards the creation of the Quality Account for 2011.

Mrs Kelly confirmed that some of the priorities have been reported monthly within the performance reports to the Trust Board. She also confirmed that the Health & Wellbeing Overview and Scrutiny Committee had requested an update regarding priorities; appendix 1 details the presentation which was delivered by the Company Secretary and the Head of Governance in October 2010. The presentation was very well received. During this meeting with the Overview & Scrutiny Committee both Mrs Kelly & Mrs Duguid took the opportunity to ask the members for their views for the next Quality Account and this will be continued as the Overview & Scrutiny Committee have asked for another update early next year.

Mr Mulvey asked what internally have we done with the Quality Account. It was confirmed that it was put out as a Postmaster; it also went through the Clinical Policy Group and to the Divisions.

Mrs Duguid commented that through the development of the new Governance Strategy that more engagement with the Divisions on setting and delivering of priorities can be achieved for the production of the next quality account.

Our priorities for 2010/11 are set out on page 16 of the Quality Account; we now need to be looking at priorities for 2011/12. Mr Brown confirmed that we had had specific comments from Links and the PCT and we need to resurrect these for next year, so that we can make sure we incorporate their comments.

Mrs Platton commented that everyone needs to be engaged in this, we need their input on how to launch and distribute, we should all be really proud of our Quality Account. Mrs Duguid said that it is for staff, patients and commissioners. Mr Mulvey asked if we were sure that it is getting through to everyone, for example GPs. It was confirmed that it has gone out to all GPs.

It was agreed that a report would be produced for the Trust Board in February setting out progress against the priorities for this year outlined on page 16 of the Quality Account and how they have been delivered as well as proposals for the priorities for 2011/12. It was also noted that the comments and engagement from the Divisions and external bodies on

setting the priorities for this year would be important.

Action: Mrs Kelly to prepare a report for the Trust Board for February 2010 outlining progress against the achievement of this years Quality Account and priorities for 2011/12.

(c) **An Update on Real Time Patients/Staff Experience Feedback as part of the Productive Ward Programme**

Mrs Platton presented this report to Governance & Quality Committee so that the Committee can see how in-patient satisfaction surveys and staff satisfaction survey are becoming embedded into ward routine as part of the productive ward evaluation process. This report demonstrates the progress to date and the actions implemented. She confirmed that we are gathering the results; it is what we do with these results now that we have them. We need more work on Education and Training with staff.

Mrs Platton confirmed that they are using I-Phones at the moment but because of a variance in dexterity, they are now looking at using I-Pads. There is a need for additional volunteers for this, including Patient Panel members; we need also to incorporate staff. Mrs Kelly confirmed that with regards to the volunteer issue, there is a working group looking at this and Mrs Kelly and members of this group will be attending the Patient Panel meeting in December, where the output from these discussions will be shared and the views of the panel members sought. We have already addressed some of the issues Mrs Platton has mentioned, including looking to simplify the application form for volunteers.

Mr Mulvey asked if it was thought there was any correlation between the staff and patient results eg do you think that when staff are satisfied, patients are also satisfied. Mr Brown confirmed that Nationally there does not appear to be any correlation, and from a research perspective there is no clear correlation as yet.

Mr Brown feels that it is important that we are getting feedback about the services we provide, we still have a lot of work to do around staff satisfaction.

Profession Cholerton feels that clearly there are certain areas in both hospitals where staff satisfaction is high. She asked if we are drilling down to find out why. Mr Brown confirmed that from his point of view, the Audit tool for the Ward Sisters/CN's to use within their teams and perform that "drilling down" in order to answer this. There is a need to make sure dialogue is improved. It was confirmed that a lot is to do with the standards set by the Ward Leader.

Mrs Duguid commented that the key issue is to understand how this information can support an 'holistic' view of governance for each ward area along with the clinical indicators tool. Mrs Platton agreed and stated that

this was the next phase of development to ensure the wards and Divisions are using the tools to make any necessary improvements

Action: Clinical Indicators Tool and Real Time Surveys to be included in the specific information reviewed on standards of care in the wards and departments.

(d) Septicaemia CQC response

Mrs R Duguid presented this report to the Governance & Quality Committee with details of a response which had been issued to the CQC regarding an alert which was raised from Dr Foster into the Trust's mortality figures for Septicaemia (except in labour). She explained that an internal review had taken place and an analysis of the records/case notes had been completed. The results of which are detailed in the report.

A significant area is around the use of electronic discharge in the organisation and the difference this could have potentially made to the correct information being provided for coding. Mrs Duguid confirmed that this is being looked into in conjunction with the discharge process and the role of key people such as ward clerks.

Mrs Duguid commented that the raising of this alert was an indication of where the CQC are moving to in terms of a more proactive regulatory role. It appears that they are working much closer with Dr Foster & CHKS.

Mr Mulvey raised the issue of whether the Coders code correctly from the discharge summary or was the mistake being made by coders. It was confirmed that this is not a Coding issue, this is about completion of detail on the electronic discharge summary, from the clinical teams.

Mr Bonner commented that this is not the first time we have had an external body picking up on statistics we have provided and asked whether we had an internal quality assurance / alert system that would raise this with us before it is picked up outside the organisation. Mrs Duguid explained that the Trust does have the CHKS system which is being embedded within the Divisions. However, the internal systems for reviewing clinical data including the comparison benchmarks we use, for example Dr Foster requires further work which is being progressed in terms of how we measure and review clinical standards. Mr Bonner stated that this was important to get right to ensure we have knowledge and systems in place to track any changes / alerts internally in the Trust. Mrs Duguid confirmed this is being looked at by the Director of Nursing, Quality and Governance and the Medical Director.

Mr Mulvey requested that the wording be amended in the report on the first sentence in 3(a) on page 3 to read: "The review of the case notes has resulted in improvements being required on Electronic Discharge Summaries (EDS) which requires us to record information properly". Mrs

Duguid **AGREED** to amend the report.

The Committee **NOTED** the report and Mr Brown thanked Mrs Duguid for presenting it.

Action: Septicaemia CQC Response – Mrs Duguid to amend report in light of Mr Mulvey's comment for re-issue to the members of the committee.

(e) Licence for Human Tissue Authority

Mrs H Kelly presented this report to Governance & Quality Committee to inform and reassure the Committee of the revised systems in place to ensure the safe governance arrangements to maintain the licence for the storage of released fresh frozen femoral heads. She confirmed that following a visit to the Trust by the Human Tissue Authority Inspectors a number of recommendations were made in order to ensure the renewing the licence for storage of released fresh frozen femoral heads in January 2011. Mrs Kelly informed the Committee that an action plan had been developed to address the recommendations and these actions are on track for completion in December 2010.

Professor Cholerton concerned about paragraph 2.6 as she felt that we should not be suggesting that we might not be compliant, as we are sure that there will not be an issue. She asked for this sentence to be removed from the paragraph. Mrs Kelly **AGREED** to do this and reissue the paper.

The Committee **NOTED** the contents of the report and Mr Brown thanked Mrs Kelly for presenting it.

Action: Licence for the Human Tissue Authority – Mrs Kelly to amend the report in view of the comments made and reissue to members of the Committee.

GC92/10 RISK MANAGEMENT

(a) Serious Untoward Incident Management

Mrs Kelly presented the Serious Untoward Incident Management Report to the Committee to inform and reassure them of the management of the declared Serious Untoward Incidents (SUIs) within the organisation from 1 April 2010. She explained that Appendix 1 details the incidents that we have declared and where we are up to with them. She confirmed there is a lead member from the PCT assigned to each declared incident and communication is maintained during the investigation.

Mrs Duguid commented that as part of making further improvements to governance across the organisation it was important for the review of

progress against SUIs and any associated action plans to be reported through to the committee. In addition Mrs Duguid also added that the Divisions should also be reporting high level incidents which may not classify as an SUI but still require investigating to ensure any action plans are implemented and lessons learned across the Trust. Mrs Kelly confirmed the governance facilitators were working on this for the next report.

Mrs Platton requested that a change be made to the Appendix regarding the Clinical and Family Services event declared on 29 October 2010, and the true description is, the process for the management of Pathology samples.

Mrs Kelly confirmed to the Committee that there is a Governance Steering Group which meets every Monday morning, which monitors all high level incidents and escalates the outcome and evidence to the Chief Executive with a recommendation if a high level incident needs to be declared as a Serious Untoward Incident. The PCT and NHS Northwest are then informed.

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

Action: Serious Untoward Incident Management – Mrs Kelly to amend the Appendix to this document with regards to Family & Clinical Services event declared on 29 October 2010 and the true description is, the process for the Management of Pathology Samples.

(b) Maternity Services Serious Untoward Incident Update

Mrs Kelly presented the Maternity Services SUI to inform the Governance & Quality Committee of the lessons learned following the declaration of Serious Untoward Incidents. Mrs Kelly confirmed that Appendix 1 of the report gives assurance of the commitment to describe lessons learned and that we are learning from these lessons.

SUI 1 Maternity- Mrs Duguid felt that there are still points which need clarification:

- New telephone and enquiry lines, have these been implemented on both sites – would it not be better to have one line.
- On page 2 – 40 minute delay by Paediatrician; clearly information system has been implemented, but what was the real issue of why there was a 40 minute delay and have we dealt with this? Mrs Kelly confirmed that the Paediatrician was bleeped, but there was a delay which is being put down to poor system and a new system has now been put in place to prevent any delays happening again in the future. Mr Brown also added that the consultant teams are aware of the outcome of this SUI in relation to the delay.

- CTG Training – Family Services – How are they recording this?
Mrs Kelly confirmed that this is one of the issues which needs to be recorded with NHSLA. The recommendation is that there will always be at least 75% of staff trained at any one time. This is being recorded in the Division.

SUI 2 - Maternity

- There was a query with regards to the appropriateness of Penrith Birthing Centre and how issues are reported back. Mr Brown confirmed that it was an assessment of patient, who should have been sent straight to Cumberland Infirmary; this has been addressed with the midwifery teams in relation to assessment of patients.
- The audit of the telephone book / advice is to be undertaken as well as the annual audit of record keeping.

It was **AGREED** that the Division need to update the Committee in their next Divisional report on the outcome of the audit activity in relation to this SUI.

SUI 3 – Maternity

It was noted that the lessons learned had not been provided for this case as it has just been completed. It was **AGREED** that an update be provided on this specific SUI in the Divisional Quarterly Report.

SUI 2 – Gynaecology

The importance of ensuring that awareness raising is in place with all medical secretaries was discussed. It was **AGREED** that the review of processes and systems to ensure this does not occur again is raised with the Divisions.

With regards to the issues around telephone lines, Mrs Platton **AGREED** to speak to Mrs Anne Musgrave, Head of Midwifery, to see if it would be possible to have one line to cover both sites, rather than two lines, this would improve the information being relayed.

Action: Maternity Services SUI

1. Family and Clinical Support Division to update the Governance & Quality Committee in their next quarterly report on the progress with the audits in relation to SUI 2.
2. Family and Clinical Support Division to update the Governance & Quality Committee in their next quarterly report on the learning and outcomes from SUI 3.
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.

4. Mrs C Platten to speak to Mrs Musgrave to see if it would be possible to have one line to cover both sites rather than two lines, in order to improve information being relayed.

(c) **Annual Report on Emergency Planning & Business Continuity**

Mrs J Wharton, Head of Clinical Planning/Equality & Diversity, attended the meeting to present the Annual report on Emergency Planning & Business Continuity. She confirmed that this report was being presented to:

- Inform the Committee of the work completed and in progress to mitigate risks associated with Business continuity within the organisation.
- Inform the Committee of the Emergency responses implemented as a category 1 responder.
- Inform the Committee of the work undertaken by the Cumbria Resilience Forum on behalf of all Category 1 responders.

Mrs Wharton then went on to explain to the Governance & Quality Committee the progress made in all areas around Emergency Planning and Business Continuity.

Mrs Duguid queried who the Emergency Preparedness Steering Group reported to. Mrs Wharton had assumed it was the Governance & Quality Committee but she **AGREED** to check. She also asked about the timescale for the Emergency Preparedness & Major Incident policies. It was **AGREED** that once complete they would then need to follow the usual route, firstly to Trust Policy Group and then through Policy Resume to Governance & Quality Committee. Mrs Duguid commented that she felt it was appropriate for the Emergency Preparedness Policy to be reviewed by Committee members given its significance and importance from a safety and quality perspective.

Mrs Duguid requested clarity on the CQC requirements for emergency preparedness / business continuity and how evidence was being gathered and reviewed for this. Mrs Kelly **AGREED** to check this with Ms Lucetti.

Mr Mulvey asked about Terrorism and where this is picked up. Mrs Wharton confirmed that this is through the National Security Strategy and comes under Emergency Planning.

Following the incidents this year, Mrs Wharton confirmed that there are lessons to be learned, but also lessons to be learned nationally. She also confirmed that Oscar 9.5 will be held in March 2011; it will be a full scale nuclear incident, where the national plan will be tested.

The Committee **NOTED** the contents of the report and **APPROVED** the proposal for a Trust Business Continuity Strategy. Mr Brown thanked Mrs Wharton for her presentation.

Action: Emergency Planning & Business Continuity

- 1 Emergency Preparedness Steering Group – Mrs Wharton to check which assurance committee they report to and inform Mrs Kelly.
- 2 Emergency Preparedness – Mrs Kelly to check with Ms Lucetti to see how this links into the CQC regulations and outcomes.
- 3 Emergency Preparedness Policy to be reviewed by committee members,

GC93/10 INFORMATION GOVERNANCE TOOLKIT UPDATE

Mrs A Gadsden attended the Governance & Quality Committee to present the Information Governance Toolkit update to advise members of progress in respect of the 2010/11 Self Assessment Process and the main issues in respect of compliance with the V8 IG Toolkit Requirements.

Mrs Gadsden reported that they are reasonably optimistic that they will meet the new evidence standards by the final submission date of 31 March 2011. Mrs Duguid informed the Committee that she is working closely with Mr Wiggins to ensure that we are in a good position by January 2011 when the next report is due to come to Governance & Quality Committee.

Mr Little queried where the figure of 68% came from, it was confirmed that this is a national figure.

Mr Bonner reported that in previous years we have been able to put a prediction in here and have been able to see where we are vulnerable. It would be valuable if we had an indication of where our particular areas of vulnerability would be. Mrs Gadsden **AGREED** to ensure this is included in any future reports. Mrs Duguid confirmed that work is progressing on the 'weaker' areas for example clinical audit and information governance training.

Mrs Gadsden confirmed that a lot of work is going on around Information Security Assurance and feels there needs to be more awareness to ensure Information Governance is considered as important as all other aspects of Governance.

The Committee **RECEIVED** this report and Mr Brown thanked Mrs Gadsden for presenting it.

GC94/10 ANY OTHER BUSINESS

Mrs Duguid confirmed to the Governance & Quality Committee that the Breast Screening Incident Report had now been published and confirmed that work is underway to ensure robust action plans are in place to address the specific recommendations in the report.

Mrs Duguid commented that one of the recommendations is taking forward a review of our Clinical Governance arrangements and confirmed that terms of reference are being drafted to address this recommendation and ensure this is taken forward robustly and transparently. Mrs Duguid proposed that the committee receive a report on the terms of reference at the next meeting.

Action: 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 Committee

GC95/10 DATE & TIME OF NEXT MEETING

The next meeting will take place on **Tuesday, 14 December 2010 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 – NOVEMBER 2010

DATE OF MEETING: 14 December 2010

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
March 2010				
GC23/10	Education & Training – Mr Gallagher to report back to the Governance Committee in September/October 2010 with regards to Benchmarking training against other Trust and the Pilot for Electronic Workforce Information.	D Gallagher	Oct 2010	COMPLETE
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 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				

Minute Point Reference	Details of Action Agreed	Action by whom	Target Date	Progress
GC53/10(a)	Clinical Safety Indicators – Mr Thomas to report on Clinical Portal Project	M Thomas	Nov 2010	Report on the clinical portal project and how this links to the measuring of clinical safety indicators to be received in 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 – Mrs Duguid has spoken to Ms Hoyle – full report to come back to the December meeting on the self assessment.
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	Ongoing – update in December 2010
GC73/10(d)	<p>1 Appraisals – Mr Gallagher to bring back Appraisal figures in better format to October Governance Committee.</p> <p>2 Research & Development – Mr Gallagher to come back to the Governance Committee with a report showing the process which is followed in R & D, in order to give the Committee further assurance</p>	<p>D Gallagher</p> <p>D Gallagher</p>	<p>Oct 2010</p> <p>Oct 2010</p>	<p>COMPLETE.</p> <p>COMPLETE – Governance Committee to be assured that lessons learned from the Cardiology incident have been implemented across the Trust. Mrs Hoyle gave assurance that this is the case.</p>
GC74/10(a)	Information Governance –			

Minute Point Reference	Details of Action Agreed	Action by whom	Target Date	Progress
	<ol style="list-style-type: none"> 1 The Governance Committee to provide a clear statement around Information Governance training and what is expected of Managers of their staff. 2 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>Governance Committee</p> <p>P Wiggins</p>	<p>Oct 2010</p> <p>Jan 2011</p>	COMPLETE
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	On agenda for December 2010
GC75/10(a)	Health & Safety Committee – Mr Gallagher to raise issues from the Governance Committee with Mr Davidson and report back to the Committee in October 2010.	D Gallagher	Oct 2010	COMPLETE – Mrs Duguid confirmed that she is working on this with John Mitchell – looking to link into new report on a quarterly basis.
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	On agenda for December 2010 meeting
GC79/10(a)	Surgical Division Report – <ol style="list-style-type: none"> 1 Data for Level 1 Child Protection Training to be reviewed. 2 Performance figures for PROMS for hips, knees, varicose veins and 	<p>E Tallis</p> <p>E Tallis</p>	<p>Jan 2011</p> <p>Jan 2011</p>	

Minute Point Reference	Details of Action Agreed	Action by whom	Target Date	Progress
	<p>hernias to be included in next report.</p> <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 Committee</p>	<p>B Monk</p> <p>B Monk</p>	<p>Dec 2010</p> <p>Jan 2011</p>	
GC79/10(c)	<p>External Visit (Human Tissue Authority) – Mrs H Kelly formally report back to the Governance Committee with regards to the Licence for the Human Tissue Authority.</p>	<p>H Kelly</p>	<p>Nov 2010</p>	<p>COMPLETE</p>
GC82/10	<p>Education, Training & R&D Committee Minutes 25/02/10 – Ms Hoyle to clarify that with regards to R & D issue, systems had</p>	<p>Ms Hoyle</p>	<p>Nov 2010</p>	<p>COMPLETE – Assurance given</p>

Minute Point Reference	Details of Action Agreed	Action by whom	Target Date	Progress
	been put in place across the Trust to prevent this happening in the future.			
GC83/10(a)	IP Surveillance System – Dr Graham to provide the Governance Committee with further information on this system and to bring along a member of Information Governance to discuss the system in more depth.	C Graham	Dec 2010	Ongoing – Mrs Platton to speak to Dr Graham.
GC83/10(b)	Risk Register – Mrs Kelly to look at different options for the Governance Committee to access this document.	H Kelly	Dec 2010	On agenda for December 2010 – Verbal report
GC84/10(d)	<ol style="list-style-type: none"> 1. CNST & NHSLA – Mrs Platton to prepare a paper with regards to CNST & NHSLA for the Trust Board. 2. External Reviews – Mrs Duguid to present a paper regarding the outcome of these reviews to the December meeting. 3. Revalidation – Mr Walker to present a paper regarding the progress of this including implementation times to the December meeting. 	C Platton R Duguid M A Walker	Jan 2011 Dec 2010 Feb 2011	COMPLETE – report presented to November 2010 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	M A Walker	Jan 2011	

Minute Point Reference	Details of Action Agreed	Action by whom	Target Date	Progress
	January meeting. 2. Mrs Duguid to give a verbal update at the next meeting on the reporting of Health & Safety issues.	R Duguid	Dec 2010	Verbal update to December meeting
GC90/10(a)	Quality & Risk Profile 1 Mrs Kelly to check why Standardised Hospital Mortality Rates (pg 40) did not appear on the overview. 2 All areas of 'worse' or 'much worse' than expected to be reviewed. 3 Mr Brown to confirm to the Committee who has access to this document from outside the Trust.	H Kelly H Kelly S Brown	Dec 2010 Dec 2010 Dec 2010	Verbal update to December meeting Verbal update to December meeting Verbal update to December meeting
GC90/10(b)	Meeting Essential Standards of Care 1 Mrs Kelly to speak to Mrs Keogh, Patient Panel Chair to arrange for booklet to be distributed to the Patient Panel members. 2 Mrs Kelly to ensure that the booklet is more personalised to this Trust. 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.	H Kelly H Kelly H Kelly	Dec 2010 Feb 2011 Feb 2011	Verbal update to December meeting

Minute Point Reference	Details of Action Agreed	Action by whom	Target Date	Progress
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	Verbal update to December meeting
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	Feb 2011	
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	
GC91/10(d)	Septicemia CQC Response – Mrs Duguid to amend report in the light of Mr Mulvey's comment and reissue to members of the Committee.	R Duguid	Dec 2010	COMPLETE
GC91/10(e)	Licence for Human Tissue Authority – Mrs Kelly to amend the report in view of the comments made and reissue to members of the Committee.	H Kelly	Dec 2010	COMPLETE
GC92/10(a)	Serious Untoward Incident Management – Mrs Kelly to amend the Appendix to this document with regards to Family & Clinical	H Kelly	Dec 2010	COMPLETE

Minute Point Reference	Details of Action Agreed	Action by whom	Target Date	Progress
	Services event declared on 29 October 2010 and the true description is, the process for the Management of Pathology Samples.			
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 rather than two lines, in order to improve information being relayed.</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>Verbal update at December 2010 meeting</p>
GC92/10(c)	Emergency Planning & Business Continuity			

Minute Point Reference	Details of Action Agreed	Action by whom	Target Date	Progress
	<ol style="list-style-type: none"> 1 Emergency Preparedness SG – Mrs Wharton to check which assurance committee they report to and inform Mrs Kelly. 2 Emergency Preparedness – Mrs Kelly to check with Ms Lucetti if this is a CQC Standard. 3 Emergency Preparedness Policy to be reviewed by Committee members. 	<p>J Wharton</p> <p>H Kelly</p> <p>J Wharton</p>	<p>Dec 10</p> <p>Dec 10</p>	<p>Verbal update at December meeting</p> <p>Verbal update at December meeting</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 Committee.	R Duguid	Dec 10	COMPLETE – item on agenda