North Cumbria University Hospitals **NHS**

NHS Trust

**MINUTES OF THE GOVERNANCE &
QUALITY COMMITTEE HELD ON
12 FEBRUARY 2013 AT 1:30 PM
VC BOARDROOM, CIC & BOARDROOM,
WCH**

Present:
Vicki Bruce, Non Executive Director (VB)
Michael Bonner, Non Executive Director (MB)
Judith Cooke, Non Executive Director (JC)
Mike Walker, Medical Director (MAW)
Chris Platton, Acting Director of Nursing & Quality (CP)
Clive Graham, AMD, Clinical Support (CG)
Ramona Duguid, Director of Governance/Company Secretary (RD)
Carole Jordan, Patient Panel (CJ)
Jessica Riddle, Patient Panel (JR)
Damian Gallagher, Director of HR (DG)
Corinne Siddall, Director of Operations (CS)

In Attendance:
Deb Lee, AMD, Family Services (DL)
Stephanie Preston, DGM, Family & Clinical Support Division (SP)
Denis Burke, AMD, Medical Division (DB)
Barbara Monk, DGM, Medical Division (BM)
Rachel Beck, Risk Facilitator, Medical Division (RB)
Patrick Armstrong, AMD, Surgical Division (PA)
Richard Heaton, Head of Nursing, Surgical Division (RH)
Gillian Hetherington, PA

GC09/13   WELCOME AND APOLOGIES FOR ABSENCE

VB noted that the Committee was quorate.

Apologies for absence were received from: Steve Shanahan, Alan Davidson, Kathy Barnes, Bill Glendinning, Ces Thompson, Anne Musgrave, Louise Corlett, Ann Yarnold

GC10/13   MINUTES OF THE LAST MEETING

The minutes were accepted as a true record.

GC11/13   MATTERS ARISING AND ACTION PLAN

There were no matters arising from the minutes.

GC12/13   COMPLIANCE & REGULATIONS

(a)   Policy Resume

RD presented the Policy Resume to Governance & Quality Committee. VB commented that although we have more detail in the report, the detail is also revealing a problem, whereby some of the out of date policies are in areas which are top priority for the Trust. The Policy Resume does not appear to be joined up re: patient safety, income etc. RD replied that over a 3-4 month period, starting in April, there will be extra Trust Policy Group (TPG) meetings held in order to get through the backlog.

VB commented that looking at the list, it is clear that some of these policies are absolutely at the core of the organisation and as a Governance Committee we would urge there to be even more consideration to which of these policies needs to be brought up the list. JC said that someone needs to do a sense check to make sure which policies the TPG does need to see quickly.

RD informed the Committee that she will be taking a direct role in TPG but thinks we need to apply a different focus going forward towards policies being developed. It is a big risk issue to the organisation. She explained that they will be doing a piece of work and this will be sent round to the Committee members for their assurance.

CS suggested that there are a few policies listed which perhaps do not need to be policies and could instead be guidelines or whether they were still required. RD explained that this would also be something they will be looking at.

The Governance & Quality Committee **NOTED** the report and VB thanked RD for presenting it.

Action: Policy Resume

1 Sense check to be completed on policies, to make sure these are prioritised.
2 Policies to be looked at to see if some could be Guidelines or whether they are still required.

(b)   Self Assessment & Quality Report

RD presented the Quality Governance Framework to update the Governance & Quality Committee on the current position of the Quality Governance Assessments and the key areas of work still to be delivered in order to fully achieve all the requirements set out in the Monitor Quality Governance Framework. She explained that this report had been discussed at Trust Board in January 2013.

JC asked about the Patient Safety Day and if the Patient Panel would be involved

in this. RD confirmed that they would be involved.

The Governance & Quality Committee **NOTED** the report and VB thanked RD for presenting it.

(c)   CQC – A & E follow up unannounced inspection – 28 January 2013

RD informed the Committee that CQC had come back to A & E at Cumberland Infirmary on 28 January 2013 to look at the 4 areas of non compliance:

- Supporting Staff;
- Cleanliness and Infection Control;
- Assessing and monitoring the quality of service provision;
- Equipment

We have received a draft report to confirm we are now compliant with all of these, which will be reported to the next Governance Committee meeting.

GC13/13   CLINICAL STANDARDS, PATIENT SAFETY & PATIENT EXPERIENCE

(a)   Infection Prevention Report

CG presented the Infection Prevention report to the Governance & Quality Committee to provide a summary from the Infection Prevention Team for the period December 2012 to January 2013.

MRSA - 1 case in October 2012.
MSSA – remain below trajectory
Cdiff – remains over trajectory

CG informed the Committee that they are now working with colleagues in Northumbria, who had visited the two hospitals in the previous week.

The team continue to look at antibiotic prescribing and CG informed the Committee that there will now be a safety thermometer for antibiotic prescribing. It is anticipated we will be over trajectory for Cdiff this year and next year will be given an even more challenging target.

CG explained that there are a couple of issue relating to WCH site, around the redevelopment:

- Damage to Theatres;
- Issues with side rooms being taken out.

The IP team are working with various clinical teams to mitigate any serious issues.

VB asked about water testing and why Pseudomonas seems to be recurring at CIC, even though tests are ongoing. CG explained that it takes some time to get through all the work, by the time you get back to the beginning the Pseudomonas

have come back again. Initially, the Water Safety Group priority was to ensure good water in those areas where Pseudomonas growing and implementing regular testing. CS queried what is being done to understand what is causing this and what actions have been taken. CG went on to explain that there are a number of reasons this could be happening and they are looking at all of these. He explained that we haven't got to the bottom of it as quickly as we should have but we need to have an open mind about what could be causing the Pseudomonas.

VB asked that a detailed report from the Water Safety Group go to Trust Board. It was **AGREED** that a verbal update be given to Board in February and a detailed report to come to March 2013 meeting.

MB raised an issue whereby figures on the Cdiff tables on page 5 and page 4 appeared to be different for December. CG **AGREED** to redraft these charts and the MRSA chart for the next meeting.

CS has concerns with the front sheet of this report, she feels that with regard to the Overview of Key areas, this needs to be tighter on all of the actions we are taking. Her challenge to the Committee would be, do you know what we are doing to sort this out – we need assurance to give to the Trust Board. She also asked for an update of what is being done with regards to cleaning. CP went on to explain what is being done:

- Northumbria team visited last week;
- Glow testing being undertaken;
- Trialling number of different cleaning agents – IP team reviewing;
- Glossair HPV system successfully trialled at CIC. System has been ordered for WCH;
- Reviewing cleaning from wall washing perspective.

VB asked if the next report could describe the issues around what is happening already and what is planned to happen next.

The Governance & Quality Committee **ACCEPTED** the report and VB thanked CG for presenting it.

Action: IP report –

1 Verbal report to be given to the Trust Board in February from the Water Safety Group around Pseudomonas.
2 Full report to be given to the Trust Board in March from the Water Safety Group around Pseudomonas.
3 Cdiff and MRSA charts to be redrafted in the next report.
4 March report to describe the issues around what is happening already and what is planned to happen next.

GC14/13   DIVISIONAL REPORTS

(a)   Medical Divisional Report

BM, DB & RB presented the Medical Divisional report to Governance to summarise the governance and quality activities undertaken within the Medical Division from October to December 2012 inclusive. The aim is to provide assurance to the Committee by describing service improvements, lessons learned, patient experience and risk issues using the pillars of governance model.

BM went on to give a presentation (attached) around the key issues in Medicine:

- Q2 Update key issues;
- Reliance on Locum Doctors to Maintain Core Service;
- Improve Emergency Flow and Patient Experience;
- Improve Patient Safety (Slips, Trips & Falls & Dermatology)
- Dermatology;
- Compliance & Regulation;
- Standards, Safety & Experience;
- Risk Management;
- Workforce Governance
- Emergency Care and Medicine Priorities Q4

DB also explained that they are setting up a Patient Experience Workshop with all medical and nursing staff using experience external to the Trust. This will be based on a complaint which came in from a member of the public. This complaint was around this gentleman's experience in the Trust, which was not good but he wanted to turn this into a positive for the staff and this is why this Workshop has been arranged.

With regards to Information Governance, VB concerned as this needs to be at 90% within the next 4 weeks. MB questioned whether staff have an appreciation of how important this is and what it could mean for the Acquisition.

VB queried one of the Division's actions from the previous meeting:

- Division to benchmark around confused, frail patients;

BM confirmed that they have been benchmarking with Northumbria and are in the process of linking with North Tees Hospital. She confirmed that in the next report they will have more detail and action plan.

VB thanked BM for the presentation which she found to be very clear and thorough. However, the written report does not tally with the structure of the presentation. She asked if Medical Division could look at the other Divisional reports to provide models before their next report is due.

CS asked if BM and DB could look at Stroke Performance across both sites, as she has concerns. Despite having service improvement plans in place, they are still failing to achieve what is required around Stroke. It is also part of our CQUIN and is really important.

JC asked about Oncology – DB explained that most of the elements revolve around Acute Oncology. There are staffing issues and technology issues.

Currently trying to put solutions in place, particularly before this moves to new Business Unit.

She also asked about VTE – as a Trust we are above 90% but Medical is way down. JC asked what they are doing to put this right in the Division. DB explained that it is essentially down on the Acute Medical Unit. Work is ongoing within Senior Management Team (SMT); it is mostly about documentation.

RD asked if the Rule 43 action plan could be submitted to CP, MAW and RD for sign off.

VB queried with regards to senior clinical input in A & E. She would be interested to see in the next report an explanation of how the decision about cover was reached against pressure from admissions, especially on a Saturday night.

This is the first time the Divisions have given a financial statement in the reports. MB asked if the Division could, in their next report, give the Committee something similar to what is in the other two divisional reports. What is given in this report does not explain the situation, more explanation is required.

With regards to the Heat Map on page 27, there are inconsistencies – could these be looked at, as this does not give the Committee confidence.

JC queried with regard to education for junior doctors, she felt it should read as junior doctors at both levels and across both sites. This was agreed.

The Governance & Quality Committee **NOTED** the report and VB thanked the Division for presenting it.

Action: Medical Divisional Report

1   Division to Benchmark around confused, frail patients. An update to be given in their next report.
2   Division to look at other Divisional reports before next report due.
3   BM & DB to look at Stroke Performance across both sites.
4   Rule 43 Action Plan to be submitted to MAW, CP & RD for sign off.
5   In the next report an explanation to be given around how the decision was made re A & E clinical cover, against admissions, especially on a Saturday night.
6   Division to give more detailed report around Finance in the next report.
7   Heat map to be looked at, around inconsistencies.
8   Division asked to put Safeguarding on the agendas for Business Unit meetings.
9   Plan on a page to be incorporated into Divisional report or presentation.

(b)   Family Services/Clinical Support Report

SP and DL attended the Governance & Quality Committee to present their Divisional report. The aim of the report is to provide assurance to the Committee by summarising the governance activities undertaken within the Division for the

period of October-December 2012 using the 'Pillars of Governance Framework'.

SP gave a presentation (attached) outlining the key issues in the report:

- Compliance & Regulation
- Standards, Safety & Experience
- Risk Management/Risk Register
- Workforce Governance
- Financial Governance

MB commented that the chart on page 17 around EDS (Electronic Discharge Summary) is excellent but he noted a change in December where EDS more incomplete than in other months. SP could not understand this either and **AGREED** to check on this, as it could be an error and would report back in the next report.

RD asked the Committee to note that there will be a transfer of services from this Division to another Business Unit. She has had discussions with both Anne Musgrave (Head of Midwifery) and Louise Corlett (Deputy Surgical Unit Director) and one of the things we need to do going forward is have a specific Governance report for Maternity. At the moment we are looking at having a Maternity Dashboard and Anne Musgrave is currently working on this.

SP was asked if before the next report she could give an update to the Committee on the transfers between Business Units especially around the Cancer agenda. There are serious concerns to be picked up, which is why this update is requested before the next report.

Another issue raised by RD was around Clinical Audit. She confirmed that she had a met with the Business Units and there are a few audits around NICE, which we need to make sure are delivered as part of the 12/13 plan.

JC queried with regards to the Child Protection Audit for both A & E Departments, would this not apply to vulnerable adults as well? CP explained that with regards to training, medical staff only increased by 5%, however there is work which is being done in the teams. The Business Unit Directors are aware and working with us on how we can take the training to the teams rather than them coming to us. DL asked if the other Business Units could have Safeguarding on their regular Business Unit agendas. JC queried why doctors are not engaging with this issue. DL explained that it is because they feel they are engaging with Safety Priorities. We need to get them to understand that Safeguarding has a huge impact and they need to take responsibility.

VB queried point in Child Protection Audit where it states "There is also a small group of doctors who do not appear to know how to access policies on the intranet". She asked if this could be checked. SP to check this statement with Claire Moore.

JR raised an issue around High Level Incidents Reported and Investigated in Q3, with regards to the problem of getting Interserve porters. SP informed the

Committee Interserve wants to have a priority system but this would be difficult to do. CP informed the Committee that this is also a problem in other areas and Lesley Carruthers is currently liaising with Carol Johnson (Estates Manager) on the issue.

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

<u>**Actions**</u> **– Family/Clinical Support Division**

1 EDS – SP to check December figures to see if error and report back.
2 SP was asked if, before the next report, she could give an update to the Committee on the transfers between Business Units and especially around the Cancer agenda. There are serious concerns to be picked up, which is why this update is requested before the next report.
3 Division to ensure that Audits around NICE are delivered as part of the 12/13 plan.
4 "There is also a small group of doctors who do not appear to know how to access policies on the intranet". SP to check this statement with Claire Moore.
5 Plan on a page to be incorporated into the Divisional report or presentation.

(c)   <u>Surgical Business Unit</u>

PA and RH attended the Governance & Quality Committee to present their Divisional report, to summarise governance and quality activities undertaken within the Surgical Division from October to December 2012. The aim of the report is to provide assurance to the Committee by describing service improvements, lessons learned, patient experience, and risk issues using the pillars of governance model.

PA gave a presentation (attached) of key areas of note for the Committee:

- Aims from the previous report;
- Safety & Quality Priorities for 2012/13;
- Emergency & Elective Surgery Plan on a Page;
- Emergency & Elective Surgery – Draft – Operational Governance Strategy (January 2013);
- Plans for the next quarter.

PA noted that one of the actions from the previous meeting re: Implementation of Productive Ward had not been covered in the report. RH gave an update; he confirmed that they are refocusing on the Productive Ward as separate teams on both sites. The outcomes from previous Productive Ward exercise which everyone achieved were changes to the environment, stream lining top up and stationary. The more difficult ones are now being looked at by sisters to ensure we get back on track with Productive Ward. An update to be given in the next report.

JC commented that the plan on a page is really helpful and asked if other divisions could pick this up. She asked about the meetings and how can the division ensure that the site specific teams join up. PA confirmed that Anaesthetics will continue as they are but over the next 3 months will come together. The same is with Gynaecology but they will eventually come together.

MAW asked about the Mortality chart and what PA doing about it. PA explained that they are aware that CHKS measurement may not be the same as other measurements and they are trying to implement a global trigger tool into all their meetings. Mortality is something you never stop worrying about and working on. MAW asked if there are any elements in Mortality we should be looking at; PA commented that we need to be looking at every death and seeing if we can learn from it. It is about ensuring we look at all deaths. PA asked if this is a standard chart which is consistent and based on the same data. MAW **AGREED** to check if rolling 12 months, and if its definition is consistent with national definition.

VB commented that this is timely, as a list of 9 hospitals for further investigation has been released and it is good that we have been looking in detail at deaths for several months now.

CP asked about the action plans around high impact interventions and key indicators and if they are in place, where are they being monitored and reported to. RH confirmed that they are monitored at local sister's meetings and will be reported at the new governance meetings on a monthly basis. With regards to Pain Management, RH explained that they were previously failing around inconsistencies across sites but this has now been resolved. CP commented that these are really good results; although there are a couple of areas where we are non complaint. She informed the Committee that as from March 2013, these will be reported in the Patient Experience Report to Trust Board.

VB asked why there had been a rise in Slips, Trips & Falls. RH explained that in the last quarter they had 3 serious falls resulting in fracture. All falls are now being reported, even if it a patient found at the side of the bed, as it is difficult to ascertain how they got there. VB suggested that we need to keep an eye on this and that it would be useful to have more breakdown of what the trends are.

In this quarter there had been two 'Never Events'. RD confirmed that there will be reports on each of these events at the next Governance Committee.

As regards the top ten incidents the highest reporting cause group is now access and admissions and this is related to the other issues that are high on the list. These incidents relate to increased patient movement, nurses being moved to wards they are less familiar with and poor communication across clinical areas when patients are admitted.

The Governance & Quality Committee **NOTED** the report and VB thanked PA and RH for presenting a very good report.

Action: Surgical Division

> **1**   Division to provide in next report an update on Productive Ward
> **2**   Division to provide in next report a breakdown of trends around Slips, Trips & Falls
> **3**   RD to provide report on the two 'Never Events' to the March 2013 Governance & Quality Committee.
> **4**   Division asked to put Safeguarding on the agendas for Business Unit meetings.

GC15/13   INFORMATION GOVERNANCE

(a)   IG Update

PW attended the Committee to present an update on the Information Governance Improvement Plan 2012/13, to update the Committee with regard to the actions being taken to ensure compliance with the achievement of Level 2.

He informed the Committee that we are 14% short of our target. MB asked if it is felt there is engagement this time. PW feels there is recognition that this has to be done.   DG confirmed that he is taking message to Workforce Committee tomorrow and it has also been pushed at SMT. PW confirmed two areas of difficulty and these are volunteers and staff who have more than one role, as they are being counted twice in certain cases. PW is managing this through ESR; DG confirmed that data cleaning is really important.

The Governance & Quality Committee **RECEIVED** this update and VB thanked PW for presenting it.

GC16/13   ANY OTHER BUSINESS

(a) A discussion had taken place at the Audit Committee with regards to Clinical Audit and assurance around the Clinical Audit function. RD explained that it is around joining up between Audit Committee and Governance Committee but this should not be too difficult as both MB and JC sit on both Committees.

GC17/13   DATE & TIME OF NEXT MEETING

The next meeting will take place on **Tuesday, 12 March 2013 at 1.30 pm via vc using the Boardroom WCH & Boardroom CIC. The main body of the meeting will be at WCH.**

North Cumbria University Hospitals **NHS**
NHS Trust

GOVERNANCE & QUALITY COMMITTEE ACTION LIST – FEBRUARY 2013

DATE OF MEETING: 12 March 2013

Minute Point Reference	Details of Action Agreed	Action by whom	Target Date	Progress
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	The Committee to receive an update in March 2013. Agenda item for March 2013.
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	**Agenda item – COMPLETE**
GC76/12(a)	**Surgical Divisional Report –** 1 **Provide safe, effective care within available resources for a positive patient experienc**e – in the next quarterly report the Division to provide more detailed information	**L Corlett**	Feb 2013	**COMPLETE**

Minute Point Reference	Details of Action Agreed	Action by whom	Target Date	Progress
	and results			
	2 **Plans for the next quarter** – Updates to be given in the next Divisional report.	**L Corlett**	Feb 2013	**COMPLETE**
	3 **Productive Ward** – Explanation of where the Division are with regards to core sets to be given in the next report.	**L Corlett**	Feb 2013	**COMPLETE**
GC76/12(b)	**Family & Clinical Support Division –**			
	1 **Plans for the next quarter –** Updates to be given in the next Divisional report.	**S Preston**	Feb 2013	**COMPLETE**
	2 **CQC/Ofsted Action Plan –** To be looked at again to see where we can measure.	**S Preston**	Feb 2013	**COMPLETE – This has been picked up by Safeguarding Board very little for the Trust – ensuring representation on the sub-groups, CM attends these groups.**
	3 **Safeguarding Training –** A comparison to be provided in the next report with regards to Consultants & Clinicians and to show an improvement.	**S Preston**	Feb 2013	**COMPLETE**
GC76/12(c)	**Medical Divisional Report –**			
	1 Division to benchmark around confused and frail patients.	**B Monk**	Feb 2013	**COMPLETE**

Minute Point Reference	Details of Action Agreed	Action by whom	Target Date	Progress
	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.	**B Monk**	Feb 2013	**COMPLETE**
	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.	**B Monk**	Jan 2013	**COMPLETE**
	4 **Mortality and Morbidity –** A few sentences to be written in the next report to explain the Mortality & Morbidity figures.	**B Monk**	Feb 2013	**COMPLETE**
December 2012				
GC83/12(a)	**Policy Resume –** The next report to include more detail regarding how out of date policies are and the potential risks associated with this.	**K Barnes**	Jan 2013	**Agenda Item – COMPLETE**
GC84/12(a)	**Staff Survey Report –** **1** Future responses to be in tabular form and a summary by Division, also to include gender and % of respondents.	**D Gallagher**	May 2013	
	2 Report from Workforce Committee to	**D Gallagher**	March 2013	**Agenda item for March 2013**

Minute Point Reference	Details of Action Agreed	Action by whom	Target Date	Progress
	be brought back to March 2013 Governance & Quality Committee.			
GC85/12(b)	**Annual Report on Resilience –**			
	1 AD to review Fire Safety Risk Assessment for both sites and report back to the Committee on the plan to improve fire safety across both sites.	**A Davidson**	March 2013	**Agenda item for March 2013.**
	2 JW to do an exercise with current policies and procedures to see where we are and how far we are away from where we need to be by March 2013.	**J Wharton**	Jan 2013	**To be reported in March 2013.**
GC88/12	**Self Assessment & Quality –** RD to bring an update to the February 2013 Governance Committee	**R Duguid**	Feb 2013	**Agenda item - COMPLETE**
January 2013				
GC04/13(a)	**Education & Training –**			
	1 LM to speak to Northumbria to check if they do adjustments to Appraisal and Mandatory Training figures for long term sickness.	**Liz Moloney**	March 2013	**Discussion to take place at Workforce Committee**
	2 Business Units to provide a couple of paragraphs with regards to what the plans are for the development of	**Barbara Monk, Louise Corlett,**	Feb 2013	**COMPLETE**

Minute Point Reference	Details of Action Agreed	Action by whom	Target Date	Progress
	the Nurse Practitioner service and a single summary report drafted based upon these	**Stephanie Preston**		
GC05/13 (a)	**Infection Prevention –**			
	1 CG to send through to VB targets for this year and last year around Cdiff for comparison.	**Clive Graham**	Feb 2013	**COMPLETE**
	2 CG to provide a report to Trust Board on Water Testing results re: current position and high risk area testing – once discussions have been held at the Water Safety Group.	**Clive Graham**	Jan 2013	**COMPLETE – see action from Feb 2013 meeting**
	3 CG and CP stated that they would check the exact figures for CDI related deaths and feedback to the Committee.	**Clive Graham & Chris Platton**	Feb 2013	**COMPLETE**
	4 SMT to receive information on hand hygiene audits broken down by wards CP.	**C Platton**	Feb 2013	**COMPLETE**
GC07/13	**Patient Panel –** RD to meet with CJ with regards to communication with Patient Panel.	**Ramona Duguid**	Feb 2013	**COMPLETE**
February 2013				
GC12/13(a)	**Policy Resume**			

Minute Point Reference	Details of Action Agreed	Action by whom	Target Date	Progress
	3 Sense check to be completed on policies, to make sure these are prioritised.	**R Duguid**	April 2013	
	4 Policies to be looked at to see if possibly could be Guidelines or whether they are still required.	**R Duguid**	March 2013	
GC13/13(a)	**IP report –**			
	5 Verbal report to be given to the Trust Board in February from the Water Safety Group around Pseudomonas.	**C Graham**	Feb 2013	**COMPLETE – Item discussed at Trust Board – February 2013**
	6 Full report to be given to the Trust Board in March from the Water Safety Group around Pseudomonas.	**C Graham**	March 2013	
	7 Cdiff and MRSA charts to be redrafted in the next report.	**C Graham**	March 2013	
	8 March report to describe the issues around what is happening already and what is planned to happen next.	**C Graham**	March 2013	
GC14/13(a)	**Medical Divisional Report**			
	10 Division to Benchmark around confused, frail patients. An update to be given in their next report.	**B Monk**	May 2013	

Minute Point Reference	Details of Action Agreed	Action by whom	Target Date	Progress
	11 Division to look at other Divisional reports before next report due.	**B Monk**	May 2013	
	12 BM & DB to look at Stroke Performance across both sites.	**B Monk/D Burke**	May 2013	
	13 Rule 43 Action Plan to be submitted to MAW, CP & RD for sign off.	**B Monk**	Feb 2013	
	14 In the next report an explanation to be given around how the decision was made re A & E clinical cover, against admissions, especially on a Saturday night.	**B Monk**	May 2013	
	15 Division to give more detailed report around Finance in the next report.	**B Monk**	May 2013	
	16 Heat map to be looked at, around inconsistencies.	**B Monk**	May 2013	
	17 Division asked to put Safeguarding on the agendas for Business Unit meetings.	**B Monk**	March 2013	
	18 Plan on a page to be incorporated into Divisional report or presentation.	**B Monk**	May 2013	
GC14/13(b)	**Family/Clinical Support Division:** 6 EDS – SP to check December figures to see if error and report back.	**S Preston**	May 2013	

Minute Point Reference	Details of Action Agreed	Action by whom	Target Date	Progress
	7 SP was asked if, before the next report, she could give an update to the Committee on the transfers between Business Units and especially around the Cancer agenda. There are serious concerns to be picked up, which is why this update is requested before the next report.	**S Preston**	May 2013	
	8 Division to ensure that Audits around NICE are delivered as part of the 12/13 plan.	**S Preston**	May 2013	
	9 "There is also a small group of doctors who do not appear to know how to access policies on the intranet". SP to check this statement with Claire Moore.	**S Preston**	May 2013	
	10 Plan on a page to be incorporated into the Divisional report or presentation.	**S Preston**	May 2013	
GC14/13(c)	**Surgical Division**			
	5 Division to provide in next report an update on Productive Ward	**L Corlett**	May 2013	
	6 Division to provide in next report a breakdown of trends around Slips,	**L Corlett**	May 2013	

Minute Point Reference	Details of Action Agreed	Action by whom	Target Date	Progress
	Trips & Falls			
	7 RD to provide report on the two 'Never Events' to the March 2013 Governance & Quality Committee.	**R Duguid**	March 2013	**Agenda item – March 2013**
	8 Division asked to put Safeguarding on the agendas for Business Unit meetings.	**L Corlett**	March 2013	