South Tees Hospitals NHS
NHS Foundation Trust

Meeting / Committee:	Board of Directors	**Meeting Date:**	26 June 2012

This paper is for: (Only 1 column to be marked with x as appropriate)	Action/Decision	Assurance x	Information

Title:	Minutes of the Integrated Governance Committee held on 9 May 2012

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

Summary:	NHS Constitution and Gap Analysis – the trust is fully compliant with most rights and pledges; apart from 2 which are partially compliant. Work continues to address the partially compliant areas. End of Year Report on the Work of IGC – the majority of objectives had been achieved and the annual business plan delivered. IGC Terms of Reference and Business Plan 2012-13 – a small number of amendments were agreed and the Terms of Reference were accepted. Update on Review of Services and Quality Priorities for 2012/13 in the Draft Quality Account – a further update was received on the outcomes achieved for each quality priority during the year. CQC Quality and Risk Profile Review April 2012 – the key issues were highlighted and discussed. The majority of outcomes in the risk profile were graded better or similar to expected. CQC Feedback Mental Health Act Formal Report – the report was received following the visit to the trust by the Mental Health Act Commissioner and the action plan was accepted. Trust Wide Quarterly Governance and Quality Report Qtr 4 – the key issues were discussed. Corporate Risk Register – no new risks required escalation. The notes from the Clinical Standards Sub-Group and Risk and Assurance Sub-Group were received and the key issues highlighted.

Prepared By:	Mrs H Wallace	**Presented By:**	Mrs H Wallace

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

Implications (mark with x in appropriate column(s)	Legal	Financial	Clinical x	Strategic	Risk & Assurance x

South Tees Hospitals NHS
NHS Foundation Trust

MINUTES OF INTEGRATED GOVERNANCE COMMITTEE
Held on
WEDNESDAY 9 MAY 2012 at 3.00 pm
In, The Board Room, The Murray Building, JCUH

PRESENT

Ms	Henrietta	Wallace	Chair/Non-executive Director
Prof	Rob	Wilson	Vice Chair/Medical Director
Lt Col	Gary	Kenward	MDHU Representative
Dr	George	Ewart	Non-executive Director
Mr	Chris	Harrison	Director of HR
Mrs	Linda	Irons	Chief of Clinical Support Services
Mrs	Caroline	Parnell	Company Secretary/Executive Assistant to CE
Mr	Iain	Fuller	Head of Corporate Finance
Mrs	Pauline	Singleton	Non-executive Director
Mrs	Fran	Toller	Divisional Manager Representative
Mrs	Bev	Walker	Assistant Director of Nursing/Patient Safety
Mrs	Susan	Watson	Director of Operational Services

IN ATTENDANCE

Mr	Iain	Fuller	Head of Corporate Finance
Mrs	Val	Merrick	Secretariat

1 APOLOGIES FOR ABSENCE

Dr	Jeremy	Dean	Chief of Radiology
Mrs	Kath	Elliott	Senior Nurse for Surgery
Mr	Stuart	Fallowfield	Audit North
Dr	Jim	Hall	Associate Medical Director, JCUH
Mrs	Tricia	Hart	Deputy CEO/Director of Nursing/Patient Safety
Mrs	Nicky	Huntley	Information Governance Manager
Ms	Ruth	James	Deputy Director of Healthcare Governance and Quality
Mr	Chris	Newton	Director of Finance
Ms	Lisa	Tempest	Community Services Representative

2 MINUTES OF THE LAST MEETING

The minutes of the last meeting held on 11 April 2012 were accepted as a correct record.

3 MATTERS ARISING/ACTIONS

Apr 2012/2 Update on key recommendations from the Ombudsman Report of an investigation into a complaint made by a patient – clarification of "maladministration" deferred to June.

Mar 2012/4 Review of Complaints Process – Annual Report – deferred until June.

4 GOVERNANCE REPORTING

4.1 ANNUAL CLINICAL AUDIT REPORT

Deferred until June

4.2 NHS CONSTITUTION AND GAP ANALYSIS

Summary: Susan Watson presented the NHS Constitution and Gap Analysis which sets out the rights and pledges that patients, the public, and staff can expect from the NHS. The trust is fully compliant with most; apart from 2 which are partially compliant:

- The right to receive treatment within 18 weeks of referral - Susan Watson updated that this will continue to be monitored. Overall there has been a decrease in patients waiting over 18 weeks. The objective is to continue working towards further reduction.

- The pledge to provide patients with copies of letters sent between clinicians about their care. Continued discussion around whether all patients should receive letters and how that could be managed. A possible solution is for the onus to be on patients to request copies of discharge letters from their consultant. The main issue is around cost. Rob Wilson stated that Surgery estimated the cost to be just over £100,000 per annum but as patients are supposed to receive all letters the cost could be more. Some divisions already provide letters and have previously made provision in their budgets.

  It was suggested that patients receive letters via email but Susan Watson explained that there are information governance issues around this approach. It was noted that lack of communication is a feature of a number of complaints but the non-receipt of copies of letters is not. Some organisations display posters asking people to let them know if they would like a copy letter. The question of whether to trial giving patients copies of discharge letters to determine cost implications was briefly discussed.

Agreed: The committee accepted the report and it was agreed that further information should be gathered to evaluate the implications and report back to IGC in 6 months time.

Actions:	**By:**	**Deadline:**
Gather more information on costs and report back to IGC	Mrs S Watson / Prof R Wilson	November 2012

4.3a 2011/12 END OF YEAR REPORT ON THE WORK OF THE INTEGRATED GOVERNANCE COMMITTEE

Summary: Henrietta Wallace presented the end of year report and provided assurance that the objectives had been achieved and the annual business plan had been delivered. A small number of objectives are outstanding:

- Governance between organisations – This has not been identified as an issue in complaints/incidents/SUIs and the CQC has not highlighted any issues. This will now be removed as a specific objective as it is reflected in other objectives, but vigilance will be maintained.
- A report is outstanding on progress towards implementing the revalidation process.- Rob Wilson agreed to provide an update to IGC in June and to Trust Board.
- Establishing a process to provide assurance that quality of care is maintained in relation to P&E initiatives - need to ensure that P&E initiatives are not impacting on quality. Robust system is not yet in place but discussions have taken place to establish how this could be reinforced, using "Quality Impact Assessments" monitored through the Project Assurance Office.

Agreed: The committee accepted the findings of the report and were assured that apart from these 3 gaps IGC's objectives had been met.

Actions:	**By:**	**Deadline:**
• Annual Report to go to Board • Update on revalidation process to IGC and Board.	Mrs H Wallace Prof R Wilson	May 2012 June 2012

4.3b IGC TERMS OF REFENCE AND BUSINESS PLAN 2012-13

Summary: Henrietta Wallace presented the Terms of Reference and the updated Annual Business Plan and highlighted the proposed changes to the Terms of Reference which were discussed. These included amendments to:

Objective a) – it had been agreed that an Integrated Governance Strategy was not required as this would be addressed by other strategies which are in place.
Objective on governance between organisations – this has been removed as a specific objective and is now reflected in objective c).
A new objective c) has been added to look at potential impact of P&E initiatives on quality.

Membership has been reviewed and a number of changes agreed:

- Assistant Director of Nursing/Children's Champion – removed
- Associate Medical Director will be on committee only as deputy for Medical Director.
- Jeremy Dean as Chief of Radiology to step down - Following discussion it was decided to seek another clinical Chief of Service and Rob Wilson agreed to investigate possible candidates,
- Fran Toller will be replaced by Yasmin Scott, Divisional Manager for Acute Medicine.

Rotation of Divisional Managers through committees is currently under discussion and Divisional Managers will decide how this will be implemented. Pauline Singleton stated that in her view Divisional Managers should attend for two years as opposed to 1, in order to gain greater understanding of the business of the meeting. Linda Irons suggested that under objective c) it would be preferable to say "partner organisations" rather than "healthcare" to reflect all aspects of patient care. Views were sought on how we can gain assurance that quality is being maintained in relation to P&E initiatives. Ruth James is looking at how that might be delivered and is developing a Quality Impact Assessment with the aim of assessing risks and consequences of new programmes before implementation.

Agreed: The committee accepted the Terms of Reference and agreed the amendments.

Actions:	**By.**	**Deadline:**
IGC Annual Report and Terms of Reference to Board.	Mrs H Wallace	May 2012

4.4 UPDATE ON REVIEW OF SERVICES AND QUALITY PRIORITIES FOR 2012/13 IN THE DRAFT 2011/12 QUALITY ACCOUNT

Summary: Bev Walker updated on behalf of Ruth James on the additional data to be incorporated into the final draft of the 2011/12 Quality Account. The previous reported draft was incomplete due to the lack of availability of data at that time.

Discussion: Priority 6 – right care, right place, right time. Henrietta Wallace suggested whether medical outliers should be included due to the increased difficulty in caring for patients in outlying areas and Rob Wilson agreed. Henrietta Wallace felt that this was reflected in the recent increase in falls in Trauma attributed to an increase in outliers. Col Gary Kenward questioned whether numbers of outliers could be reduced. Bed utilisation review had identified patients who were outlying and a number of pieces of work were underway to reduce the numbers of outliers but this remains a considerable challenge.

Agreed: Henrietta Wallace thanked Ruth James for bringing the report together. Report needs to go to LINks and Scrutiny Committee for comments. Helpful for IGC to see data which was missing from the previous report.

5 CARE QUALITY COMMISSION

5.1 CQC QUALITY AND RISK PROFILE REVIEW APRIL 2012

Summary: Bev Walker presented the report on behalf of Ruth James and highlighted the key issues. She felt that overall there were no concerns. The risk profile for the trust shows the majority of outcomes graded as better or similar to expected with the exception of Management of Medicines. Data which contribute to this comes from patients completing national surveys on medicines on discharge. It is hoped this will improve following trust's work on discharge. Meeting with local Assessor provides opportunity for the Assessor to raise any concerns directly and for us to feed back directly. There were 3 outcomes from CQC where there was insufficient data to determine a grade. The CQC regularly change how data is used which affects figures. CQC use their own method to calculate mortality, and we believe there are not any concerns in this area, as other indicators for mortality, such as RAMI, suggests that we do well on mortality.

Our position with regard to readmissions is more difficult to assess. Organisations use a variety of methods looking at readmissions within 30 days. Ingrid Walker has a group working on readmissions which is related to QUEST work. Unadjusted readmissions are similar to other organisations, while risk adjusted we think we should be lower.

Agreed: The committee accepted the report and noted the changes in the QRP.

5.2 CQC FEEDBACK MENTAL HEALTH ACT FORMAL REPORT

Summary: Bev Walker updated on the CQC's formal report of a visit to review arrangements under the Mental Health Act, and highlighted the key issues. The Mental Health Act Commissioner visited the trust to review case notes and documents for people detained under the Mental Health Act. The Specialist Nurse from Safeguarding facilitated the preparation for the review. Following receipt of the summary report an action plan has been developed. Overall the Commissioner was pleased with the progress made on actions identified at a previous visit.

Discussion: The Commissioner was satisfied with the contracts which we have in place for specialist administration with Tees, Esk and Wear Valley (TEWV) and responsible clinician services. The Commissioner requested an addition relating to death of a patient and this is under discussion with TEWV. The Trust has developed an operational policy with TEWV about who can scrutinise papers for patients detained under the Mental Health Act. The Commissioner felt that this could be strengthened in relation to patients with reduced capacity, when they should have their rights explained and repeated; how we store information and access to MHA advocates as appropriate. Revised process will go to Risk and Assurance Sub Group.

The Commissioner inspected the case notes of 7 patients. 5 had been detained prior to admission and were not counted as part of the review, 2 had been seen by psychiatrists and were transferred to TEWV Mental Health Trust. There were issues raised about record keeping which was felt to be poor. There is a requirement to retain records and all detention papers centrally for 20 years. New operational process should provide staff with support. Overall there has been improvement.

Henrietta Wallace queried the timescale for revisiting by CQC and Bev Walker felt that it might possibly be around 18 months to 2 years but she wasn't certain. All actions on the action plan have been completed apart from retention periods – working with Mental Health Office at TEWV. Training has taken place and policy has been revised.

Agreed: The committee received assurance and accepted the report and the action plan.

6 QUALITY OF CARE AND PATIENT SAFETY

6.1 TRUST WIDE QUARTERLY GOVERNANCE AND QUALITY REPORT QTR 4 2011/12

Summary: Bev Walker presented the Trust Wide Quarterly Governance and Quality Report for Quarter 4 and highlighted the key issues.

HCAI - end of year position was good.

Falls – incidence of falls is comparable with last year. Falls per 1000 bed days has increased but, occupied bed days were lower which impacts on figures. Neurosciences and Trauma had higher numbers but this may be related to increase in outliers. Falls Risk Assessment shows performance below our internal target of 95%. Work is ongoing to modify the tool which it is hoped will improve compliance. There were 34 falls resulting in fracture at year end in the acute hospital compared to 26 in 2010/11.

Pressure Ulcers – numbers have increased. Community Services figures have been included for 2011/12. Increase in Acute Medicine, Anaesthetics and Theatres and Surgery but reporting of incidents has improved in Anaesthetics and Theatres. The annual point prevalence audit showed a decease in acute hospital acquired pressure ulcer prevalence. In Community Services the figure was 3.2% but no comparative data is available.
Braden Risk Assessment tool has been amended to incorporate needs of both acute and community services. Project nurse in post for 12 months. Tendering for new chairs for patients has commenced.

Safety Thermometer – all areas report except ICU. 91% are sending in returns. In March, the Trust was showing 90% harm free care. Continuing to support staff to return information. This is a CQUIN measure for this year.

Incident Reporting – NPSA data shows the trust to be in the middle 50% of trusts when reporting levels were compared. The North East Quality Observatory has been reviewing the number of serious incidents and these are shown to be comparable with national rates. Number of incidents reported had increased compared to previous years. Increase in incident reporting around internal transfers, delays and cancellations. Most relate to breaches in 4 hour rule in A&E and manual handling with staff becoming more aware of risks, particularly in relation to bariatric patients.

SUI – Highest number relate to falls resulting in a fracture. Other increasing trends – outbreaks (Norovirus) and grade 3 pressure ulcers (community)

Clinical Audit – One trust wide audit completed. Decision needed whether Clinical Standards Sub Group should receive the report and summary to IGC.

Nutrition – overall improvement but did not achieve internal targets for nutrition. Continued area of focus and is included in quality account priorities.

PROMS – Decrease in participation rates. South Tees shows greater health improvement following hip and knee surgery.

Complaints and PALS - increased. Risk and Assurance Sub Group review complaints and incidents. Theme is all aspects of clinical care. Risk and Assurance have asked for further analysis following an increase in missed diagnoses. Increase in PALS was mainly around cancelled admissions.

Claims – No obvious trends. The number of non-clinical claims relating to sharps injuries continues to be a concern.

Discussion: There was discussion around whether divisional reports should be included in the quarterly governance report and also whether IGC should receive the full governance report or a summary. Elements are reported through Risk and Assurance Sub Group and actions put in place for any concerns. Overall the consensus was that the divisional reports were not required, and that further discussion would take place about the extent of reporting in future quarterly reports.

In relation to specific areas, Henrietta Wallace felt it would be useful to see the whole year data in the Qtr 4 report for Never Events. The increase in readmissions in obstetrics was questioned and in response Fran Toller explained that previously babies needing to return to be checked had not been counted as readmissions. It was questioned whether some of the increase in falls in Trauma, attributed to outliers from acute medicine, might have happened because staff weren't used to looking after this very frail group of patients who have different needs from Trauma patients. However, Bev Walker stated that in her view, from looking at Root Cause Analyses, this was not the case.

Agreed: IGC accepted the report and was assured that no areas required escalation

Actions:	**By:**	**Deadline:**
• Summary of report to Trust Board	Ms R James	**End of May**
• Summary of report to Council of Governors.	Mrs B Walker/	9 October 2012
• Discuss in governance meeting to decide what to report through IGC	Ms R James/Prof R Wilson	13 June 2012

6.2 ANNUAL REPORT ON DELIVERY OF PATIENT EXPERIENCE STRATEGY -

Summary: Deferred until June

6.3 NOTES FROM THE CLINICAL STANDARDS SUB GROUP

Summary: Rob Wilson highlighted the key issues from the meeting held on 17 April 2012

NCEPOD Report for Surgery in Children – Paediatric surgeon, David Macafee presented the report and highlighted six points from the report requiring improvement. The findings were noted and action plans are in place to deal with the specific issues.

Standard Operating Procedure for Delivery of Food and Hydration – document was accepted.

Introduction of Endobronchial Ultrasound Service (EBUS) – Interesting presentation. Lots of applications with good training and audit. This procedure has been helped greatly by Richard Harrison at North Tees who is an international expert. Rob Wilson is pleased with the collaboration between the two organisations.

7 RISK AND ASSURANCE

7.1 CORPORATE RISK REGISTER

Summary: Bev Walker updated on the Corporate Risk Register on behalf of Ruth James. No new risks have been added. One risk has been removed relating to Ward 14 which is now being managed at divisional level. The Board Assurance Framework is currently under discussion with Corporate Directors and will hopefully go to Board at the end of May.

Agreed: No new risks require escalation.

7.2 NOTES FROM THE RISK AND ASSURANCE SUB GROUP

Summary: Bev Walker highlighted the key issues from the meeting held on 1 May.

Divisional/Directorate Risk Presentations – were received from Cardiothoracic and Acute Medicine.

IT and Health Records

- Joanne Dewar updated on ICT power risks and explained the feasibility study which was carried out to address the issues. Costs were around £467,000 which is unaffordable. Controls in place to manage risk but trust remains at risk of data loss. Tricia Hart has asked that it is taken to FMG.
- Movement of healthcare records is being carried out by InBond at a cost of £240 per week. Service is robust but there is a financial impact. Risks around medical records not being available and the movement of equipment were highlighted. Work is in progress to identify issues and Joanne Dewar's team is looking at feasibility of introducing a corporate transport system.

Health and Safety Report on fume incident in Microbiology – there has been a thorough investigation and HSE did not take further action. This incident highlights the importance of maintenance of COSHH assessments.

Lone Worker Report – information provided on costs and how they are picked up by divisions. Considering introducing a pool system. Some issues around infrequent use which is being investigated by Chris Spence. Costs compared to a minimum fine of £20,000 for breach of duty of care for an incident of violence and aggression.

Claims Report – discussed.

DATIX Report – Delayed Transfers Back to Ward Postoperatively – Acute Medicine risk highlighted during discussion.

Discussion around access control to wards 9&10. The Division has been provided with advice from Chris Spence, Local Security Management Specialist (LSMS). This is a complex issue and is now under review by the Division and Planning team

8 ORGANISATIONAL CAPABILITY - none

ITEMS FOR INFORMATION

9. ANY OTHER BUSINESS - none

10. CONNECTIVITY

1. Summary of Quarterly Governance Report to Trust Board – May 2012
2. Summary of Quarterly Governance Report to Council of Governors.
3. IGC Annual Report and Terms of Reference to Trust Board – May 2012

11 DATE AND TIME OF NEXT MEETING

The next meeting will be held on Wednesday 13 June 2012 at 3pm in the Board Room, The Murray Building, JCUH.

The meeting closed at 4.40 pm