

Meeting / Committee:	Board of Directors	Meeting Date:	25 June 2013
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This paper is for: (Only 1 column to be marked with x as appropriate)	Action/Decision	Assurance x	Information
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Title:	Minutes of the Integrated Governance Committee held on 8 May 2013.
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Purpose:	A copy of the minutes of the Integrated Governance Committee for connectivity and assurance.
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Summary:	<p><u>Trust Wide Quarterly Governance and Quality Report</u> – discussed.</p> <p><u>2012/13 End of Year Report on the Work of IGC</u> – the committee has met its Terms of Reference.</p> <p><u>Update Following NHSLA CNST Mock Assessment</u> - the decision was made to postpone assessment until 2014.</p> <p><u>Quality Account Draft Report</u> – progress with priorities was reviewed.</p> <p><u>CQC Quality and Risk Profile 6 Monthly Update</u> – received and discussed.</p> <p><u>Partially Compliant Standards and Pledges from NHS Constitution</u> – update that FMG have agreed to implement across the organisation that patients are provided with copies of clinic letters.</p> <p><u>Board Assurance Framework and Corporate Risk Register</u> – following discussion 1 risk to go to board.</p> <p>The key issues from the Clinical Standards Sub Group and the Risk and Assurance Sub Group were discussed.</p>
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Prepared By:	Mrs H Wallace	Presented By:	Mrs H Wallace
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Recommendation:	The Board of Directors is asked to receive the minutes
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Implications (mark with x in appropriate column(s))	Legal	Financial	Clinical x	Strategic	Risk & Assurance x
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MINUTES OF INTEGRATED GOVERNANCE COMMITTEE

Held on

WEDNESDAY 8 MAY at 3.00 pm

In, The Board Room, The Murray Building, JCUH

PRESENT

Prof	Rob	Wilson	Vice Chair/Medical Director
Mr	Chris	Harrison	Director of Human Resources
Mrs	Linda	Irons	Chief of Clinical Support Services
Lt Col	Gary	Kenward	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

Mrs	Yvonne	Regan	Head of Midwifery for item 4.3
Mrs	Val	Merrick	Secretariat

1 APOLOGIES FOR ABSENCE

Ms	Henrietta	Wallace	Chair/Non-executive Director
Mrs	Kath	Elliott	Senior Nurse for Surgery
Mr	Stuart	Fallowfield	Audit North
Mrs	Mandy	Headland	Community Services Representative
Mrs	Nicky	Huntley	Information Governance Manager
Mrs	Caroline	Parnell	Company Secretary/Executive Assistant to CE
Mr	Chris	Newton	Director of Finance
Mrs	Susan	Watson	Director of Operational Services

2 MINUTES OF THE LAST MEETING

The minutes of the last meeting held on 10 April 2013 were accepted as a correct record.

3 MATTERS ARISING/ACTIONS

Apr 2013/3 I Annual Report from the Clinical Standards Sub Group – NICE non-compliance was discussed at Board and agreed that should there be further non-compliance, it will be taken to Board.

Apr 2013/4 Annual Report from the Patient Safety Programme Board – compliance with safer surgery checklist has been discussed with David Reaich and work around the checklist is on-going.

Apr 2013/5 Notes of the Clinical Standards Sub Group – Consent Audit was discussed at Clinical Directors Forum on 8 May. Ruth James and Rob Wilson will review the standards.

Apr 2013/6 Notes of the Risk and Assurance Sub Group – Yvonne Regan reported that in the issue around safeguarding children proposals has been resolved in Women and Children.

4 GOVERNANCE REPORTING

4.1 TRUST WIDE QUARTERLY GOVERNANCE AND QUALITY REPORT

Summary: Ruth James presented the Quarter 4 Trust Wide Governance and Quality Report

Discussion: Overall 4 areas are failing to meet the internal improvement standards: pressure ulcers, falls, complaints and claims. Falls numbers have increased from 547 to 634 for the same period last year and the rate of falls is higher than in the last four years. 15 patients sustained fractures from falls compared to 12 last year. Acuity and case mix are thought to be contributing factors to falls and pressure ulcers. Increases are across a number of areas, particularly acute medicine, specialty medicine and cardiothoracics. Safety thermometer data shows that 6.6 % of patients had pressure ulcers compared to 5.9% nationally and 1.2 % had pressure ulcers acquired in our care compared to 1.3% nationally. An action plan has been agreed with commissioners and implemented. Greater focus for grade 3 and 4 pressure ulcers is expected to result from the new CQUIN measure.

All our wards are submitting Safety Thermometer data which shows 91% harm free care compared to the national target of 95%. Medication incidents have reduced since last year and the number resulting in severe harm are relatively small. The total number of incidents shows a slight reduction compared to last year. Highest number of incidents are due to pressure ulcers. Incidents coded as admission are in the top ten but numbers have been increased by the practice of some divisions during the year using DATIX to record delays in entering admission data onto CAMIS rather than patient safety incidents relating to admission. The number of babies born before arrival increased in Q3 but returned to normal levels in Q4.

Rob Wilson informed the group that further work was ongoing relating to the mortality data for Q4 and would be reported through the quarterly mortality report.

The question of medication incidents involving pharmacy was raised and was discussed. Linda Irons agreed to provide some benchmarking information.

In response to questions, Ruth James commented that readmissions continue to be an issue. Benchmarking via CHKS and the Information Centre shows that our figures are still higher than other organisations despite the ongoing work in relation to this issue.

Agreed: The committee accepted the contents of the report. Linda Irons agreed to provide medication incident benchmarking figures to Ruth James.

Actions: Executive Summary and dashboard to go to Board.	By: Ms R James	Deadline: 28 May 2013
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4.2 2012/13 END OF YEAR REPORT ON THE WORK OF THE INTEGRATED GOVERNANCE COMMITTEE

Summary: Ruth James presented the annual report for the Integrated Governance Committee concluding that the committee had fulfilled its duties and delivered its annual business plan for 2012/13.

Discussion: Attendance for the year has declined from 63% to around 55% in 2012/13. A small number of members have failed to achieve 50% attendance and membership may need to be reviewed. IGC received the annual reports from all the sub groups last month and the Terms of Reference for these groups were reviewed. A very small number of actions from the business plan are to be carried forward for 2013/14. .

- Annual update on sickness absence
- Data quality and data coding
- Review of IGC membership and terms of reference

Agreed: The committee agreed that IGC has met its Terms of Reference

Actions:
Annual Report to go to Board

By:
Mrs H Wallace

Deadline:
28 May 2013

4.3 UPDATE FOLLOWING NHSLA CNST MOCK ASSESSMENT

Summary: Yvonne Regan, Head of Midwifery, informed the committee on progress towards NHSLA CNST Maternity Clinical Risk Standards assessment.

Discussion: Yvonne Regan explained that the planned mock assessment didn't take place. The intention had been to go for level 3 in August /September this year. However, there are issues around records and consistency of documentation across both sites. A review of patient held records has recently been completed and the launch of the new patient held records is due in June. Currently two IT systems exist at FHN and JCUH and a new comprehensive IT system is to be introduced soon on both sites.

The decision was made to postpone assessment until March 2014 as there was felt to be a risk of not being compliant at level 2 in September. The revised date for formal assessment is 25 / 26 February with pre-assessment on 30 August. The CNST Maternity Service Steering Group and the Clinical Guidance Monitoring and Audit Monitoring Group are now well established and will monitor progress towards the revised inspection date.

Rob Wilson stated the proposal was broadly supported following discussion during the performance review in the previous week.

Agreed: The committee supported this approach and acknowledged the hard work which had already taken place.

4.4 QUALITY ACCOUNT DRAFT REPORT

Summary: Ruth James provided an overview of the 2012/13 Quality Account draft report.

Discussion: The report covers a review of progress with the quality account priorities from the previous year, a description of the priorities for the coming year and the initiatives and measures which will support these.

This year a new section has been added to the report following a revision to the Quality Account regulations. This new section describes the Trust's position across a range of 8 measures taken from the NHS outcomes framework with data provided by the NHS information center.

The report is published on the trust website and is included in the annual report which is submitted to Monitor.

Agreed: The committee received the report and agreed the contents.

5 CARE QUALITY COMMISSION

5.1 CQC QUALITY AND RISK PROFILE 6 MONTHLY UPDATE

Summary: Ruth James summarised the Care Quality Commission's Quality and Risk Profile Report for May 2013. Information is gathered by the CQC from a number of sources and rated according to whether organisations perform better, the same or worse than expected.

Discussion: The previous update in October 2012 showed either green or yellow with no red areas. The current Quality and Risk Profile for April shows that out of 16 outcomes, 10 are green and 6 are yellow. Only one outcome measure, care and welfare of people who use our services, has changed from high green to low green. The change to this risk estimate is due to

a reduced number of data items which has changed the weighting of the remaining items and does not demonstrate an increasing risk.

Pauline Singleton asked whether more detail was available for 'safeguarding people who use our services from abuse' and 'safety and suitability of premises' as these were both yellow and it would be useful to know what measures contributed to this and what could be done to move this to 'green'. Ruth James agreed to provide further detail on the outcomes graded as yellow to IGC.

Agreed: The committee accepted the report.

Actions: Feedback on the outcomes rated as 'yellow'.	By: Ms R James	Deadline: 12 June 2013
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6 QUALITY OF CARE AND PATIENT SAFETY

6.1 UPDATE ON PARTIALLY COMPLIANT STANDARDS AND PLEDGES FROM THE NHS CONSTITUTION

Summary: Rob Wilson and Ruth James updated on behalf of Phil Archman. The trust is fully compliant in most areas and partially compliant in 1 out of 29 rights and 1 out of 21 pledges.

Discussion: Rob Wilson informed that the issue around providing patients with copies of letters sent between clinicians had been discussed at Management Group and agreed that despite the cost implications it should be implemented across the organisation. Linda Irons questioned whether there was information on whether this would be done on or off site and Rob Wilson offered to discuss this with Joanne Dewar.

Agreed: The committee accepted the update.

Actions: Discuss with Joanne Dewar whether the process will be on / off site, 6 monthly update to IGC with constitution	By: Prof R Wilson Mr P Archman	Deadline: ASAP November 2013
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6.2 NOTES OF THE MEETING OF THE CLINICAL STANDARDS SUB GROUP

Summary: Rob Wilson highlighted the key issues from the meeting held on 23 April 2013.

Nick Quinn, Chair of the Drug and Therapeutics Committee has agreed to Chair the NICE Action Group when Liam Flood retires. The introduction of an anticoagulation stabilisation clinic was discussed and widely supported. The audit results for the bariatric service were presented and were very positive. The outstanding governance issues are being addressed.

Agreed: The notes of the meeting were received.

7 RISK AND ASSURANCE

7.1 BOARD ASSURANCE FRAMEWORK AND CORPORATE RISK REGISTER

Summary: Ruth James highlighted the changes to the Board Assurance Framework and the Corporate Risk Register and these were discussed.

Corporate Risk Register – a possible emerging risk around junior medical staffing was highlighted and discussed in detail.

Board Assurance Framework – discussed changes and actions. End of year report – some risks have been removed and some will be carried forward.

Agreed: Movement chart and detail around junior medical staffing risk to go to board.

Actions:

Corporate risk register movement chart and detail of junior medical staff risk and Board Assurance Framework to go to Board

By:

Ms R James

Deadline:

28 May 2013

7.2 NOTES OF THE RISK AND ASSURANCE SUB GROUP

Summary: Ruth James highlighted the key issues from the meeting on 1 May 2013.

Divisional presentations were received – no significant issues. It was suggested that Acute Medicine undertake a process review of approval of incidents due to the number outstanding. There was one application for a new mandatory training requirement for informed dementia practice; a decision regarding this application has been deferred until completion of the mandatory training review. Anaesthetics and Theatres presented on the recent Never Event. Sharps update was received and the proposal for costs to be charged to the division responsible for needle stick injuries was supported. Complaints / PALs report was received and no significant issues were identified.

Discussion: The question of funding for replacement medical equipment was raised and discussed. It was established that although funding was available for high cost equipment from the capital replacement programme there wasn't provision for items below £5000. Non recurring funding has been available this year from the PCT but funding replacement of lower value equipment is a problem.

8 ORGANISATIONAL CAPABILITY - none

ITEMS FOR INFORMATION

9. ANY OTHER BUSINESS

Lt Col Gary Kenward informed that Ruth Truscott had been appointed as the Health Governance Officer for the military.

10. CONNECTIVITY

- Annual Report for IGC to go to Board
- Trust Wide Quarterly Governance and Quality Report Q4 Exception report to go to Board.

11 DATE AND TIME OF NEXT MEETING

The next meeting will be held on Wednesday 12 June 2013, The Murray Building, JCUH.

The meeting closed at 4.30