

North Cumbria University Hospitals   
NHS Trust

**MINUTES OF THE GOVERNANCE &  
QUALITY COMMITTEE HELD ON  
27 MARCH 2012 AT 1:30 PM VIA VC USING  
BOARDROOM, WCH AND BOARDROOM,  
CIC**

**Present:** Michael Bonner, Non Executive Director (MB)  
Damian Gallagher, Director of Human Resources (DM)  
Ramona Duguid, Director of Governance & Company Secretary (RD)  
Corinne Siddall, Director of Operations (CS)  
Clive Graham, AMD Support Services (CG)  
Chris Platton, Acting Director of Nursing & Quality (CP)  
Mike Walker, Medical Director (MAW)  
Vicki Bruce, Non Executive Director (VB)  
Judith Cooke, Non Executive Director (JC)  
Helen Kelly, Head of Patient Safety & Clinical Governance (HK)  
Anne Musgrave, Head of Midwifery (AM)  
Jessica Riddle, Patient Panel (JR)  
Carole Jordan, Patient Panel (CJ)  
Stan Lightfoot, Patient Panel (SL)  
Margaret Bailey, Patient Panel (MgtB)  
Barbara Hoyle Head of Education & Academic Development (BH)

**In Attendance:** Gillian Hetherington, PA  
Mark Evens, Non Executive Director & Chair of Audit Committee (ME)  
Eric Gardiner, Deputy Director of Finance (EG)  
Jan Wharton, Head of Resilience & Sustainability (JW)  
Darren MaGee, Head of Medical Engineering (DM)

**GC19/12 WELCOME AND APOLOGIES FOR ABSENCE**

MB welcomed all to the meeting and especially the two new Patient Panel members Carole Jordan and Margaret Bailey.

It was noted that at the beginning of the meeting there was no Executive Director present and therefore the meeting was not quorate. Chris Platton arrived after 10 minutes and the meeting was then deemed to be quorate.

Apologies for absence were received from Alistair Mulvey, Alan Davidson, Bill Glendinning.

## **GC20/12 MINUTES OF THE LAST MEETING**

GC12/12(a) – Mandatory training – there was an action omitted from the minutes. The minutes were amended to include this action.

GC 13/12(e) – Patient Waiting List Status – line removed from the minutes “what do we do about people in higher waiting areas, who are there for themselves...”

Following these amendments the minutes were agreed as a true record.

## **GC21/12 MATTERS ARISING AND ACTION PLAN**

- (a) **GC 12/12(a)** – There was a lot of discussion around Mandatory training. One of the queries was with regards to whether the staff had been informed of the study leave policy which states that all staff will be allocated up to 2 days to undertake their mandatory training, it had been suggested that this would be confirmed to staff by 2 March. RD gave assurance to the Committee that this had been confirmed via SMT (Senior Management Team) the same week as Governance Committee in February; there had also been a meeting with Heads of Nursing to look at how this could happen in practice and there is a meeting with the Education and Training department to discuss the methods for delivering the training. It is hoped that the Policy will be ratified by Trust Policy Group at their next meeting in early April.
- (b) **GC 13/12(a)** – With regards to the TSSU (Theatre Sterile Services Unit) incident; RD confirmed that this had not yet been closed off at the weekly Governance Review meeting and would be concluded at the beginning of next week. A full report will be given in the Infection Prevention report to the Governance Committee in May 2012.

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| <b>Action: TSSU Incident</b> – Full report to be given to the Committee in the Infection Prevention Report in May 2012. |
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### **(c) Governance & Quality Committee – Terms of Reference**

HK presented the Governance and Quality Committee Terms of Reference for them to agree the changes proposed and ratify them. HK went through the changes which had been made with regards to Membership, Connectivity and Duties and Responsibilities. The Committee generally agreed with the proposed changes with a couple of exceptions. It was **AGREED** that once these changes had been made, the Committee would recommend the Terms of Reference to the Trust Board.

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| <b>Action: G &amp; C – Terms of Reference</b> – HK to amend the Terms of Reference in line with discussions at the meeting. |
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### **(d) Safeguarding Board – Terms of Reference**

CP presented the Safeguarding Board Terms of Reference to the Governance &

Quality Committee. Following lengthy discussion a number of changes were requested to the Terms of Reference. CP **AGREED** to take these back to the Safeguarding Board and bring the updated version back to the May 2012, Governance & Quality Committee.

**Action: Safeguarding Board – ToR** – CP to bring the amended version back to the May 2012 Governance & Quality Committee.

**(e) Health & Safety Committee – Terms of Reference**

It was **AGREED** that the Health & Safety Terms of Reference be deferred until AD available to attend the meeting.

**Action: H & S Committee – Terms of Reference** – To be brought back to the Governance & Quality Committee in May 2012.

**GC22/12 COMPLIANCE & REGULATION**

**(a) Policy Resume**

HK presented the Policy Resume, to inform the Committee of the guidelines, the policies, the protocols and procedures which had been ratified by the Trust Policy Group since last reporting in February 2012.

- Incident Management Policy (C) - Review

MB asked if a status report on where we are with policies could be submitted to the Governance Committee in May 2012.

The Governance & Quality Committee **NOTED** the documents which had been approved by the Trust Policy Group.

**Action: Policies** – HK to provide a status report on where we are with policies/guidelines to the Governance & Quality Committee in May 2012.

**(b) Care Quality Commission Evidence Monitoring**

HK presented the Care Quality Commission Evidence Monitoring report to the Committee to update on the Trust's position with compliance with the CQC regulations and associated outcomes. She explained that as part of the review of clinical governance, it was recommended that the Trust's system for reporting compliance with CQC regulations could be further strengthened. The key drivers for this were to bring together three specific pieces of information for CQC to have assurance that the Trust's system is sound in order to monitor compliance on an ongoing basis. These areas are:

- Quality Risk Profile (QRP)
- Provider Compliance Assessments (PCA)

- Internal Spot Checks

RD stated that it was important for the Committee to have assurance that we can evidence compliance with the regulations in practice.

CS felt that it is key as a Committee that it is not just seeing what the outstanding issues are but that we are informed what is being done about them. She explained that she has had brief discussions regarding the staff survey and there are outstanding issues.

There was query with regards to Regulation 23, whereby we have 18 actions and only 15 being commented on. In the next report there needs to be more information. HK confirmed that there has been a person identified to support Isla Edgar with this and a more detailed report is being submitted to the Trust Board in May 2012.

JC concerned that this has been ongoing since April 2010; there is a need for quite detailed reassurance on some of this for example mandatory training and appraisal.

RD stated that the context or the organisation was important to factor in, in relation to tackling some of the deep rooted cultural issues and the overall stability of the organisation in its current form. RD added that the Trust should be focussing on getting some of the basics right for example, training of staff and understand the real risk we have as an organisation in respect of this Regulation.

CP feels that we need to listen to what staff are saying; they say they do not get feedback. This needs to be done at ground level and not just in nursing but in all other areas too.

VB explained that there are clearly deep rooted problems in terms of staff morale. A lot of pressure comes from financial issues and this creates more uncertainty, which can be very bad for people. It is more to do with celebrating success and having ways of allowing staff to feel proud of what they are doing. This Trust has achieved a lot eg excellent Infection Prevention rates, patient safety etc. and it is down to the staff who have worked hard to achieve these rates. We need to find ways of making sure the staff are aware and proud of what they do.

ME feels that one of the biggest issues with regards to staff morale is the ability to manage people and this is paramount in the organisation. He explained that the Non Executive Directors are carrying out monthly Patient Safety Walkabouts in all areas and in February he certainly did not get the sort of message about safety concerns when he was out and about on the wards and spoke to staff and patients. We need to get an understanding of why staff are saying this.

CS explained that there is a need to strengthen the management support on both sites and we need to encourage junior managers to go out on to the wards; in the past there have been problems with connectivity with management teams.

MB closed the discussion by explaining that we are in a transitional period at the

moment; what scores we are getting in the boxes this year do not matter as much as ensuring the Trust is in the best possible position for the future.

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

**Action: CQC Evidence Monitoring** – HK to ensure that the action plan is updated and more detail is provided in the next report in order to give greater assurance to the Committee.

## **GC23/12 WORKFORCE GOVERNANCE**

### **(a) Equality & Diversity Action Plan**

DG presented the Equality & Diversity Action Plan to the Governance & Quality Committee to update them on equality and diversity in the Trust. He explained that the report gives an overview and outlines further actions for 2012. He explained that as from 1 April 2012 everything changes as we progress the new Equality Delivery System, which is now standard for the NHS and the new action plan should be completed by beginning of April.

MB questioned why this paper is being discussed today. DG explained that it has been an agenda item for some time and has kept getting put back for various reasons. It was **AGREED** that this action plan would be brought back to the May 2012 to review the new requirements.

There was a request that in the RAG rating column, as well as colours could letters 'R', 'A', 'G' be incorporated.

VB found the action plan to be confusing, she felt there needs to be another column for 'Update'. It also suggested in the report that this had been discussed at Trust Board but it has not.

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

**Action: Equality & Diversity Action Plan** – DG to bring the updated action plan back to the May 2012 meeting.

## **GC24/12 STANDARDS, SAFETY & EXPERIENCE**

### **(a) Infection Prevention Report**

CG presented this report to Governance & Quality Committee, to provide a summary from the Infection Prevention Team for the period February-March 2012.

**MRSA** – There have been no apportioned cases for 22 months.

**MSSA** – There have been 11 Trust apportioned cases this year, 2 cases occurred in February.

**CDiff** – So far this year there have been 49 Trust Apportioned cases.

CG **AGREED** he would report on the CDiff numbers and the outcome from the RCAs.

CG reported that there had been significant outbreaks of Norovirus in March which affected a number of ward areas. ME queried whether boarded out patients on Kirkstone Ward were likely to have caused the outcome; this was confirmed as a contributory factor. CS explained that the division has been asked to go back to Performance Review and SMT with a plan on how they might ring fence Elective beds.

There were queries with regards to the Saving Lives Compliance figures which had been dropping steadily. It was confirmed that this is due to areas not getting their figures submitted on time but the issue is being dealt with by the Heads of Nursing.

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

**Action: Infection Prevention Report –**

With regards to CDiff numbers, CG to report in more detail at the May 2012 Committee, along with outcomes from RCAs.

**(b) Medical Devices Matrix**

This report is covered by Enclosure 12 and will be discussed with that report.

**(c) Patient Environment Action Team (PEAT)/Environment Report**

In the absence of AD, CS presented the PEAT/Environment Report to the Governance and Quality Committee to advise members of the predicted outcome of this year's annual (PEAT) self-assessment, that took place during January 2012 for the West Cumberland Hospital and Cumberland Infirmary. She felt that the report was very straightforward but would arrange for the action plans to be circulated to members. It was **AGREED** that in future it would be good for the action plans to be incorporated with the paper.

The Committee **NOTED** this report and MB thanked CS for presenting it.

**Action: PEAT/Environment Report –**

- 1 CS to arrange for the action plans to be sent out to members of the Committee.

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| <b>2 Future PEAT/Environment Report to include action plans.</b> |
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**(d) The Management of and Maintenance of Trust Medical Equipment**

Darren Magee (DM) attended the meeting to present the above report on behalf of AD, to inform members of the progress made following previous reports to this Committee, the Audit Committee and the Clinical Standards Sub-Group. He explained that a lot of work has been undertaken involving a wide cross section of Trust representatives in the review and improved governance arrangements for the management and maintenance of Trust medical equipment. He explained that they are working closely with Education & Training Department to develop training packages and that all deficiencies with regards to medical equipment are being tackled.

ME (who attended the Committee specifically for this item) reflected on what happened at the Audit Committee in February; there were two main areas which came out in terms of AD producing actions. See below Audit Committee actions with regard to Medical equipment:

**Action: Medical Equipment**

1. Mr Davidson to produce a report for the March Governance Committee Meeting mapping how the various committees interlinked, with their terms of reference and showing the reporting mechanism. Mr Mulvey and Mrs Duguid to also work with Mr Davidson on this to give assurance to the Audit Committee members.
2. Mr Davidson to provide a matrix to the Governance Committee in March in relation to recommendation 6 showing the equipment in the clinical areas and if in use/ not serviceable/lost, with the information broken down to divisional level.
3. In relation to recommendation 8 the issue of the asset owner to be added to the matrix (action 2) and reported to the Governance Committee in March.

ME explained that the Audit Committee felt this matter was so important it could not wait until the next Audit Committee meeting and should therefore be heard at the Governance Committee in March. He expressed concern that AD was not in attendance at the meeting and that the report did not reflect the actions which were required.

Particular reference was made at the Audit Committee with regards to the Medical Devices Committee, which at the time there had been no Committee in place. DM assured ME that this was not the case now and that the Medical Devices Committee had met three times, although the membership of the meeting was still being discussed and added to.

JC did not think that the discussion should take place until AD had produced the documents and felt that this discussion should take place at a specially convened meeting given its importance.

DM assured the Committee that there has been a significant amount of progress

made. ME did not think it was fair for DM to address this issue. He thanked DM for his feedback but it is not what the Committee are looking for and he did not think it was worthwhile discussing this issue any longer. He suggested that a special Audit Committee be set up to discuss this issue.

CS assured the Committee that she had taken on board everything that had been said. She had not been at the Audit Committee but would speak to AD outside the meeting.

RD stated that it was very clear what was required at this meeting, which was fully reflected in the minutes of the last meeting.

MB explained that the Governance Committee recognise that there is one element which is very relevant to this Committee and we will be interested in a report on Regulation 16 at the May 2012 meeting and the Matrix will be discussed at the Audit Committee.

The Governance & Quality Committee thanked DM for attending the meeting and MB apologised to him for circumstances surrounding the paper he presented.

**Action: Medical Devices Matrix**

- 1 AD to present the Medical Devices Matrix to the Audit Committee.
- 2 AD to present a report on Regulation 16 to the Governance & Quality Committee in May 2012.

**(e) Staff Assaults**

JW attended the Committee to present the Staff Assaults paper to inform them of the current position in relation to reported incidents to date involving assaults to staff within the current financial year 2011/12. She explained that following Trust Board in February 2012 there was a request to provide an interim paper to the Governance & Quality Committee on the following points:

- Number and type of assaults
- How we are managing these and zero tolerance
- Key areas where we have problems and what we are doing to support staff
- How we benchmark to other organisations for violence and aggression against staff.

The Committee were asked to note that there is very poor uptake of Conflict Resolution Training (Level 2) and there is disparity in the level of security support provided between the 2 hospital sites.

MB explained that with regards to the Recommendations in this report, it is not the role of the Governance & Quality Committee to deal with these but to focus on assurance regarding their delivery.

JC concerned that we seem to use sanctions more than other Trusts and would



like more information with regards to this.

At WCH the Porters are trained to support wards and departments but this is not the same at CIC, as Porter Services are provided by an external provider. SL confirmed that they are not SIA trained at CIC.

Following discussion it was **AGREED** that John Mitchell, Health & Safety Manager would be asked to provide more detail as follows:

- Who have training targets been discussed with;
- Further information required on sanctions – need clarification about number of sanctions, where applying and other Trusts;
- Need recommendation relating to security situation and differences across two sites;
- More detail required with regard to Lone Workers.

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

**Action: Staff Assaults – John Mitchell to provide more detail as follows:**

- 1 Who have training targets been discussed with;
- 2 Further information required on sanctions – need clarification about number of sanctions, where applying and other Trusts;
- 3 Need recommendation relation to security situation and differences across two sites;
- 4 More detail required with regard to Lone Workers.

## **GC25/12 Risk management**

### **(a) Never events framework**

HK presented the Never Events Framework to the Committee to inform them of the local arrangements to implement the 'Never Events' Policy. 'Never Events' are serious, preventable patient safety incidents that should not occur if preventative measures are in place.

With regards to the Executive Summary, MB not happy with the first paragraph, as it is an extract from a DoH document and asked if these could not be used in future.

EG asked the Committee to note that there are contract penalties associated with 'Never Events', so we do need to take this very seriously.

JC asked if our approach is in line with other Trusts; HK confirmed that this is the case. She also asked if this document is sent to the Ambulance Trust and GP's etc, so they are aware. It was confirmed that there is no requirement on the NW

Ambulance Trust for 'Never Events'. They are not obliged to inform us or visa versa. HK confirmed that this would be done via SUI's where multiple agencies are involved. RD also highlighted that NHS Cumbria oversee all SUIs to ensure cross organisational issues are joined up from a learning lessons respect.

It was confirmed that we have not declared a 'Never Event' in this financial year.

VB queried with regards to the definition of 'Never Events', should we be regularly monitoring all low grade incidents to check if any of these have the potential to become a 'Never Event'. CS explained that there is a human overlay in this, it is not just a mechanical process. There are three or four members of staff looking at this on a regular basis and it is also discussed at various staff forums.

The Governance & Quality Committee **ACCEPTED** this proposal and the inclusion within the incident management policy. MB thanked HK for presenting the report.

**Action: Never Events** – HK to add reference to monitoring 'low grade' incidents and near misses to the policy.

## GC26/12 STANDING ITEMS

### Minutes/Action Plans of Meetings

- (a) **Health & Safety Committee Action Plan** – RD still not happy with the action plan – she agreed to contact AD.
- (b) **Learning & Development meeting held 25 January 2012** – RD confirmed that there had been a meeting held with the Resuscitation Team and there were a number of actions from this meeting, including agreement to meet with HoN, Resuscitation Team to discuss training and also agreement to look at the Terms of Reference for this group.
- (c) **Drugs & Therapeutics Committee held 30 January 2012** – Page 4 – Chemotherapy Issues – the issue with regards to the Trust no longer being able to administer chemotherapy to teenagers and young adults was perceived a potentially a significant problem and RD queried whether this had been resolved. CS confirmed that that there is a relatively small number of patients affected by this in North Cumbria but the issue is being progressed through the Division. An update on this will be given in the Divisional report in April 2012.

MB concerned as there were a number of actions in these minutes but the meeting does not appear to have been quorate.

### Action:

**Health & Safety Committee Minutes**\_– RD to contact AD with regards to the action plan.

**Drugs & Therapeutics Minutes** – With regards to the issue of us no longer being able to administer chemotherapy to teenagers and young adults an update on this to be given in the Divisional Report in April 2012. There was also an issue around quoracy, which needs to be followed up.

**GC27/12 ANY OTHER BUSINESS**

**(a) Governance Improvement Plan**

RD confirmed that the updated plan is on track as scheduled to go the Trust Board in May 2012.

**(b) Integrated Governance Framework for Emergency Flow and Paediatrics**

CS suggested that we need to bring back to the Governance Committee around the Integrated Governance Framework, which is being developed with colleagues in Palliative Care as part of the clinical strategic work.

**(c) G & C Terms of Reference**

CS asked if in the Terms of Reference for this Committee, Quality was addressed. She explained that there is a need for a forum to pick up issues such as Advancing Quality, CQUIN etc. Although she is aware these issues do go the Clinical Standards Sub Group, clarity was required on what was reported to this Committee on Quality.

**(d) Children's Services Inspection**

CP informed the Committee that there is to be a Children's Services Inspection by CQC and Ofsted between 10-20 April 2012. A full update would be given to Executives and Senior Management Team on Thursday, 29 March 2012.

**(e) CQC Spot check visit**

HK informed the Committee that there had been a CQC spot check visit last week, looking at the Trusts compliance with the Abortion Act. These spot checks were going on in Trusts throughout the country.

**(f) IST**

CS informed the Committee that comments on the IST report had been sent back to them, in order for them to provide a final report.

**Actions:**

- 1 **Integrated Governance Framework for Emergency Flow and Paediatrics** – CS to bring back to Committee in July 2012.
- 2 **Governance & Quality – Terms of Reference** – With regards to Quality being addressed, CP to update the Committee in June 2012.

**GC28/12 DATE & TIME OF NEXT MEETING**

The next meeting will take place on **Tuesday, 24 April at 1.30 pm in the Boardroom CIC.** Please note this is the Divisional meeting.

## GOVERNANCE & QUALITY COMMITTEE ACTION LIST – MARCH 2012

DATE OF MEETING: 24 April 2012

| Minute Point Reference | Details of Action Agreed   | Action by whom  | Target Date              | Progress   |
|------------------------|--|---|--------------------------|--|
| <b>MAY 2011</b>        |  |   |                          |  |
| <b>November 2011</b>   |  |   |                          |  |
| <b>GC99/11</b>         | <b>Minutes –</b><br><b>1 Safeguarding Board –</b> Terms of Reference to be brought to the Governance & Quality Committee for ratification.<br><b>2 Emergency Preparedness SG –</b> AD to speak to CS with regards to the Terms of Reference for the Group. For representation at December 2011 meeting | <b>C Platton</b><br><br><b>A Davidson &amp; C Siddall</b> | Feb 2012<br><br>Dec 2011 | <b>COMPLETE (see action point GC21/12(d))</b><br><br>Mtg to take place in April and Terms of Reference to come back to May 2012 meeting of Governance & Quality Committee. |
| <b>January 2012</b>    |  |   |                          |  |
| <b>GC 6/12 (a)</b>     | <b>Medical Divisional Report</b><br><br>1 Escalation Plan for A & E to be report in the next Divisional report.  | <b>B Monk &amp; L Anderson</b>                            | April 2012               | RD confirmed that this will be included in the Quarterly report at the April 2012 meeting.   |

| Minute Point Reference | Details of Action Agreed   | Action by whom  | Target Date   | Progress  |
|------------------------|--|---|---|---|
|                        | <p>2 LA to feedback to RD the incident referred to on page 53 of report</p> <p>3 An update to be given in the next Divisional report with regards to AQ issues and how these are being dealt with.</p>   | <p><b>L Anderson</b></p> <p><b>B Monk</b></p>   | <p>Feb 2012</p> <p>April 2012</p>                                   | <p>To be included in quarterly report.</p> <p>To be included in quarterly report.</p>   |
| <b>GC 6/12 (b)</b>     | <p><b>Surgical Divisional Report –</b></p> <p>1 CS &amp; CP to discuss standardisation of documentation.</p> <p>2 AY to provide VB with an explanation of “spells 1” and “spells 2”.</p> <p>3 Next divisional report to provide consistent approach in the way the Divisions look at mortality and morbidity.</p> <p>4 Divisions to follow guidelines and policies with regards to incidents re: escalation and outcomes within the Divisions.</p> | <p><b>C Siddall &amp; C Platton</b></p> <p><b>A Yarnold</b></p> <p><b>Divisions</b></p> <p><b>Divisions</b></p> | <p>Feb 2012</p> <p>Feb 2012</p> <p>April 2012</p> <p>April 2012</p> | <p>CS confirmed meeting had taken place, still work to do on dashboard before this can be closed off completely.</p> <p><b>COMPLETE</b> - AY to clarify the detail required with VB.</p> <p>To be included in quarterly report.</p> <p><b>COMPLETE</b></p> <p>To be included in the quarterly report.</p> |

| Minute Point Reference | Details of Action Agreed   | Action by whom   | Target Date   | Progress   |
|------------------------|--|--|---|--|
|                        | <p>5 AY to provide further details on Guidelines/Policies not being followed and how this is being looked at in the Division, in the next quarterly report.</p> <p>6 Formal feedback to be given on the following incidents: Page 69, reference 9342; page 71, reference 9934; page 71, reference 8550.</p> <p>7 Further information on day case patients who require an overnight stay to be included in the next report.</p> | <p><b>A Yarnold</b></p> <p><b>Division</b></p> <p><b>Division</b></p>  | <p>April 2012</p> <p>April 2012</p> <p>April 2012</p> | <p>To be included in the quarterly report.</p> <p>To be included in the quarterly report.</p>  |
| <b>GC 6/12 ©</b>       | <p><b>Family Services/Clinical Support Division –</b></p> <p>1 TOPs – SP to confirm to RD date when single protocol in place.</p> <p>2 External Visits – Division to provide reports on the outcomes of CNST and QUARC visits.</p> <p>3 Complication rates – SP to include update in the next divisional report.</p>   | <p><b>S Preston</b></p> <p><b>Division</b></p> <p><b>S Preston</b></p> | <p>April 2012</p> <p>April 2012</p> <p>April 2012</p> | <p>To be included in the quarterly report.</p> <p>To be included in the quarterly report.</p> <p>To be included in the quarterly report.</p> |
| <b>February 2012</b>   |  |  |   |  |

| Minute Point Reference | Details of Action Agreed   | Action by whom                         | Target Date                  | Progress  |
|------------------------|--|--|------------------------------|---|
| <b>GC10/12(b) 2</b>    | <b>NPSA Alert</b> – JF to arrange for discussion at the CSSG with regards to NPSA alert on preventing fatalities from medication loading doses and Trust compliance with this.   | <b>J Forlow</b>                        | May 2012                     | Scheduled for May meeting.  |
| <b>GC13/12 (a)</b>     | <b>Infection Prevention Report –</b><br><br>1 With regards to Cdiff numbers, CG to report in more detail on the next report, along with comments from the RCAs.<br><br>2 RD to include an exception report on Incident in the next report. | <b>C Graham</b><br><br><b>R Duguid</b> | March 2012<br><br>March 2012 | Agenda item – <b>COMPLETE (see action point GC 24/12(a))</b><br><br><b>COMPLETE</b> |
| <b>GC13/12(c)</b>      | <b>Medical Devices Update</b> – AD to bring a more details report the March 2012 Governance & Quality Committee.   | <b>A Davidson</b>                      | March 2012                   | <b>Agenda item – REPORT TO GO TO AUDIT COMMITTEE</b>                                |
| <b>GC13/12(d)</b>      | <b>IST Visit</b> – CS to attend a Patient Panel meeting to talk through patient safety with the Patient Panel members.   | <b>C Siddall</b>                       | April 2012                   |   |
| <b>GC13/12(f)</b>      | <b>Complaints</b> - HK to bring evidence of improved performance back to the May 2012 Governance & Quality Committee.  | <b>H Kelly</b>                         | May 2012                     |   |
| <b>GC15/12</b>         | <b>Corporate Records Management</b> – AMU to meet with PW to ensure we are doing everything we possibly can to meet targets.   | <b>A Mulvey</b>                        | March 2012                   |   |
| <b>GC16/12(f)</b>      | <b>Health &amp; Safety Committee</b> – AD to   | <b>A Davidson</b>                      | March 2012                   | <b>Agenda Item – COMPLETE (SEE ACTION</b>   |



| Minute Point Reference | Details of Action Agreed   | Action by whom           | Target Date | Progress               |
|------------------------|--|--------------------------|-------------|------------------------|
|                        | arrange for the action plan to be updated before the next Governance & Quality Committee.  |                          |             | <b>POINT GC 26/12)</b> |
| <b>March 2012</b>      |  |                          |             |                        |
| <b>GC21/12(b)</b>      | <b>GC 13/12(a) – TSSU Incident</b> – Full report to be given to the Committee in the Infection Prevention Report in May 2012.                                    | <b>R Duguid/C Graham</b> | May 2012    |                        |
| <b>GC21/12©</b>        | <b>G &amp; C Terms of Reference</b> – HK to amend the Terms of Reference in line with discussions at the meeting.  | <b>H Kelly</b>           | May 2012    |                        |
| <b>GC21/12(d)</b>      | <b>Safeguarding Board Terms of Reference</b> – CP to bring the amended version back to the April 2012 Governance & Quality Committee.                            | <b>C Platton</b>         | May 2012    |                        |
| <b>GC22/12(a)</b>      | <b>Policy Resume</b> – HK to provide a status report on where we are with policies/guidelines to the Governance & Quality Committee in May 2012                  | <b>H Kelly</b>           | May 2012    |                        |
| <b>GC22/12(b)</b>      | <b>CQC Evidence Monitoring</b> – HK to ensure that the action plan is updated and more detail is provided in the next report in order to give greater assurance. | <b>H Kelly</b>           | July 2012   |                        |
| <b>GC23/12(a)</b>      | <b>Equality &amp; Diversity Action Plan</b> – DG to bring the updated action plan back to the May 2012 Committee.  | <b>D Gallagher</b>       | May 2012    |                        |
| <b>GC24/12(a)</b>      | <b>(GC13/12(a)1) – Infection Prevention</b>  | <b>C Graham</b>          | May 2012    |                        |

| Minute Point Reference | Details of Action Agreed   | Action by whom                             | Target Date                 | Progress        |
|------------------------|--|--|-----------------------------|-----------------|
|                        | <b>Report</b> – With regards to CDiff numbers, CG to report in more detail in the next report, along with outcomes from RCAs.  |  |                             |                 |
| <b>GC24/12©</b>        | <b>PEAT/Environment Report –</b><br><br>1 CS to arrange for the action plans to be sent out to members of the Committee.<br>2 Future PEAT/Environment Report to include action plans.  | <b>C Siddall</b><br><br><b>A Davidson</b>  | April 2012<br><br>Sept 2012 | <b>COMPLETE</b> |
| <b>GC24/12(d)</b>      | <b>Medical Equipment –</b><br><br>1 AD to present the Medical Devices Matrix to the Audit Committee.<br>2 AD to present a report on Regulation 16 to the Governance & Quality Committee in May 2012.   | <b>A Davidson</b><br><br><b>A Davidson</b> | May 2012<br><br>May 2012    |                 |
| <b>GC24/12(e)</b>      | <b>Staff Assaults</b> – John Mitchell to provide more detail as follows:<br><br>1 Who have training targets been discussed with?<br>2 Further information required on sanctions – need clarification about number of sanctions, where applying and other Trusts; | <b>John Mitchell</b>                       | May 2012                    |                 |

| Minute Point Reference | Details of Action Agreed  | Action by whom   | Target Date                         | Progress        |
|------------------------|---|--|-------------------------------------|-----------------|
|                        | <p>3 Need recommendation in relation to security situation and differences across two sites;</p> <p>4 More detail required with regard to Lone Workers.</p>   |  |                                     |                 |
| <b>GC25/12(a)</b>      | <b>Never Events Framework</b> – HK to add reference to monitoring ‘low grade’ incidents and near misses to the policy.  | <b>H Kelly</b>   | May 2012                            |                 |
| <b>GC26/12</b>         | <p><b>Minutes -</b></p> <p><b>Health &amp; Safety Committee Minutes</b> – RD to speak to AD with regards to the action plan.</p> <p><b>Drugs &amp; Therapeutics Committee Minutes</b> – With regards to the issue of us no longer being able to administer chemotherapy to teenagers and young adults an update on this to be given in the Divisional Report in April 2012. There was also an issue with quoracy which needs to be followed up.</p> | <p><b>R Duguid/A Davidson</b></p> <p><b>Family Services Division</b></p> | <p>April 2012</p> <p>April 2012</p> | <b>COMPLETE</b> |
| <b>GC27/12(b)</b>      | <b>Integrated Governance Framework for Emergency Flow and Paediatrics</b> – CS to bring this framework back to the Committee in July 2012.  | <b>C Siddall</b>   | July 2012                           |                 |

| Minute Point Reference | Details of Action Agreed  | Action by whom   | Target Date | Progress |
|------------------------|---|------------------|-------------|----------|
| GC27/12©               | <b>G &amp; C Terms of Reference</b> – With regards to Quality being addressed, CP to update the Committee in June 2012. | <b>C Platton</b> | June 2012   |          |