

North Cumbria University Hospitals



NHS Trust

MINUTES OF THE GOVERNANCE & QUALITY COMMITTEE HELD ON 13 NOVEMBER 2012 AT 1:30 PM BOARDROOM, WCH

Present: Michael Bonner, Non Executive Director (MB)
Judith Cooke, Non Executive Director (JC)
Chris Platton, Acting Director of Nursing & Quality (CP)
Mike Walker, Medical Director (MAW)
Bill Glendinning, Head of Pharmacy (BG)
Margaret Bailey, Patient Panel (MBa)
Kathy Barnes, Interim Head of Governance (KB)
Clive Graham, AMD, Clinical Support (CG)
Corinne Siddall, Director of Operations (CS)
Damian Gallagher, Director of HR (DG)
Ramona Duguid, Director of Governance/Company Secretary (RD)
Anne Musgrave, Head of Midwifery (AM)

In Attendance: Patrick Armstrong, AMD, Surgery (PA)
Louise Corlett, DGM, Surgery (LC)
Ann Yarnold, Risk Facilitator (AY)
Richard Heaton, Head of Nursing, Surgery (RH)
Deb Lee, AMD, Family Services (DL)
Stephanie Preston, DGM, Family & Clinical Support Services (SP)
Claire Moore, Head of Nursing, Family Services (CM)
Barbara Monk, DGM, Medicine (BM)
Lynn Anderson, Head of Nursing, Medicine (LA)
Rachel Beck, Risk Facilitator, Medicine (RB)
Gillian Hetherington, PA

GC71/12 WELCOME AND APOLOGIES FOR ABSENCE

MB noted that the Committee was quorate.

Apologies for absence were received from: Vicki Bruce, Alan Davidson, Jessica Riddle, Carole Jordon, Steve Shanahan, Eric Gardiner, Paul Wiggins

GC72/12 MINUTES OF THE LAST MEETING

The minutes were accepted as a true record.

GC73/12 MATTERS ARISING AND ACTION PLAN

There were no matters arising.

GC74/12 COMPLIANCE & REGULATION

(a) Policy Resume

CP presented the Policy Resume to inform the Governance & Quality Committee of the guidelines, the policies, the protocols and procedures ratified at Trust Policy Group since last report in September 2012.

Policies

Tuberculosis Policy (C) – New
Hand Hygiene Policy (C) – Review
Disciplinary Policy (HR) – Review
Employment References – Guidance for Managers on Providing References
Policy (HR) – New
Organisational Change Policy (HR) – Review
Redundancy Policy (HR) – Review
Suspension from Work Policy & Procedure (HR) – New
Incident Management Policy – Review

The Committee **NOTED** the approved documents.

CP explained that at the last meeting concerns were raised as to the number of policies out of date. It was agreed that it would be reviewed and rag rated to try and give assurance. KB has prepared a report attached as appendix 1. KB wanted to assure the Committee that we do have the information now. There is still a need to separate out non clinical from clinical, do risk assessments and a full plan, as some of the policies e.g. Nebuliser policy has been re-written and is actually in the system waiting to go through to TPG. For the next Committee it was **AGREED** that KB would look at policies in Northumbria and a more detailed paper would be provided separating clinical from non clinical and target dates. JC asked if in the next report we could have what Northumbria structures are and the degrees of 'Red' as some policies had just gone into red.

The Governance & Quality Committee **NOTED** the contents of the report and MB thanked CP for presenting what is a much improved paper.

<p>Action: Out of Date Policies – KB to provide report separating the non clinical from clinical policies and to speak to Northumbria colleagues with regards to their policies and structures and also to put degrees of 'Red' rather than just red.</p>
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GC75/12 CLINICAL STANDARDS, PATIENT SAFETY & PATIENT EXPERIENCE

(a) Infection Prevention Report

CP presented this summary report from the Infection Prevention Team for the

period September to October 2012.

MRSA – 1 pre 48 hr case. We are still involved in the RCA and the patients had previously been in WCH.

MSSA – Remains below trajectory

Cdiff – A real challenge, currently with present figures to date we are just on trajectory but we are about to come into winter, so prevention even more important.

Norovirus – There has been an outbreak at CIC in October, 2 patients affected but also a large number of staff. At WCH in October, 6 patients with symptoms of vomiting and diarrhoea but norovirus negative.

Hand Hygiene – There has been a reduction in the number of audits completed within the Trust agreed submission date for both both Hand Hygiene and Saving Lives. The IP team are sending out lots of reminders but on checking on the wards the work is complete, audits are completed and displayed but areas are just not sending in their audit data. Safety Thermometers also checks every month and they are finding the same thing, work done but audit data still not being sent in. There followed a discussion. CS feels that wards should be named and shamed; CP confirmed that this was done and was displayed and suggested that the next step would be for staff to assess in other areas not their own.

The Governance & Quality Committee **NOTED** the report and MB thanked CP for presenting it.

GC76/12 DIVISIONAL REPORTS

(a) Surgical Division

PA introduced the Surgical Divisional report and explained that this report is around providing assurance to the Governance & Quality Committee by describing service improvements, lessons learned, patient experience and risk issues using the pillars of governance model.

AY went on to give a presentation (attached) on the key areas of note, which included:

- Safer Care
- Effective Care
- Patient Experience
- Top Surgical risks
- Provide safe, effective care within available resources for a positive patient experience
- Plans for the next quarter.

Following this presentation AY referred to the diagram on page 7, explaining the overlaps and the colours and what they mean. In the next report, it was suggested

that a display with the results could be given. AY went through the plans for the next quarter. With regards to the Safety Walkabouts, CS felt it would be better for everyone to use the same documentation and also give formalised feedback by liaising with the Sisters on the wards, so any actions and lessons to be learned are picked up and followed through. JC emphasised that we need to be consistent in the way we are going round and gathering information. Staff on the wards see this as an opportunity and different people pick up different things.

LC **AGREED** to provide an update on plans for the next quarter in the Divisional report coming to the February 2013 Committee.

MB commented that there is reference to the Vascular Centre status and about a meeting being held on 23 October. He asked for the current status on this. LC explained that it is anticipated that this will come in the Qtr 4 report. The Division are currently trying to finance a Business Case to go through the Trust in December 2012. MB asked if Northumbria were involved; LC confirmed that they are aware of what is happening.

With regards to page 27 of the report, JC asked what the incidents relating to staffing levels refer to. AY explained that these are non-harm and refer to mattresses, high low beds, cot sides etc. There has been slippage of these items again and there is a need for staff to generate incident reports when things go missing. CS concerned that we are reporting comparatively large number of incidents around lack of mattresses, beds etc when a system was introduced in the summer to identify when things were missing. Lots of new equipment was included, so why are we still having problems with lack of equipment. RH explained that this was over the first quarter, and these instances have diminished since we got the new system in place for missing or obsolete equipment. RH emphasised that the Committee will see a difference shown in the next Divisional report. CS asked if we do have a system whereby if we need to destroy a mattress, that it will be replenished straightaway. RH confirmed that this is the case, we have automatic replenishment of these items and mattress audits were completed.

With regards to ward clinical indicators, CP asked RH about Pain Management, which has increased by 20% and prior to this there were inconsistencies between sites. RH assured her that this is not now the case and produced a more up to date table to confirm this. He explained that action plans are monitored with the sisters and are seen as a Division if in red.

CP asked how the divisions currently monitored these reports and the actions required. PA said that the division needed to look at the reports in more detail and had plans to put that in place. CP offered to arrange for an update on the audit system and that we could check the access required for the DGM and AMD both PA & LC thought that would help.

School Screening ophthalmology– MB queried this. LC informed the Committee that we have been going out to schools for many years but have not been paid for this service and with no acknowledgement that we are providing a service for them. A decision was made that we would action an SLA (Service Level

Agreement) with the Commissioners but they were not interested in having a discussion, so we stopped the service. Public Health had decided that they would get school nurses to provide the screening.

RH went on to explain that the Productive Ward had suffered a loss of momentum recently, through lack of monies. The Division has started again looking at some areas of Productive ward which do not require financial input. They started on Maple floor at CIC and when reconfiguration of beds complete, they will start on WCH site. RD queried with regards to the core modules of the Productive ward, where we are as a division and how far away are we from reaching the core sets. LC confirmed that this will be picked up in the next quarterly report.

The Governance & Quality Committee **NOTED** the report and MB thanked the Division for a very good presentation and a much improved report.

Action: Surgical Division

- 1 Provide safe, effective care within available resources for a positive patient experience** – In the next quarterly report the Division to provide more detailed information and results.
- 2 Plans for the next Quarter** – Updates to be given in the next Divisional report.
- 3 Productive Ward** – Explanation of where the Division are with regards to core sets to be given in the next report.

(b) Family & Clinical Support Division

DL introduced the Family & Clinical Support Divisional report to assure the Committee that appropriate assurances are in place throughout the division and where gaps have been identified action plans are in place to demonstrate the delivery of safe, effective patient care. She then went on to give a presentation (attached) around:

- Compliance and regulation
- Standards, Safety and Experience
- Risk Management
- Workforce Governance
- Financial Governance

CNST - DL informed the Committee that on the 13 December there is to be a Development day with NHSLA to go through CNST; hopefully from this day they will have a robust plan to help them achieve level 3. This was a joint development day with Northumbria colleagues. AM informed the Committee that realistically it is not felt that they will be able to go from Level 1 to Level 3 by January 2014. MB asked if this is not realistic, what is. AM explained that it is the process of collecting the evidence within the timescale of 12 months which is the problem; it is quite complex. She also explained that Senior Midwives are sharing good practice with Northumbria and have already met up on two occasions. AM explained that she is currently reviewing this with Northumbria's Head of Governance, Neil Gibson and the division will be in a better position to update the committee after

the December development day.

AM also informed the Committee that she is currently working on a Maternity Dashboard, they do currently have all the information but it is about getting that information onto one document and in a dashboard format.

JC queried high number of Maternal Incidents and Foetal/Neonatal incidents. AM explained that in Maternity staff are encouraged to report all incidents and included in these are caesarean sections. Maternity have their own management risk strategy and it is very stringent.

CM went through the actions for the Trust from the CQC/Ofsted safeguarding looked after children action plan e.g.:

- Paediatric staffing in A & E – staff are being reminded that they can address this and that advice (medical and nursing) is available via the acute children's wards, 24 hrs a day, 7 days per week.
- Work being done with A & E re: 16-18 years olds;
- Employing a full time Safeguarding trainer for both Children and Adults.

CP informed the Committee that there had been a meeting of the Health Executive Group (with CQC representatives) on 12 November, where the message to the whole Health Economy was that although work had been completed there is still a significant amount of work to be undertaken which needs to be measurable. We need to look again at our action plan and see where we can apply metrics and report on these.

It was also noted that there are some significant red areas with regards to Safeguarding training. Safeguarding training is a responsibility of all divisions and corporate services and does not just lie within Family Services and we need to know how we can as a Trust move this forward. JC feels this looks as though we have not got people properly qualified to do the job they may well need to do. CM explained that the real issue is around consultants and clinicians who have not done the appropriate level of Safeguarding training and all this needs to be looked at. JC asked that for the next report to the Governance Committee there needs to be an improvement shown. CP explained that Dr Lee has reviewed this in line with the process of approval for Dr's study leave. The team were also working with divisions as to how the training could be delivered. CP **AGREED** for the next Quarterly report to have a comparison which needs to show improvements.

The Governance & Quality Committee **NOTED** the report and MB thanked the Division for presenting a very full and informative report.

Action: Family & Clinical Support Division

- 1 Plans for the next quarter** - Updates to be given in the next Divisional report.
- 2 CQC/Ofsted Action Plan** – To be looked at again to see where we can measure
- 3 Safeguarding Training** – A comparison to be provided in the next report

with regards to Consultants & Clinicians and to show an improvement.

(c) Medical Division

LA presented the Medical Divisional report to the Governance Committee to demonstrate the progress of the Medical Division using the pillars of governance framework and to assure the Committee that assurances are in place throughout the Division and where gaps have been identified actions plans with timeframes are in place to demonstrate safe, effective patient care.

She went on to give a presentation, which included:

- Key Governance aims from Q1 report
- Workforce Governance
- Safer Care
- Effective Care
- Patient Experience
- Rule 43
- Plans for the next quarter.

LA explained that as regards Slips, Trips and Falls, although the numbers of falls have reduced, the amount of serious injuries from falls has not and is a concern for the division. MB queried what is being done to prevent major falls. LA explained that there was a huge issue with documentation originally but this is much improved. The falls appear to be in high risk areas and there is a plan to revisit the training in these areas. JC asked if the incidents are more around confused, frail people and it was confirmed that this is very often the case. MAW explained that we need to understand why and look at the patient group and profile. JC noted that staffing levels have become much more of an issue recently. RB confirmed that they are investigating SUIs within the Division and the issues around staffing and slips, trips and falls are there, especially at night time. LA confirmed that extra staff have been put into the high risk areas, especially at night and that over the next quarter we will see an improvement. KB informed the Committee of the development of care bundles; recommendations from previous falls and recent falls have been combined into an action plan. BM confirmed that it is very important that we benchmark confused and frail patients. If Northumbria are having similar issues we need to try and identify something which we could be doing at an early stage. LA confirmed that a lot of work has been done around 1:1 care, especially at WCH; there has been a definite trend in patients admitted who are sicker and less able.

BM suggested that in the next report they would highlight all the emergency flow project work which is being undertaken. MB explained that what the Committee are really interested in is getting the story of what the Division is doing. What the issues and problems are. We are here to listen to and challenge and get clarification. We need the story of what the Division is doing in the quarter. He explained that it is vitally important that the Divisions talk to each other and share with each other.

With regards to Dementia, it is recognised nationally that this is a major issue and that the work completed by Andrea Tomlinson through raising awareness and CQUIN was very important.

LA discussed the Rule 43 – Coroner’s report re: Dermatology. Following the receipt of the Coroner’s Court Rule 43 and a comprehensive investigation that had been completed, an action plan was implemented to address the issues raised. The Division have now put in a referral pathway for both in hospital and out of hospital referrals. The Outreach team have completed an audit specific to Medicine and a reminder has been sent to the Consultant in charge of Junior Doctors to look at guidelines etc; sisters/charge nurses have had this sent out to them to remind nursing staff. The division are also reviewing the number of staff who have completed the Alert course.

With regards to Clinical Indicators, CP happy to see amount of green on there, although pain management has consistent lower results which is a concern. CP questioned how this is being monitored through the Division. BM confirmed that herself and LA do walkabouts on ward areas and have spoken to staff to see how they compile data. LA explained that there is an issue of how clearly we are using this information to improve services to patients but this should be picked up through sisters meetings. BM confirmed that it is something the Division is addressing.

CP raised a recent incident where with regards to Dermatology where a number of patients had been missed off a booking list. This had caused concern and COP was aware of the actions taken and asked the division to update the committee on the incident, actions taken and if any further actions were required. BM wanted to assure the Committee of actions taken and plans put in place following that incident. This came about when a clinician had to go on compassionate leave at very short notice. Following completion of an RCA and first line investigation; Denis Burke and BM met with the clinical team but unfortunately, the nursing lead was unable to attend. Two clinicians agreed to assess the patients and they were re-booked in, but there was some confusion over what had happened. What the Division are now doing is meeting with the wider team to ensure all staff are aware of the lessons learned and plans put in place. BM confirmed that any patient who was cancelled has been booked in with the consent of clinicians involved.

RD felt it would be good practice to have some of the verbal feedback regarding issues in Dermatology in a report eg Rule 43 pathway and incident relating to missed patients, and also in the context of the four highlighted group risks which are being discussed at a meeting on 21 November in order that these issues can be closed off. It was agreed that this report was to be brought back to Governance & Quality Committee.

MAW would also like to see in the next report a few sentences of what the figures are telling us with regards to Mortality and Morbidity and what this means for the Division. It is important that we do not put figures down without any information. MB concerned that when Monitor come to assess Mortality and Morbidity this is something they will talk about. For the next report the Committee needs a story to come with the figures.

The Governance & Quality Committee **NOTED** the report and MB thanked the Division for the very good presentation.

Action: Medical Division

- 1 Division to benchmark around confused and frail patients.
- 2 Division to discuss with other Divisions and provide the Committee with a Quarterly report which tells them the story of what the division has done in the quarter.
- 3 A report to be provided to the Committee to give an update on all the issues surrounding Dermatology eg Rule 43, missed patients and highlighted group risks.
- 4 Mortality and Morbidity – a few sentences to be written in the next report to explain the Mortality & Morbidity figures.

GC77/12 INFORMATION GOVERNANCE

(a) IG Report

Unfortunately, PW was unable to present his report to the Committee. It had therefore been agreed by the Chair that the report would be taken and any comments/questions would be referred back to PW. One of the issues around this report was in Appendix 1 where progress was noted at 'not progressed'. It was **AGREED** that this is not enough information for the Committee; they need to know the information behind this and what the plans are to progress this. The issues in this report have previously been deemed to be IT problems, they are not. These issues are being discussed regularly at SMT and the information provided by the Divisions to SMT are not the same as the information provided in this report. The divisions are assuring SMT that they have plans in place and that they will be ok by March 2013. This is not the same information as is in this report. MB asked if MAW and CP could go back to SMT and let them know that the Governance & Quality Committee are disturbed by the report which is being presented to them on a monthly basis and which appears to be different to what is being said in SMT. He asked if MAW and CP could raise the issue about disparity. This is a Divisional problem.

The Governance & Quality Committee **NOTED** the update.

Action: IG Report –

- 1 In Appendix 1 where progress was noted at 'not progressed'. It was **AGREED** that this is not enough information for the Committee; they need to know the information behind this and what the plans are to progress this.
- 2 MAW and CP to report to SMT that the Governance & Quality Committee disturbed by the report which is being presented to them on a monthly basis and which appears to be different to what is being said in SMT.

GC78/12 ANY OTHER BUSINESS

- **Terms of Reference – Water Quality SG** – CG presented the terms of reference to the Committee. He informed them that the group had been set up following recent DoH Guidelines on water sources and potential Pseudomonas Aeruginosa contamination of taps and water systems and to ensure safe delivery of water to patients in high risk areas. JC asked who would be doing the work. It was confirmed that the two management leads would be carrying out all the work. The group will report to the Governance Committee and measures will be put in place to assure the Trust Board and Governance Committee that measures and monitoring have been put in place to prevent these issues happening in the Trust.

The Governance & Quality Committee **ACCEPTED** the Terms of Reference with changes as discussed in the meeting.

- Mr Bonner informed the Committee that this would be the last time he would be chairing the Governance & Quality Committee but wasn't sure who would be taking over. He thanked the Committee for all their support over the last couple of years.

GC79/12 DATE & TIME OF NEXT MEETING

The next meeting will take place on **Tuesday, 11 December at 1.30 pm via vc using Boardrooms CIC & WCH. The main body of the meeting would be at CIC.**

GOVERNANCE & QUALITY COMMITTEE ACTION LIST – NOVEMBER 2012

DATE OF MEETING: 11 December 2012

Minute Point Reference	Details of Action Agreed	Action by whom	Target Date	Progress
January 2012				
GC 6/12 (b)	Surgical Divisional Report – 1 CS & CP to discuss standardisation of documentation.	C Siddall & C Platton	Feb 2012	COMPLETE
March 2012				
GC27/12(b)	Integrated Governance Framework for Emergency Flow and Paediatrics – CS to bring this framework back to the Committee in July 2012.	C Siddall	Dec 2012	An update to be brought to the December Governance Committee.
May 2012				
GC40/12(a)	Staff Survey Report – 1 For the next report, IE to ensure that the information be even more broken down into units not just sites. 2 ID to provide commentary on the 156 points in the next report.	I Edgar I Edgar	Dec 2012 Dec 2012	

Minute Point Reference	Details of Action Agreed	Action by whom	Target Date	Progress
June 2012				
GC49/12(a)	Equality & Diversity Report – Update to be brought to the Committee in December 2012.	D Gallagher	Dec 2012	
GC50/12(d)	Complaints Handling - An updated report to be brought to the September 2012 Governance & Quality Committee that includes the outcome of the review by CG	H Kelly	Sept 2012	COMPLETE
July 2012				
GC59/12(a)	Surgical Divisional Report – Division to review report format and include assurance.	L Corlett	Oct 2012	COMPLETE
GC59/12(b)	Family & Clinical Support Services Divisional Report <ol style="list-style-type: none"> 1 Caesarean section surveillance – An update to be given in the next report with regards to the completion of paperwork. 2 Medical Devices Alert 202/037 – HK to check why this is in Red and report back to the Committee. 3 Divisions to review report format and include assurance (see Surgical Division report for detail) 	S Preston H Kelly S Preston	Oct 2012 Sept 2012 Oct 2012	COMPLETE COMPLETE COMPLETE
GC59/12(c)	Medical Divisional Report			

Minute Point Reference	Details of Action Agreed	Action by whom	Target Date	Progress
	<p>1 Update to be given in the next Divisional report with regards to action plan from CQC visit.</p> <p>2 Pain Management – LG to arrange for this to be added to the Divisional Performance agenda and SMT agenda. It will also be reviewed at the next Divisional Governance Committee.</p> <p>3 Division to provide report on Rule 43 to the next Governance & Quality Committee in September 2012..</p> <p>4 Divisions to review report format and include assurance (see Surgical Division report for detail)</p>	<p>B Monk</p> <p>L Gorley</p> <p>B Monk</p> <p>B Monk</p>	<p>Oct 2012</p> <p>Oct 2012</p> <p>Sept 2012</p> <p>Oct 2012</p>	<p>COMPLETE</p> <p>COMPLETE</p> <p>COMPLETE</p> <p>COMPLETE</p>
Sept 2012				
GC65/12(a)	Out of Date Policies – CP to discuss with MB Out of Date Policies and information required by the Committee.	C Platton	Nov 2012	Agenda item - COMPLETE
GC65/12(b)	Revalidation – SAR to update the Committee in 3 months' time.	S Raimes	Jan 2013	
GC66/12(a)	Education & Training –			
	1 An update on what is being done to improve the percentages for Appraisals and Mandatory Training	L Moloney	Jan 2013	

Minute Point Reference	Details of Action Agreed	Action by whom	Target Date	Progress
	<p>to be in the next Education & Training Report.</p> <p>2 The Governance & Quality Committee would like assurance from Medical & Surgical Divisions that they are replicating the way Family & Clinical Support Services deal with their Appraisal figures.</p> <p>3 AD to investigate why the Estates department is sitting at 13% for Manual Handling training.</p> <p>4 LM to speak to Gail Ferrier regarding who is being trained and who is doing the training.</p>	<p>B Monk & L Corlett</p> <p>A Davidson</p> <p>L Moloney</p>	<p>Nov 2013</p> <p>Nov 2013</p> <p>Jan 2013</p>	<p>COMPLETE</p> <p>AD to provide an update for December as not present at November meeting</p>
GC67/12(a)	<p>Infection Prevention Report –</p> <p>1 CG to update the target dates and progress in Appendix 1 for the next report.</p> <p>2 CG to confirm to the Committee if a re-audit took place on Larch AB with regards to MRSA screening.</p>	<p>C Graham</p> <p>C Graham</p>	<p>Nov 2012</p> <p>Nov 2012</p>	<p>COMPLETE</p> <p>COMPLETE</p>
GC67/12(b)	<p>Medical Devices – Regulation 16</p> <p>1 CP to arrange for Medical Devices to be added to the questions for Non Executive Patient Safety</p>	<p>C Platton</p>	<p>Oct 2012</p>	<p>COMPLETE</p>

Minute Point Reference	Details of Action Agreed	Action by whom	Target Date	Progress
	<p>Walkabouts.</p> <p>2 AD to meet with CG and MAW to discuss Medical staff input into Medical Devices.</p>	A Davidson	Nov 2012	AD to provide an update for December as not present at November meeting
GC67/12(e)	Clinical Audit Plan – KB to contact staff current doing Master’s with a view to sharing information.	K Barnes	Nov 2012	Confirmation will be provided at the December meeting that this action has been completed
GC68/12	IG Report –			
	1 Update to come back to November 2012 meeting.	P Wiggins	Nov 2012	COMPLETE
	2 PW to investigate issue with accessing e-learning within a 12 month period.	P Wiggins	Nov 2012	COMPLETE
November 2012				
GC74/12	Out of Date Policies – KB to provide a report separating the non clinical from clinical policies and to speak to Northumbria colleagues with regards to their policies and structures and also to put degrees of ‘Red’ rather than just red	K Barnes	Dec 2012	
GC76/12(a)	Surgical Divisional Report –			
	1 Provide safe, effective care within available resources for a positive	L Corlett	Feb 2013	

Minute Point Reference	Details of Action Agreed	Action by whom	Target Date	Progress
	<p>patient experience – in the next quarterly report the Division to provide more detailed information and results</p> <p>2 Plans for the next quarter – Updates to be given in the next Divisional report.</p> <p>3 Productive Ward – Explanation of where the Division are with regards to core sets to be given in the next report.</p>	<p>L Corlett</p> <p>L Corlett</p>	<p>Feb 2013</p> <p>Feb 2013</p>	
GC76/12(b)	<p>Family & Clinical Support Division –</p> <p>1 Plans for the next quarter – Updates to be given in the next Divisional report.</p> <p>2 CQC/Ofsted Action Plan – To be looked at again to see where we can measure.</p> <p>3 Safeguarding Training – A comparison to be provided in the next report with regards to Consultants & Clinicians and to show an improvement.</p>	<p>S Preston</p> <p>S Preston</p> <p>S Preston</p>	<p>Feb 2013</p> <p>Feb 2013</p> <p>Feb 2013</p>	
GC76/12(c)	<p>Medical Divisional Report –</p> <p>1 Division to benchmark around</p>	<p>B Monk</p>	<p>Feb 2013</p>	

Minute Point Reference	Details of Action Agreed	Action by whom	Target Date	Progress
	<p>confused and frail patients.</p> <p>2 Division to discuss with other Divisions and provide the Committee with a Quarterly Report which tells them the story of what the Division has done in the quarter.</p> <p>3 A report to be provided to the Committee to give an update on all the issues surrounding Dermatology eg Rule 43, missed patients and highlighted group risks.</p> <p>4 Mortality and Morbidity – A few sentences to be written in the next report to explain the Mortality & Morbidity figures.</p>	<p>B Monk</p> <p>B Monk</p> <p>B Monk</p>	<p>Feb 2013</p> <p>Jan 2013</p> <p>Feb 2013</p>	
GC77/12	<p>IG Report –</p> <p>1 In Appendix 1 where progress was noted at 'not progress'. It was AGREED that this is not enough information for the Committee, they need to know the information behind this and what the plans are to progress this</p> <p>2 MAW and CP to report to SMT that the Governance & Quality Committee disturbed by report which</p>	<p>P Wiggins</p> <p>M A Walker & C Platton</p>	<p>Dec 2012</p> <p>Dec 2012</p>	

Minute Point Reference	Details of Action Agreed	Action by whom	Target Date	Progress
	is being presented to them on a monthly basis and which appears to be different to what is being said SMT.			

