

**MINUTES OF THE GOVERNANCE &
QUALITY COMMITTEE HELD ON
25 JANUARY 2011
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 K Clarkson, Deputy Chief Executive/Chief Operating Officer
Mr S Lightfoot, Patient Panel
Mr C Graham, AMD Clinical Support/Consultant Microbiologist
Mr A Davidson, Director of Estates
Mr M A Walker, Medical Director
Isla Edgar, Deputy Director of HR

In Attendance: Dr P Davies, Elderly Care Consultant
Ms K Blacker, Critical Care Network
Mrs S Preston, DGM, Family Services/Clinical Support
Mrs A Musgrave, Head of Midwifery
Mrs C Moore, HoN, Family Services
Mrs M Smith, Governance Facilitator, Clinical Support
Mrs B Monk, DGM, Medicine
Mrs L Anderson, DDoN/HoN for Medicine
Ms R Beck, Governance Facilitator, Medicine
Mr E Tallis, DGM, Surgery
Mr S A Raimes, AMD, Surgery
Mr R Heaton, HoN, Surgery
Ms A Yarnold, Governance Facilitator, Surgery
Mr P Wiggins, Deputy Director for IM&T
Mrs Gillian Hetherington, PA

GC01/11 WELCOME AND APOLOGIES FOR ABSENCE

Apologies for absence were received from: Mr S Brown, Professor S Cholerton,

Mr D Gallagher, Dr D Lee

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

GC02/11 TELESTROKE PROJECT

Dr P Davies, Elderly Care Consultant and Ms K Blacker, Critical Care Network attended the Governance Committee to present the Telestroke Project, in order to update them of the progress towards the implementation of this innovative project within Lancashire and Cumbria. Dr Davies informed the Committee that currently the Stroke Unit runs a 9-5 service on week days, which is obviously not very good if you have a stroke at the weekend. He confirmed that currently Thrombolysis is the only approved medical therapy for patients with acute ischaemic stroke and has been shown to be safe and effective in trials when given within 4.5 hours of stroke onset. The Telemedicine solution will have Consultants on call in Cumbria and Lancashire on a 1:16 rota.

Dr Davies informed the Committee that there are complexities in some areas; these are around Governance and Operational arrangements. In order to address these issues a Governance Policy and an Operational Policy have been written to support the implementation and delivery of an out of hours system. These documents are being scrutinised elsewhere and going through Governance throughout the region.

Mr Bonner felt the covering paper left doubt in his mind, as the drug is currently only licensed for use within 3 hours of stroke onset. Dr Davies confirmed that international guidelines backed up with research evidence say it is safe for up to 4.5 hours. The Drug Companies are waiting for the license to catch up. Mr Bonner also concerned with regards to the rota, if a Doctor had an emergency and was not able to cover his on call at short notice, what happens. Dr Davies informed the Committee that in such cases a colleague would step in and cover the on call; he also informed the Committee that at weekends one doctor covers Friday and Sunday and another doctor covers Saturday, which would mean that if one of them had an emergency then the other would step in to cover the on call. Mr Bonner also asked if they are committed to providing similar services to those in place during the day. Dr Davies confirmed that they will be monitoring this but that every patient who has Thrombolysis has to go onto a national database. This will mean that in time everything will be recorded comprehensively.

Mrs Cooke asked if Paramedics will be trained and if North West Ambulance Service have taken this project on board. Ms Blacker confirmed that NWAS are committed to this and have arranged for a pre-alert. She felt that phased training is something that they do at NWAS but would confirm this with them.

Mrs Duguid had a query with regards to page 9 of the Governance Policy. With regards to MDT and Audit and whether we had all the necessary arrangements set up. Ms Blacker confirmed that an Administrator had been appointed to co-ordinate these meetings. She also asked with regards to Training and Workforce

Governance would it be shared accountability. It was confirmed that the PCT will be separate with regards to commissioning in terms of performance monitoring. The obligation for Trusts is that they need to make sure the workforce are trained.

Mr Clarkson confirmed that this has been an excellent collaborative effort between the Trust and the Critical Care Network. From an assurance point of view the contract with Virgin Media is excellent around the arrangements they have in place for remote surveillance.

Ms Blacker confirmed that the policies have to be signed off by the Partner Trusts before the project can go live in April 2011, but so far there have been very few issues.

The Governance & Quality Committee **NOTED** the contents of this report and **APPROVED** the governance and operational policies. Mrs Cooke thanked Dr Davies and Ms Blacker for presenting it to Governance and confirmed that they look forward to the press release and the start of the work.

GC03/11 INFORMATION GOVERNANCE

(a) Information Governance Toolkit V.8 Progress Report

Mr P Wiggins, Deputy Director of IM&T (Information Governance Lead) presented a report to the Committee which provided an update in respect of progress and a high level summary of the Internal Audit Report which will go in full with an agreed Action Plan to the Audit Committee meeting on 22 February 2011. In general the audit validated the evidence submitted at the end of October subject to further strengthening in some areas. However, only limited assurance was given in respect of the achievement of Level 2 in all 42 Requirements mainly because of the amount of evidence outstanding.

It was pointed out that the audit reflected the position at 31 October and that considerable amounts of evidence of compliance had been entered since then with regular meetings with Requirement Leads based on the Improvement Plan approved by the Information Governance Group. Since the audit NHS Connecting for Health had again revised the Requirement in respect of Information Governance Basic Awareness training – extending the deadline by a further 3 months and allowing local training packages, as used in the Trust, to be submitted via the SHA for accreditation. A meeting was being arranged urgently to review the Trust's approach and to help secure improved staff participation. Other areas identified as a risk included specific evidence requirements for Clinical Audit and evidence of the integration of Business Continuity Planning for information systems and service needs.

Mrs Cooke queried that we currently have no professional lead in clinical audit. Mr Walker confirmed that this will be addressed in the short term, very shortly.

Mrs Platton queried Accreditation and whether there is a timescale for this. Mr Wiggins confirmed that this comes through the SHA and needs to be complete by

end of June 2011.

Mr Clarkson asked what the implications would be in not achieving, ie sitting at level 1 or below by the cut off date. The implication is that we could be disconnected. He felt that the issues he has are that for some time the Governance Committee has received regular reports, recognising the fact that the amount of work is phenomenal, but we are always on the back foot and always not making progress. A wider message needs to get out to the organisation that we can do it. Mrs Kelly confirmed that she will work with Mr Wiggins to try and introduce a system similar to the one they have for CQC and NHSLA evidence and she **AGREED** to bring a report back to the next meeting on progress they are making.

Mrs Duguid felt that the internal report gives limited assurance. We need to get to a point of saying we have sorted all issues, especially in the areas where we will fall down. Mrs Cooke confirmed that the Committee are looking for further assurance in February on the way ahead and improvements. This needs to be moved on so we reporting positive work.

Mr Mulvey felt that there is a need to make Information Governance part of the main stream rather than just focussing on clinical impact.

The Governance & Quality Committee **RECEIVED** the report and Mrs Cooke thanked Mr Wiggins for presenting it.

Action: Information Governance

- 1 Mr Wiggins to provide further updates in February & March 2011.
- 2 Mrs Kelly & Mr Wiggins to provide an update to the February Meeting of progress made.
- 3 Update on professional lead in clinical audit – Mr M A Walker.

GC04/11 DIVISIONAL REPORTS

(a) **Medical Division**

Ms B Monk, Mrs L Anderson and Ms R Beck attended the Governance Committee to the present the Medical Divisional report to Governance to provide them with assurance that governance, risk, lessons learned and subsequent service improvements have been implemented within the division to ensure patient safety and enhance the patient experience. The report also encompasses the 6 core pillars of governance.

Ms Monk, Mrs Anderson & Ms Beck gave a presentation (attached) which highlighted the following areas:

- Compliance & Regulation
- Standards, Safety & Experience
- Risk Management
- Workforce Governance
- Information Governance
- Divisional Priorities for Quarter 4

Compliance & Regulation - Mrs Cooke questioned the fact Stroke is referred to as 2 sites, whereas we refer to other areas as one Trust, why is this? Mr Walker confirmed that at the moment this is consistent with "Closer to Home".

Standards, Safety & Experience – Mrs Cooke concerned with regards to Pressures Sores, this is basic and we need to improve on this.

It was confirmed that Slip, Trips & Falls have reduced by 40% but there has been a rise in the number of Fractured Neck of Femurs (# NOF). Dr Graham asked if Root Cause Analyses (RCAs) are completed for #NOF. It was confirmed that they are completed but that there is a need for a quick checklist of questions; Mrs Anderson confirmed that they had not been as quick on this as they should have been but it has now been picked up.

With regards to Nutritional Screening, Mr Davidson confirmed that we were marked down for this last year and for Committee to be aware that the PEAT assessment is taking place across both sites next week. Last year had we had screening in place for Nutrition, we would have achieved excellent.

Mr Bonner queried Incident Reporting, as this appears to be going down. He asked if the Division have confidence that everyone who should have access to Ulysses have had the appropriate training or are their still areas using the lilac forms. It was confirmed that there are areas still using the lilac forms and that staff have requested more training on Ulysses. Ms Beck confirmed that they are in the process of going out onto wards and re-training staff but there is also the issue of access to terminals which is also proving to be a problem.

Mrs Duguid requested for an update on the action plan following the dementia audit to be provided to the Committee given the red areas that required completion from a quality of care perspective.

With regards to End of Life, Mrs Duguid asked how many of the 112 patients, whose case notes were audited, had care pathways in place. Mrs Platton confirmed that a lot of work has been done, some died within 24 hours and had come in straight from nursing homes, some died in short time period of 24 hours but it was done with End of Life Collaborative re: place of choice not End of Life Pathway.

Mr Walker emphasised that the way it is described in the report is not very helpful, patients are put on pathways regularly and this is shown to be the case. This is a national problem. Potentially there needs to be more information in this report specifically with regards to CQUIN; once patients get to the hospital there are the

expectation from the family. Ms Monk confirmed that they are looking at End of Life pathways and issues around data coding.

Ms Monk confirmed that the Division have combined Clinical Director role for Elderly Care and Medicine and are reorganising the Medicine's Management meetings.

Mrs Duguid asked if there is a plan for Endoscopy and Ms Monk confirmed that there is, all patients are being reviewed clinically and there is a review of case notes taking place. Mrs Duguid also queried Mortality figures, as they are showing as significantly higher. Ms Beck confirmed that there was an increase in October and when she drilled down there were only actually 8 deaths for October and on looking at the data, there was nothing to be concerned about. She is planning to follow this up with Dr Billet and Dr Orugun.

Mrs Kelly asked for confirmation that the action plans are ongoing and confirmed that she needs assurance that these are on track and within the timeframe. Mrs Kelly **AGREED** to pick these issues up with Ms Monk outside the meeting.

Mrs Duguid agreed to forward any other comments direct to the Division in relation to their report.

The Governance Committee **RECEIVED** the report and Mrs Cooke thanked the Division for presenting it.

Action:

- 1 Action Plans – Medicine** – Mrs Kelly to speak to Ms Monk to seek assurance that they are on track with their action plans.
- 2 Action Plans – 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.

(b) Family and Clinical Support Services Governance Report – January 2011

Mrs S Preston, Mrs A Musgrave, Mrs C Moore and Mrs M Smith attended the Governance Committee to present the report to the Committee to describe the governance activities of the Division and to demonstrate that a governance framework incorporating, risk management, lessons learned and service improvement has been implemented within the Division to ensure patient safety, clinical quality and clinical effectiveness enhance the patient experience.

Mrs Preston gave a presentation (attached) describing the following main issues:

- Compliance and Regulation
- Standards, Safety and Experience
- Risk Management

- Workforce Governance

Dr Graham said that the Committee will note that there is not very much in the report with regards to the Francis Report Action Plan. There was a discussion at the last departmental meeting and it has been left with Clinical Support departments to feed back to the next departmental meeting. There will be a full update in the next quarters Governance report.

Mr Bonner queried the risk assessment with regards to lone working being undertaken by community midwives. The proposal to issue badges at what will be a considerable cost with capital and revenue, is this not a step too far. Mrs Musgrave confirmed that all Community Midwives do have mobile phones but the problem is that they do work in some of the remotest areas. The policy for these mobiles states that they need to keep in regular contact with the office. The feedback that they are getting is that (a) this is not happening and (b) people get frustrated taking messages all the time. Mr Bonner wondered what the logic was in making a decision to go down this route, bearing in mind the current financial position the Trust is in at the moment. Mrs Preston **AGREED** to go back and do another risk assessment on whether these badges are required or not.

Mr Davidson concerned that there is no mention of baby tagging in the report; conscious that 10 months down the line the areas of concern should have been totally resolved. Mrs Preston confirmed that baby tagging is operational on both sites, but having more success on West Cumberland Hospital site. Mr Davidson queried if Mrs Preston happy that it is operational. She emphasised that there are blips but they deal with them with Mr Mitchell and the Company directly and quickly. Mrs Cooke feels that this is still an area of concern and it was **AGREED** that Mrs Platton would meet with Mrs Preston and the team to go through the issues.

Action: Family Services Division

- 1 Community Midwives badges – Mrs Preston to do another risk assessment on whether these badges are required or not.
- 2 Baby Tagging – Mrs Platton to meet with Mrs Preston and the team to go through the issues surrounding this.

(c) Surgical Division Governance Report

Mr S A Rames, Mr E Tallis, Mr R Heaton and Ms A Yarnold attended the Governance Committee to present the Surgical Division report. It summarises governance activities undertaken within the Surgical Division, October to December 2010 inclusive. The aim is to provide assurance to the Governance Committee by describing service improvements, lessons learned, patient experience and risk issues.

The Division gave a presentation (attached) outlining the main issues in the report:

- Compliance and Regulation

- Standards, Safety and Experience
- Risk Management
- Workforce Governance
- Information Governance
- Key Divisional Issues

Mrs Cooke queried with regards to a complaint we have in at the moment re: refusing to treat a patient because of his racial views, would this happen if this person presented to A & E. It was confirmed that this would not happen as we have a duty of care and the patient would be treated as an emergency. She also checked if the staff were kept informed about the strong line taken – the division and others confirmed this was always done.

Mrs Cooke asked if there is a specific person who looks after The Productive Operating Theatre (TPOT). Mr Tallis confirmed that at West Cumberland Hospital they do have a dedicated person, who had been able to take this forward, but they do not have anyone at Cumberland Infirmary. This is one of the reasons why it is forging ahead at West Cumberland Hospital.

Mrs Cooke also asked if patients are involved in the Records Group. Ms Yarnold **AGREED** to check this.

Mrs Platton asked what feedback is given to members of staff from lesson learned (incident forms). Ms Yarnold confirmed that they meet with everyone involved and unpick why and how, it is then fed back to areas concerned. Mrs Platton also queried with regards to Venous Thrombo-Embolus (VTE), it is difficult getting a break down into specific areas; figure currently standing a 79.8% for VTE with 100% AQ measures, are we looking in surgery to have a second check to get to 100%, as this is not going to be possible if no-one getting through Theatres. Ms Yarnold **AGREED** to pick this up and report back to the Committee.

Mr Raimes confirmed that there are aspects of VTE which have progressed. Assessment has occurred on all surgical patients, there is a need to check if data is being collected properly. Mrs Platton **AGREED** to check and look at with the Division.

Mrs Duguid asked what procedures have been moved to the 23 hour unit and what the governance processes have been within the division in terms of the protocols for changing these procedures to the 23 hour unit. Mr Tallis **AGREED** to send this information to Mrs Duguid. Mr Mulvey suggested leaving this until end of January 2011, when everything has gone through.

Mrs Duguid asked about PROMS the data, and requested for this to be further expanded to shown how the Trusts compliance with the PROMS questionnaires for Hips, knees, varicose veins and hernias. Specifically, Mrs Duguid stated that we should understand out of the number of patients who were eligible for a questionnaire how many patients actually received one. The division **AGREED** to provide this for the Q4 report. Mrs Yarnold confirmed that the data set metrics on this are enormous, compared to CHKS. Mrs Duguid asked if the training

mentioned on page 26 is the Trusts CMAX training, Mrs Yarnold confirmed that this is the case. Mr Heaton confirmed that there is a potential new audit form coming out for PROMS in the near future.

Mrs Kelly asked for assurance with regards to page 3, that gaps have been appropriately addressed. Mr Walker confirmed that the process is becoming more embedded in the organisation, although it is recognised that there is still a long way to go. One or two specific issues coming out eg VTE. There is huge progress on Governance in the organisation.

Action: Surgical Division Report

- 1 **Records Group** – Mrs A Yarnold to check if there are patients involved in this group.
- 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.
- 3 **VTE** - Mrs C Platton to check that the VTE data is being collected properly and to look at this with this Division.
- 4 **23 hour unit** – Mr E Tallis to send the data on the processes used for the 23 hour unit to Mrs Duguid.
- 5 **PROMS** – section to be expanded to provide greater clarity on the response rates for Q4.

It was **AGREED** due to timing, members of the committee would contact the divisions direct with any other questions they had to ensure these are captured.

GC05/11 MINUTES OF THE LAST MEETING

There was an action missing from the previous notes: “Dr Graham to include, in the Infection Prevention Report, Key Performance Indicator around Pharmacy, to include antibiotic stop dates.”

Following this addition the minutes were accepted as a true record of the meeting held on 14 December 2010.

GC06/11 MATTERS ARISING AND ACTION PLAN

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

GC07/11 STANDING ITEMS

(a) Minutes/Action Plans of Meetings

- **Trust Partnership Forum (30 November 2010)** – The Committee **NOTED** the minutes and action plan.
- **Trust Infection Prevention & Control Meeting (21 September 1010)** –

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

- **Extra Ordinary Meeting of the Information Governance Group (18 October 2011)** - The Committee **NOTED** the minutes and action plan.

There was a discussion with regards to the Education, Training & Research Development Committee; Mrs Platton had received the Terms of Reference for this Group and the name of the Committee has been changed to "Academic Development Committee". Mrs Platton and Mr Walker **AGREED** look into the reasons why the name of the Committee had been changed.

<p>Action: Academic Development Committee – Mrs C Platton and Mr M A Walker to look into the reasons why this Committee has changed it's name.</p>

GC08/11 COMPLIANCE & REGULATIONS

(a) Policy Resume

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

- Infection Control of CJD and related disorders in the healthcare setting – New – C
- Creation, Retention and Destruction of Health Records – Review – C
- Patient Identity Bands – Review – C
- Escalation Procedure – Review – NC
- Human Rights Policy – New – NC
- NCUH Winter Resilience Plan – New – NC
- Radiation Safety Policy – Review – NC
- Long Service Award – Review – HR
- Employment Requests – Review – HR
- Incident Management Policy and Procedure Incorporating Serious Untoward Incident Management – Review – NC
- Waste Management Policy – Review – NC
- Policy for the use of social networking sites – New – NC

Maternity Guidelines approved January 2011:

- Management of Hypothyroidism in Pregnancy
- Perineal Trauma
- Caesarean Section
- Obstetric Haemorrhage
- Examination of the Newborn
- Obstetric Cholestasis
- Policy on Maternity Guideline Development
- Eclampsia & Severe Pre-eclampsia

In addition, the following have only had the audit tool updated in line with CNST requirements:

- Pre-existing diabetes
- Care in Labour
- Intermittent Auscultation
- Continuous Electronic Foetal Monitoring
- Foetal Blood Sampling
- Oxytocin
- Operational Vaginal Delivery
- High Dependency Care
- VBAC
- Severely Ill Pregnant Women

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

Mrs Duguid asked that if we have a review of all policies and clinical guidelines on the internet, any policy or guideline out of date, should staff still have access these or would they just be able to access them through Glen Butterworth. It was **AGREED** that Mrs Butterworth would be asked to check how many policies and clinical guidelines we have which are out of date, as a Governance Committee we need to look at these and what the implications are.

Mr Clarkson commented that they have had previously on a number of occasions assurance from Mrs Butterworth that the process for making sure policies do not go out date is in place. We have just been informed that one of the major policies is out of date. Mr Walker confirmed that there is a process in place to pick this up, but not sure if there is a process in place to review processes. He asked if policies are being reviewed.

Mrs Kelly informed the Committee that when a policy is due for review, the author of the policy is notified 4 months in advance of the policy going out of date. The issue is that these policies are sitting with the authors waiting for them to update, despite being reminded. This is a major concern. Mr Mulvey emphasised that this is a significant issue and he suggested that an internal audit needs to take place and he **AGREED** to organise this.

Mr Bonner feels that there is a need to have in the Policy Resume a list of how many policies are in date and how many are out of date. This would then put this report in context. Mrs Kelly **AGREED** to get this information added to future reports.

Action: Policy Resume

- 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 an audit of policies and clinical guidelines to take place as part of the internal audit plan.
- 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.

GC09/11 CLINICAL STANDARDS, PATIENT SAFETY & PATIENT EXPERIENCE

(a) 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 December 2010-January 2011.

MRSA Bacteraemias – There have only been 0 attributed cases since last reporting.

Clostridium difficile – At month 9 we have had 44 cases of CDI. We have been given a trajectory for 2011-12 of 120 cases.

MSSA Bacteraemias – Dr Graham informed the Committee that we have from 1 January 2011 started to inform the DoH of MSSA Bacteraemias. Although there has been an increase in the number of MSSA Bacteraemias between 2009 and 2010, the vast majority of the increases have been community onset.

Legionella – Following the isolation of Legionella spp from a cold water outlet on site, the tap mechanism has been removed and separate hot and cold water taps installed. Following this samples were taken for culture and to date we have not re-isolated Legionella spp from this outlet.

H1N1 – Over the Christmas period there were significant number of admissions with H1N1 swine flu this resulted in us having to create a cohort ward area on Pillar ward. As the number of cases has reduced we have been able to re-open this ward for routine patient use.

Waste Policy – This policy has now been to the Infection Prevention Committee.

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

GC10/11 ANY OTHER BUSINESS

- (a)** Mr Lightfoot informed the Committee that the Hygiene/Access and Signage Report which should have been completed in January 2011 has been put back to March 2011.
- (b)** Mrs Duguid informed the Committee that they have had formal response from the CQC with regards to the Septicema Audits, and they have confirmed that they will take no further action at this stage but that there are still areas of work for us to take forward which will be discussed by the Clinical Standards Group.
- (c)** The CQC formal review on compliance in relation to regulation 23, around Supporting our Workforce, has been sent back to CQC to confirm how the Trust will ensure they achieve 80% appraisal rates by the end of March

- 2011.
- (d) Perinatal Mortality – this was discussed at Trust Board and a specific report is coming back from the Division in February 2011.

GC11/11 DATE & TIME OF NEXT MEETING

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

GOVERNANCE & QUALITY COMMITTEE ACTION LIST – JANUARY 2011

DATE OF MEETING: 22 February 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	Specific report presented in June 2010 by Mr Wiggins. A further report to be presented in February 2011.
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 to be brought back to February 2011 meeting.
Sept 2010				
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	COMPLETE – Agenda item
Oct 2010				

Minute Point Reference	Details of Action Agreed	Action by whom	Target Date	Progress
GC79/10(a)	<p>Surgical Division Report –</p> <p>1 Data for Level 1 Child Protection Training to be reviewed.</p> <p>2 Performance figures for PROMS for hips, knees, varicose veins and 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>E Tallis</p> <p>E Tallis</p>	<p>Jan 2011</p> <p>Jan 2011</p> <p>Jan 2011</p> <p>Jan 2011</p>	<p>COMPLETE</p> <p>Ongoing – new action plan developed to pick everything up.</p> <p>COMPLETE</p> <p>COMPLETE</p>
GC79/10(b)	<p>Medical Division Report –</p> <p>1 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>Jan 2011</p>	<p>COMPLETE</p>
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>	<p>COMPLETE</p> <p>Ongoing – report to come to February 2011 meeting</p>

Minute Point Reference	Details of Action Agreed	Action by whom	Target Date	Progress
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)	Meeting Essential Standards of Care 1 Mrs Kelly to ensure that the booklet is more personalised to this Trust. 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.	H Kelly H Kelly	Feb 2011 Feb 2011	
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	C Platton	Jan 2011	COMPLETE – Mrs Platton gave the Committee a brief update on this.

Minute Point Reference	Details of Action Agreed	Action by whom	Target Date	Progress
	in the wards and departments.			
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>Family & Clinical Support Div</p> <p>Family & Clinical Support Div</p> <p>All Divisions</p>	<p>Jan 2011</p> <p>Jan 2011</p> <p>Jan 2011</p>	<p>COMPLETE</p> <p>COMPLETE</p> <p>COMPLETE</p>
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 Policy to be reviewed by Committee members.</p>	<p>J Wharton</p> <p>J Wharton</p>	<p>Dec 10</p>	<p>COMPLETE – this Steering Group will report to Governance & Quality Committee</p> <p>Ongoing</p>

Minute Point Reference	Details of Action Agreed	Action by whom	Target Date	Progress
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. 2 Mrs C Platton to check if there is a Senior Nurse sitting on E & T Committee.	D Gallagher C Platton	Jan 2011 Jan 2011	Ongoing – Terms of Reference to come back to February meeting. COMPLETE – Mrs Platton confirmed that there is currently no senior nurse on this committee.
GC99/10(b)	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.	R Duguid	Jan 2011	COMPLETE
GC100/10(a)	CQC Risk & Quality Profile Action Plan – Mrs Platton to rearrange the meeting with the CQC for January 2011.	C Platton	Jan 2011	COMPLETE
GC100/10(d)	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.	C Platton & H Kelly	Jan 2011	COMPLETE – alerted and immediately go through ratification process eg clinical guidelines to Clinical Standards Group and other policies go to Trust Policy Group.
GC101/10(a)	PALS Office CIC – Mrs Kelly to update the Governance Committee on progress with	H Kelly	Jan 2011	COMPLETE – PALS office CIC covered for 3.5 days per week, working to raising this to 5 days

Minute Point Reference	Details of Action Agreed	Action by whom	Target Date	Progress
	regards to staffing the PALS Office, CIC			per week. Governance Review will sort the issue in the long term.
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
GC101/10(d)	ForWard programme and patient safety – Mr M Thomas to contact Mr Little with regards to give a presentation to the Trust Board.	M Thomas	Jan 2011	COMPLETE – presentation scheduled for March 2011 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	COMPLETE
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	COMPLETE
GC103/10(a)	Estates Matrix – Mr Davidson and Mr Mulvey to investigate further into benefits of populating this matrix.	A Davidson & A Mulvey		Ongoing
GC103/10(b)	Self Assessment for E & T – Mr Gallagher to speak to Mrs B Hoyle in order to bring an	D Gallagher	Jan 2011	Ongoing – report due to come to Governance & Quality Committee in February 2011.

Minute Point Reference	Details of Action Agreed	Action by whom	Target Date	Progress
	updated and more coherent report back to the January 2011 Governance & Quality Committee.			
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 to update at the next meeting.
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	Ongoing – Early indication is around communication and attitude of staff, will bring back to February 2011 meeting.
January 2011				
GC03/11(a)	<p>Information Governance:</p> <ol style="list-style-type: none"> 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 organisation can better engage in Information Governance requirements. 3 Update on professional lead in clinical audit – Mr M A Walker 	<p>P Wiggins</p> <p>P Wiggins/H Kelly</p> <p>M A Walker</p>	<p>Feb/Mar 2011</p> <p>Feb 2011</p> <p>Feb 2011</p>	
GC04/11(a)	Medical Division –			

Minute Point Reference	Details of Action Agreed	Action by whom	Target Date	Progress
	<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>	
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 surrounding this.</p>	<p>S Preston</p> <p>C Platton</p>	<p>April 2011</p> <p>Feb 2011</p>	
GC04/11(c)	<p>Surgical Division</p> <p>1 Records Group – Mrs A Yarnold to check if there are patients involved in this group.</p>	<p>A Yarnold</p>	<p>April 2011</p>	

Minute Point Reference	Details of Action Agreed	Action by whom	Target Date	Progress
	<p>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.</p> <p>3 VTE – Mrs C Platton to check that the VTE data is being collected properly and to look at this with this Division.</p> <p>4 23 hour unit – Mr E Tallis to send the data on the procedures used for the 23 hour unit to Mrs Duguid.</p> <p>5 PROMS – section to be expanded to provide greater clarity on the response rates for Q4.</p>	<p>A Yarnold</p> <p>C Platton</p> <p>E Tallis</p> <p>A Yarnold</p>	<p>Feb 2011</p> <p>Feb 2011</p> <p>Feb 2011</p>	
GC07/11	<p>Academic Development Committee – Mrs Platton and Mr Walker to find out why the name of this Committee has been changed.</p>	<p>C Platton/M A Walker</p>	<p>Feb 2011</p>	
GC08/11(a)	<p>Policy Resume:</p> <p>1 Mrs Kelly to ask Mrs Butterworth to confirm to the Governance & Quality Committee what policies and clinical</p>	<p>H Kelly</p>	<p>Feb 2011</p>	

Minute Point Reference	Details of Action Agreed	Action by whom	Target Date	Progress
	<p>guidelines are out of date.</p> <p>2 Mr Mulvey to arrange for an audit of policies and clinical guidelines to take place as part of the internal audit.</p> <p>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.</p>	<p>A Mulvey</p> <p>H Kelly</p>	<p>Feb 2011</p> <p>Feb 2011</p>	