South Tees Hospitals NHS
NHS Foundation Trust

Meeting / Committee:	Board of Directors	**Meeting Date:**	26 November 2013

This paper is for:	Action/Decision	Assurance x	Information

Title:	Minutes of the Integrated Governance Committee held on 9 October 2013

Purpose:	A copy of the minutes of the Integrated Governance Committee for connectivity and assurance.

Summary:	Review of Compliance with Monitor's Quality Governance Framework – compliant. Final Proposal for Revised Governance Structure – the proposals were accepted. Proposals to be submitted to Board. Review of the Corporate Risk Register – no new risks required escalation. Workforce Performance Indicators – actions being taken to improve compliance with SDR, mandatory training and sickness absence were discussed in detail. Employment Case Management Report. – employment processes were discussed in detail. Learning and Development Update – HENE's top priorities were noted. Consideration required to provide assurance that funds are being used appropriately. The key issues were highlighted and discussed from the notes of the Clinical Standards, Risk Assurance and Organisational Capability Sub Groups.

Prepared By:	Ms H Wallace	**Presented By:**	Ms H Wallace

Recommendation:	The Board of Directors is asked to receive the minutes

Implications	Legal	Financial	Clinical	Strategic	Risk & Assurance x

South Tees Hospitals NHS
NHS Foundation Trust

MINUTES OF INTEGRATED GOVERNANCE COMMITTEE
Held on
WEDNESDAY 9 OCTOBER 2013 at 3.00 pm
In, The Board Room, The Murray Building, JCUH

PRESENT

Ms	Henrietta	Wallace	Chair/Non-executive Director
Mrs	Kath	Elliott	Senior Nurse for Surgery
Mr	Chris	Harrison	Director of HR
Mrs	Maureen	Rutter	Non-executive Director
Major	Ruth	Truscott	MDHU Representative
Ms	Ruth	James	Deputy Director of Healthcare Governance and Quality
Mrs	Pauline	Singleton	Non-executive Director
Mrs	Yasmin	Scott	Divisional Manager Representative

IN ATTENDANCE

Mr	Andrew	Thacker	Assistant Director of HR for items 8.1 and 8.3
Mrs	Val	Merrick	Secretariat

1 APOLOGIES FOR ABSENCE

Prof	Rob	Wilson	Vice Chair/Medical Director
Mrs	Mandy	Headland	Divisional Manager for Community Services
Miss	Ruth	Holt	Director of Nursing
Mrs	Nicky	Huntley	Information Governance Manager
Mrs	Linda	Irons	Chief of Clinical Support Services
Mrs	Caroline	Parnell	Company Secretary/Executive Assistant to Chief Executive
Mr	Chris	Newton	Director of Finance
Mrs	Susan	Watson	Director of Operational Services
Mr	Stuart	Fallowfield	Audit North

Henrietta Wallace introduced Maureen Rutter, Non-Executive Director as a new member and welcomed her to the meeting. She also thanked Pauline Singleton, who was retiring as Non-Executive Director, for her contribution to the Committee over many years.

2 MINUTES OF THE LAST MEETING

The minutes of the last meeting held on 11 September 2013 were accepted as a correct record.

3 MATTERS ARISING/ACTIONS

Sept 2013/1 – Trust wide Governance and Quality Report Qtr 1 –

- Exception report went to Board in September
- The anticoagulation team have been invited to IGC in November to report on the findings from the hospital associated VTE review

Sept 2013/4 Trust Response to Francis, Keogh and Berwick reports – exception report presented to Board in September.

4 GOVERNANCE REPORTING

4.1 REVIEW OF COMPLIANCE WITH MONITORS QUALITY GOVERNANCE FRAMEWORK

Summary: Ruth James reported that there had been no changes to the quality governance arrangements since quarter 1 and the organisation remains compliant with Monitor's Quality Governance framework.

Agreed: Assurance was received that the organisation is compliant. The committee noted that an update on the use of Quality Impact Assessments will be reported to IGC early next year.

5 CARE QUALITY COMMISSION - none

6 QUALITY OF CARE AND PATIENT SAFETY

6.1 NOTES OF THE CLINICAL STANDARDS SUB GROUP

Summary: The notes from the meeting of the Clinical Standards Sub Group held on 26 September were received.

6.2 NOTES OF THE PATIENT SAFETY PROGRAMME BOARD

Summary: Deferred to November 2013.

6.3 FINAL PROPOSAL FOR REVISED GOVERNANCE STRUCTURE

Summary: Ruth James highlighted the key changes prior to final approval at Board and implementation of the new structure.

Discussion: Extensive consultation has taken place over the last 6 months. The main changes to the current structure are that:

- IGC becomes the Quality Assurance Committee and will incorporate some of the duties from Risk and Assurance Sub Group, which will be disbanded.
- Patient Safety Programme Board becomes a Sub Group, reviewing the impact of safety initiatives in the Trust and also SUIs and Never Events (to identify patient safety concerns, themes / trends and ensure lessons are learnt and shared).
- Establishment of an SUI Review Group.
- Organisational Capability Sub Group will become the Workforce Sub Group supported by a number of workforce steering groups.
- Quality Assurance Walkabouts will replace the existing Patient Safety Walkabouts.
- Actions from Performance Reviews to be presented at Formal Management Group.
- Establishment of the Clinical Support Professional Practice Group

Pauline Singleton was concerned that NEDs undertaking Quality Assurance Walkabouts may require training to review documentation but Ruth James reassured that she would expect this function to be conducted by the Clinical Governance team. The reporting of outcomes of walkabouts was discussed and the consensus was that people involved should receive a report. Ruth James' view was that this should be fed into the governance structure and would feedback comments to Ruth Holt and Steve Bell to take it forward.

The issue of NEDs increased membership in sub groups / working groups was raised as a concern and was discussed in some detail. The general feeling was that NEDs should retain independence to ensure that their ability to challenge decisions at higher level was not compromised and this view was accepted as important. Options were discussed in detail and it was agreed that NEDs could go to sub groups as observers but should not be members.

Agreed: The committee accepted the proposals and agreed that NEDs should be members of the Patient Experience Sub Group and have an open invitation to attend sub groups if they wish but not as a member.		
Actions: • Submit proposals to Board • Revise TOR for QAC and the Sub-Groups	**By:** Ms R James Ms R James	**Deadline:** October 2013 December 2013

7 RISK AND ASSURANCE

7.1 CORPORATE RISK REGISTER

Summary: Ruth James highlighted the key issues from the Corporate Risk Register. No new risks have been added.

Agreed: No new risks require escalation.

7.2 NOTES OF THE MEETING OF THE RISK AND ASSURANCE SUB GROUP

Summary: Ruth James highlighted the key issues from the notes of the meeting held on 2 October 2013.

Healthcare Records and Pathology: Risk presentations highlighted no issues.

Carol Dargue presented the findings of the review of Trauma complaints which was discussed in detail. A number of quality indicators were reviewed and revealed no issues. There was no obvious explanation as to why Trauma would appear as an outlier. Consultant feedback suggested that patients sustaining traumatic injuries often had difficulty coming to terms with their disabilities and may have unrealistic expectations about their injuries which may make them more likely to complain.

Analysis of themes in complaints looked at postoperative experience and complications. Attention is being given to improving patient information. VTE prophylaxis was an issue previously but NICE Guidance is now being followed. Review of the complaints relating to nursing care showed that a number followed the introduction of a rapid enhanced recovery pathway. A number of patients who had undergone previous joint replacement felt that their rehabilitation was compromised by the quicker pathway compared to their previous experience. There were two complaints relating to patients with dementia and actions have been taken. There were also some issues around discharge and cancellations many of which relate to occasions when the organisation was under increased pressure.

A safeguarding issue was discussed concerning out of hours access to CAMHS (Child and Adolescent Mental Health Service) for the 14-16 age group. Because numbers are small, CAMHS is not available out of hours to this age group, and there was debate about whether teenagers should be allowed to access adult mental health services in an urgent situation.

Review of complaints and incidents at Trust level revealed no particular trends.

The quarterly maternity report was presented. Changes have been made to the way incidents are reported and categories; some concerns were raised and it was agreed that we would check that the changes proposed were consistent with the ways other organisations report incidents.

The number of still births and the relationship to socioeconomic factors was questioned and discussed. It was felt that antenatal care could be a factor and work is being done around

highlighting fetal movement. A report was also received from Judith Connor around SUIs.

8 ORGANISATIONAL CAPABILITY

8.1 WORKFORCE KEY PERFORMANCE INDICATORS

Summary: Andrew Thacker updated on progress towards reducing sickness levels, increasing uptake of appraisal and compliance with mandatory training.

Discussion:

Sickness - Divisions and directorates each have their own individual target which is based on previous years' absence rates and contributes to the organisational target of 3.9%. The Sickness Absence Project Group was established in May and meets monthly. The policy has been reviewed and includes revised triggers and reports. Operational HR staff are working with managers and Occupational Health on a regular basis and are reviewing cases using a case management approach to sickness.

Changes to Terms of Conditions of Employment would appear to have had a positive impact on sickness absence, although it was recognised that this is extremely difficult to quantify. Information was presented on the cost of sickness to the organisation and it is estimated that if the trust were to meet its target of 3.9% for the current financial year, this could represent an opportunity cost saving of around £400k. Since the sickness rate peaked in January at 5.4%, there has been a continued reduction, with the lowest rate recorded in over 10 years at 3.73% in June (3.88% in August). Overall the trend appears to be moving in the right direction and the organisation compares favourably against other organisations in the region.

A review of the Occupational Health Service is underway with a view to gaining SEQOHS (Safe Effective Quality Occupational Health Services) accreditation.

The Trust has committed to the implementation of the Health Promoting Hospitals Framework, the aim being to improve the health and wellbeing of patients, relatives, visitors, staff, contractors and the wider community.

Future work of the sickness absence groups includes:-

- establishment of the Health Promoting Hospitals Group
- development of a health needs assessment
- continuation of health and wellbeing training and further work around stress related absence
- continue to review the attendance policy.

Ruth Truscott questioned whether military figures were included and Andrew Thacker explained that figures relate to staff on the payroll. It was questioned and discussed in detail whether information was collated on hospital related injuries and also whether the changes to enhancements during sickness had impacted on figures.

SDR – Since the last report to IGC, community services figures have been included. As a result rates fell as more staff were included but the overall trend is positive. An increased level of appraisal at 69.51% was achieved in August 2012 and peaked in October at 75.5%. Prolonged winter pressures impacted on figures in the early part of the year but rates have improved month-on-month to 71.6% in August 2013.

HR have been working with managers throughout the organisation to verify data and help them understand the reporting processes and this has had a positive impact. Focus is on quality of appraisal and a pilot survey in the form of a questionnaire is being developed to indicate whether staff are receiving a quality experience. Clinical Support Services have offered to pilot

the self-service functionality within ESR to manage their own records at a divisional level. The possible impact of attaching increments to SDR was raised and discussed. Andrew Thacker reported that it was at a very early stage and HR were investigating how other organisations are planning to address this.

Mandatory Training - The target for mandatory training is 80%. There are 36 elements of mandatory training in the Mandatory Training Needs Analysis. Whilst most staff are not required to complete all of the elements, a number of staff do need to undertake a significant number. Work is being done to ensure that each of the elements are allocated appropriately to reduce the need for staff to undertake training which may not be relevant to their role. Consideration has also been given to elements of training which can be managed at a local level through managers. Changes to the corporate induction programme have been implemented with more emphasis on mandatory training whilst still maintaining the welcome element to induction. Induction in other trusts is being looked at to identify whether any good practice could be replicated. Chris Harrison felt that a combination of training methods need to be considered. The question of increased e-learning was raised and discussed. Andrew Thacker explained that ideally e-learning would be on one platform but e-learning currently is spread over a number of portals with different passwords which isn't ideal, although work was being done with IT colleagues to try and address this. The general consensus from the meeting was that face to face learning delivered better understanding.

Agreed: The committee noted progress and actions being implemented to improve performance and compliance across all three areas.

8.2 EMPLOYMENT CASE MANAGEMENT REPORT

Summary: Chris Harrison highlighted the key issues from the annual report outlining the employee relations processes which have taken place between April 2012 and March 2013.

Discussion: The most common reason for disciplinary hearings is around attitude and behavior. It will be helpful to see feedback from the staff survey which is currently underway. Compliance with timescales continues to be of concern, delays often result from staff side colleagues and is being addressed. A number of grievance investigations took place for a variety of reasons but a number were linked to redundancy and service change and improvement, and P&E targets. 55% of employment tribunals were settled or withdrawn in the last financial year. The regulations changed on 29 July 2013 in that staff wishing to submit a claim must pay an initial fee and a further fee if the case goes ahead and it will be interesting to see the impact of those changes but it is hoped that changes will be as a result of the way they are handled rather than the impact of fees. It was acknowledged that whistleblowing should be included in future reports and Henrietta Wallace also asked for information to be included on outcomes of processes and yearly comparison to look at trends. Opportunities for learning from decisions, particularly where decisions have been overturned was questioned and discussed.

Agreed: The committee received assurances on the employment processes undertaken within the organisation.

Actions:	**By:**	**Deadline:**
Annual report to IGC (exceptions escalated through the minutes of OCSG)	Mr C Harrison	October 2014

8.3 LEARNING AND DEVELOPMENT UPDATE

Summary: Andrew Thacker updated on changes to the working structure of the Local Education and Training Board, Health Education North East (HENE) in relation to learning and development provision and the possible learning structures to be used within the organisation to ensure that learning and development is managed effectively.

Andrew Thacker highlighted links to other networks such as Academic Health Sciences Network (AHSN), Local Clinical Research Network (LCRN) and the North East Leadership Academy (NELA)..

Discussion: A number of funding streams associated with education and training are provided by HENE on an annual basis and evidence will be required to provide assurance to HENE Board that funds have been used appropriately.

HENE's top priorities for 2013-14 in education and training have been identified as:

- To ensure security of supply to the workforce
- Improvement to quality
- Lead the safe transition to new financial arrangements
- Determine innovative and strategic approaches to funding
- Enable an equal and diverse workforce

HENE's operational structure includes the work of a number of sub groups such as Medical & Dental, Nursing & Midwifery, Allied Health Professionals and Scientists which report to the Partnership Council, which in turn, provides advice and recommendations to the Board. Within our own organisation, funding provision for learning and development can be allocated to a number of divisions and corporate directorates and consideration needs to be given as to how assurance can be gained that all these groups are using funding effectively and that prioritization for learning and development is aligned to the Trust's strategic direction. Adopting a similar approach to HENE in our organisation will provide structure, with sub groups feeding into the Organisational Capability Group.

Agreed: The committee accepted the update and noted that despite a considerable amount of work, particularly by Sheila Barsoum, the trust was unsuccessful in its application as lead host with LCRN.

Actions:	**By:**	**Deadline:**
Annual report to IGC	Mr C Harrison	October 2014

8.3 NOTES OF THE ORGANISATIONAL CAPABILITY SUB GROUP

Summary: Chris Harrison highlighted the key issues from the notes of the meeting held on 19 September 2013.

A people strategy is being developed to replace the workforce strategy. A draft version will be circulated for consultation in October and include consultation on the title.

Information regarding MPET and HENE and responsibilities for reporting were discussed. Figures and comments on a number of issues were fed back to them in September.

There was discussion around the Healthcare Assistants National Care Programme requiring people interested in pursuing a nursing degree to undertake a year of pre-registration experience. It is hoped that this would put them into a more favourable position but no guarantee is given that this will lead them onto the nursing degree programme. Some funding is available from the national programme.

The Staff Survey has been circulated with a deadline of early December.

Nicola Harker has won the North East Champion Apprenticeship Award in recognition of her achievements on the vocational apprenticeship scheme and will be automatically nominated for the National Champion Apprentice Award. Chris Harrison highlighted that whilst very good for the individual it also helps to demonstrate the quality of the training.

The question of including volunteers in the strategy was raised and discussed. It was noted that Individuals often become volunteers to gain a footing and people are encouraged to volunteer and a number of schemes are in place.

ITEMS FOR INFORMATION

9. ANY OTHER BUSINESS

Ruth James updated that the CQC have advised that they are stopping producing a quality and risk profile. IGC will therefore not receive an update in November. Ruth James will feedback when further details are available.

CQC have confirmed by letter today that the organisation is not to be included in either the first or second round of assessments. Assessment will be via the usual 1 day visit. Ruth James expects the CQC to inspect both acute sites and community sites before the end of March 2014.

10. CONNECTIVITY - none

11 DATE AND TIME OF NEXT MEETING

The next meeting will be held on Wednesday 13 November 2013 in The Murray Building, JCUH.

The meeting closed at 5.00 pm