

<b>Meeting / Committee:</b>	Board of Directors	<b>Meeting Date:</b>	25 March 2013
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<b>This paper is for: (Only 1 column to be marked with x as appropriate)</b>	Action/Decision	Assurance x	Information
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<b>Title:</b>	Minutes of the Integrated Governance Committee held on 13 February 2013
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<b>Purpose:</b>	A copy of the minutes of the Integrated Governance Committee for connectivity and assurance.
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<b>Summary:</b>	<p><u>Update on Compliance with Monitor's Governance Framework</u> – the declaration of compliance was approved for Qtr 3.</p> <p><u>Trust wide Quarter 3 Governance and Quality Report</u> – the key issues were discussed. 2 issues required escalation to Board.</p> <p><u>Mid Staffs Report</u> – update provided on the initial findings and recommendations. Full report to IGC in March.</p> <p><u>Thematic Analysis and Action Plan for Pressure Ulcers</u> – the key findings were discussed. A number of initiatives are being implemented to promote awareness for staff and patients and relatives.</p> <p><u>Quality Impact Assessment</u> – the key issues were discussed and progress with implementation noted.</p> <p><u>Outcome of the NHSLA Mock Audit</u> - the key findings were discussed. The recommendation not to go for assessment at level 2 later this year was supported.</p> <p><u>Board Assurance Framework and Corporate Risk Register</u> – One new risk requires escalation to Board.</p> <p>The key issues from the Risk and Assurance Sub Group and Clinical Standards Sub Group were highlighted and discussed.</p> <p><u>Annual Update on Management of Workforce Risks</u> - workforce risks are being managed.</p>
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<b>Prepared By:</b>	Mrs H Wallace	<b>Presented By:</b>	Mrs H Wallace
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<b>Recommendation:</b>	The Board of Directors is asked to receive the minutes
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<b>Implications</b>	Legal	Financial	Clinical x	Strategic	Risk & Assurance x
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**MINUTES OF INTEGRATED GOVERNANCE COMMITTEE**

Held on

**WEDNESDAY 13 FEBRUARY 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
Mrs	Kath	Elliott	Senior Nurse for Surgery
			Non-executive Director
Mr	Chris	Harrison	Director of HR
Ms	Ruth	James	Deputy Director of Healthcare Governance and Quality
Mrs	Mandy	Headland	Divisional Manager for Community
Mrs	Anne	Sutcliffe	Acting Director of Nursing
Mrs	Bev	Walker	Assistant Director of Nursing/Patient Safety

**IN ATTENDANCE**

Mrs	Judith	Connor	Lead Nurse for Patient Safety and Practice Development – for item 6.1
Ms	Sharon	Bateman	Lead Nurse for Wound Care – for item 6.1
Mrs	Emma	Carter	Clinical Governance Manager – for item 4.2
Mrs	Val	Merrick	Secretariat

**1 APOLOGIES FOR ABSENCE**

Mrs	Nicky	Huntley	Information Governance Manager
Mrs	Linda	Irons	Chief of Clinical Support Services
Lt Col	Gary	Kenward	MDHU Representative
Mrs	Caroline	Parnell	Company Secretary/Executive Assistant to CE
Mr	Chris	Newton	Director of Finance
Mrs	Pauline	Singleton	Non-executive Director
Mrs	Yasmin	Scott	Divisional Manager Representative
Mrs	Susan	Watson	Director of Operational Services
Mr	Stuart	Fallowfield	Audit North

Henrietta Wallace welcomed Mandy Headland, Divisional Manager for Community to the meeting. Mandy has replaced Lisa Tempest on the committee and in Community Services.

**2 MINUTES OF THE LAST MEETING**

The minutes of the last meeting held on 12 December 2012 were accepted as a correct record.

**3 MATTERS ARISING/ACTIONS**

Nov 2012/2 Review of progress towards NHSLA Maternity Level 3 – As far as Ruth James is aware, maternity are still intending to go for assessment in the autumn but a decision will only finally be made following advice from the NHSLA assessor at the informal visit planned for April.

Nov 2012/3 NHS Constitution and gap analysis – the ongoing issue of copying letters to patients has not yet been raised at FMG but it has been discussed in divisional performance reviews. Major concern is around potential financial implications. General consensus is that the decision needs to be made by Management Group.

**Action: Phil Archman to take to FMG**

Nov 2012/4 Update on Progress with IG Toolkit – Update report scheduled for IGC in March. Mandatory training is under regular review.

Dec 2012/2 Notes of the Risk and Assurance Sub Group – Divisions are not using their risk registers to capture risk relating to projects as these would be identified and reported through the PAO office.

#### **4 GOVERNANCE REPORTING**

##### **4.1 UPDATE ON COMPLIANCE WITH THE REQUIREMENTS OF MONITOR'S GOVERNANCE FRAMEWORK**

**Summary:** Ruth James updated on the Quarter 3 2012/13 compliance with the requirements of Monitor's Governance Framework.

**Discussion:** There is one area of outstanding work relating to the processes for undertaking a quality impact assessment (QIA) for productivity and efficiency projects which impact directly on clinical care. The QIA template has been revised and is being trialled in a small number of divisions. As this issue relates to supporting processes it was agreed that it does not constitute non-compliance overall with the Governance Framework. Monitor are visiting the organisation in March and are likely to want to discuss the QIA process, representatives from Monitor will be meeting with Rob Wilson, Anne Sutcliffe and Henrietta Wallace.

**Agreed:** The committee approved the declaration of compliance for Q3 2012/13

##### **4.2 TRUST WIDE QUARTER 3 GOVERNANCE AND QUALITY REPORT**

**Summary:** Emma Carter highlighted the key issues in the Trust Wide Quarterly Governance and Quality Report for Quarter 3. Three areas are failing to meet internal improvement standards.

**Discussion:** The number of falls incidents is similar to last year but there has been a reduction in falls resulting in fracture. There was a spike in incidence of falls resulting in fracture in November with the majority in Acute Medicine. This corresponded with an increase in bed pressures, recruitment and co-morbidities of the patients. The situation has eased although some staffing issues remain. Use of the falls risk assessment has improved and training and audits have increased. Figures for January show an improvement.

The number of grade 1 and 2 pressure ulcers show an increase compared to last year some of which may be attributable to community services being included part way through. Quarter 3 shows similar numbers compared to the same period last year. Overall data submitted for Safety Thermometer in Quarter 3 shows we are achieving 92% for harm free care against a target of 95%. Judith Connor (Lead Nurse for Patient Safety) is liaising with ward managers to improve the use of the safety thermometer. Overall incidents have reduced although an increase has been seen in the category of incidents coded as 'Admissions including transfers', this is due to the recording of delays of greater than 20 minutes in updating e-CAMIS as an incident. This was agreed by Divisional Managers but has only been implemented by Cardio. Need to decide whether to adopt trust wide but would significantly increase the number of incidents reported.

In the quarter there was 1 Never Event which is still undergoing investigation.

Benchmarking – Risk adjusted mortality has reached the upper confidence limit on the SPC

monitoring chart, this needs to be monitored. Risk adjusted length of stay in December is outside of the upper control limit on the SPC monitoring chart, this is a particular issue in Surgery and Neuro; possibly due to decisions to admit the most urgent and complex patients when cancelling elective surgery cases. This will be monitored and fed back in the next report.

Complaints have significantly increased in Quarter 3 particularly in Surgery, Acute Medicine and Trauma. The integration of A&E into Trauma has contributed to the increase in this division.

The organisation has been under considerable pressure due to increased non elective activity over the winter and Ruth James feels that this may be the reason that a number of quality measures are showing adverse trends in Q3. The issues of increased sickness levels and staffing were raised and discussed. Kath Elliott noted that sickness had increased in Surgery. Henrietta Wallace was concerned about increases in complaints, pressure ulcers and other quality indicators in acute medicine. Rob Wilson commented on recent pressures within the organisation with a significant increase in activity with large numbers of sick elderly patients being admitted. Recently a large number of patients arrived by ambulance and were admitted on one day. Anne Sutcliffe stated that it is important to be concerned but to remember the positives and a number of wonderful comments have been received from patients. Henrietta Wallace questioned whether it was possible to plan for winter pressures earlier and this was discussed.

**Agreed:** The committee accepted the contents of the report. Recommend escalation of pressure ulcers and complaints to Board in the executive summary.

<b>Actions:</b> Executive summary to Board	<b>By:</b> Ms R James	<b>Deadline:</b> 26 February 2013
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## 5 CARE QUALITY COMMISSION – additional item

### 5.1 MID STAFFS REPORT

**Summary:** Following the publication of the Francis Report Ruth James provided some initial feedback on the findings and recommendations. The report will come to IGC in March. The main actions needed locally to address the recommendations are: better use of complaints data and learning lessons from complaints, ensuring the governance structure provides a good framework for escalation of issues to the Board, the importance of the accurate interpretation of good quality information about outcomes and patient experience, and the importance of reviewing staffing levels and ensuring these are appropriate to the workload and case mix particular in the care of elderly patients. Francis Report is to go to Board this month.

**Agreed:** The committee received the update and will receive the full report next month. The Francis Report will be going to Board of Directors.

<b>Actions:</b> Francis Report to IGC	<b>By:</b> Ms R James	<b>Deadline:</b> 13 March 2013
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## 6 QUALITY OF CARE AND PATIENT SAFETY

### 6.1 THEMATIC ANALYSIS AND ACTION PLAN FOR PRESSURE ULCERS

**Summary:** Judith Connor and Sharon Bateman updated on the themes which have emerged from serious untoward incidents linked to pressure Ulcers grade 3 and 4.

**Discussion:** Analysis revealed that there were 18 grade 3 and 4 pressure ulcers reported as SUIs in quarter 1, which is a significant increase on previous quarters. Contributing factors are the numbers of patients with complex clinical needs and extenuating circumstances. One issue evident from the thematic analysis is that some patients in community services are seen infrequently by the district nurses but are still classed as part of the district nurses caseload and if these patients develop a pressure ulcer in between district nurse visits these are attributed to community nursing. Other factors within the community setting are that there are times when

advice is not followed by the patient or carer at home or the patient refuses to use the equipment. Following this report a workshop was held with the membership of the Nursing and Midwifery Professional Practice Group and an action plan for management of pressure ulcers has been developed.

Comparison has been made with similar trusts and Judith Connor feels confident that the measures we have in place are robust and comparable with other trusts. A half day workshop is planned to look at Root Cause Analysis (RCA) process and documentation. DATIX reporting/recording is being reviewed and the team is being strengthened. Kay Davies and Judith Connor are attending the Matrons Forum to discuss the issues around duplication of incident forms to alleviate the problem of double counting.

Sharon Bateman explained that work on the action plan is on-going. Nine points have been updated with a number of initiatives being introduced to promote awareness for staff and also promoting awareness with patients/relatives in the community through a variety of means, including leaflets.

Currently staff training / knowledge is variable and measures are being taken to improve the skills and knowledge of staff. A trust wide staff audit is currently underway to assess training and grading of pressure ulcers and access to help. There will be another workshop in 3 weeks' time. Use of equipment is being addressed. Sharon Bateman will be the lead for developing link nurses across the trust and standardising care planning.

Bev Walker reported that she is going to run assessments with ward managers and leads in the community and that discussion is needed with commissioners to establish when patients are attributed to the community nurse's case load. Training for GPs, commissioners and care homes needs to be reviewed and link with local authority colleagues. Judith confirmed that safeguarding is included as part of the RCA. Pressure ulcers will continue to be the focus of CQUIN measures.

**Agreed:** The committee received assurance and acknowledged that the action plan will be monitored and fed back through NMPPG.

<b>Actions:</b> End of year analysis and report back to IGC	<b>By:</b> Mrs J Connor	<b>Deadline:</b> June 2013
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## 6.2 NOTES OF THE CLINICAL STANDARDS SUB GROUP

**Summary:** Rob Wilson highlighted the key issues from the Clinical Standards Sub Group held on 22 January 2013. The regular item on HCAI included an update on the surge in measles and the screening programme. Anne Sutcliffe informed that the number of cases is still increasing.

Liam Flood will be giving up as Lead of the NICE Action Group when he retires in September. Rob Wilson thanked Liam for his commitment and excellent service in that role. A new Chair will need to be identified.

## 6.3 QUALITY IMPACT ASSESSMENT

**Summary:** Work continues around the use of the quality impact assessment (QIA) template for projects which impact directly on clinical services and actions taking place to address this. Ruth James feels that individual assessment of every project is too onerous and only projects where there is significant impact should be assessed individually. The QIA tool has been revised following review and feedback from divisions and is currently being trialled. The agreed process needs to be implemented before the end of March.

**Agreed:** The committee noted progress.

## 7 RISK AND ASSURANCE

### 7.1 REVIEW OF THE BOARD ASSURANCE FRAMEWORK

**Summary:** Ruth James updated on changes to the Corporate Risk Register and Board Assurance Framework and highlighted the key issues.

Corporate Risk Register – 1 risk removed. Risk around IT infrastructure and community services discussed.

Board Assurance Framework – Discussed changes and actions being implemented. New risk added relating to the financial plan for 2013/14.

**Agreed:** The new corporate risk relating to IT support and infrastructure in Community Services requires escalation to Board.

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

**Summary:** Ruth James highlighted the key issues from the Risk and Assurance Sub Group held on 8 February 2013.

The groups discussed a technical issue regarding the e-learning system which means that some mandatory training is not being recorded on the ESR system. Sue Thornburn is to provide a further update to R&A in March.

Update from the Medical Device Group highlighted a concern regarding replacement of equipment valued at less than £5000.

There were two applications for new mandatory training;

- Training linked to anti-terrorism is a new nationally mandated training requirement.
- An application for Mental Capacity Act and Deprivation of Liberty training to be included in mandatory training was also presented.

As a review of the mandatory training requirements is currently being undertaken it was agreed that consideration of these latest applications be deferred be flagged to HR for incorporation in the review.

**Discussion:** There was some discussion around capacity and impact on staffing levels of attending mandatory training and the scope for additional training requirements to be added to the mandatory training prospectus.

**Actions:**

Chris Harrison to raise these applications with Andrew Thacker for inclusion in the mandatory training review.

**By:**

Chris Harrison

**Deadline:**

March 2013

### 7.3 OUTCOME OF NHSLA MOCK AUDIT

**Summary:** Ruth James reported on the findings of the NHSLA mock assessment of the criteria based on live assessment of healthcare records, local induction of temporary staff and follow up of non-attendance at mandatory training. The NHSLA assessment process changed in April 2012 to assessment of live healthcare records on the day, so this approach was used to undertake a mock assessment of the relevant standards.

**Discussion:** The purpose of the audit was to assess the risk of going ahead with level 2 assessment this year. A limited number of standards were considered. Criteria which would be evaluated by live note assessment and criteria around HR documentation in personal files were reviewed and HR discussed with Chris Harrison. There were 11 criteria assessed and 5 passed

the requirements set by the NHSLA. The issue is around the lack of standardised documentation which is compliant with the relevant Trust policy. Ruth James recommended that the trust does not go for assessment at level 2 this year and awaits the publication of the revised risk management standards in 2014. Maternity are still planning to go ahead with assessment at level 3 in the CNST maternity standards in September.

Ruth James advised that the policy requirements for the criteria which had failed the mock assessment would be reviewed and that the clinical audit plan would incorporate audits to monitor improvement.

**Agreed:** The update was accepted. It was agreed that a report should be brought back to IGC to identify improvement in September

**Actions:**  
Report on progress to IGC

**By:**  
Ms R James

**Deadline:**  
September 2013

## 8 ORGANISATIONAL CAPABILITY

### 8.1 ANNUAL UPDATE ON MANAGEMENT OF WORKFORCE RISKS

**Summary:** Chris Harrison updated on workforce risks which have been identified in the organisation and how they are being managed.

**Discussion:** There have been some changes to the reporting process. Workforce risks will be reviewed at divisional level and recorded on divisional risk registers using the risk rating system and will continue to be reported through the Organisational Capability Sub Group. A number of risks relate to medical workforce. Work continues with the divisions to address high risk areas unrelated to medical staffing and ensuring that action plans are in place. Anne Sutcliffe agreed that an alternative method is required to ensure other issues are captured. Consultant recruitment is currently under review to try to streamline the process. A more robust process for long-term workforce planning is required, and this will form part of the workforce strategy which is currently under review.

**Agreed:** The committee noted the changes to the reporting process and received assurance that workforce risks are being managed.

### 8.2 NOTES OF THE ORGANISATIONAL CAPABILITY SUB GROUP

**Summary:** The notes of the Organisational Capability Sub Group held on 13 December 2012 were received.

## ITEMS FOR INFORMATION

9. ANY OTHER BUSINESS - none

10. CONNECTIVITY

- Executive summary of Trust Wide Quarter 3 Quality Governance Report to go to Board of Directors in February.

11. DATE AND TIME OF NEXT MEETING

Wednesday 13 March 2013 at 3pm, Meeting Room 1, The Murray Building, JCUH

The meeting closed at 5.10 pm