

| | | | |
|-----------------------------|--------------------|----------------------|--------------|
| Meeting / Committee: | Board of Directors | Meeting Date: | 30 July 2013 |
|-----------------------------|--------------------|----------------------|--------------|

| | | | |
|---------------------------|-----------------|----------------|-------------|
| This paper is for: | Action/Decision | Assurance X | Information |
|---------------------------|-----------------|----------------|-------------|

| | |
|---------------|---|
| Title: | Minutes of the Integrated Governance Committee held on 12 June 2013 |
|---------------|---|

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

| | |
|-----------------|---|
| Summary: | <p><u>CQC Quality and Risk Profile In-depth Review</u> – no areas of concern were identified.</p> <p><u>Annual Complaints Report</u> – the complaints processes were discussed in detail. Areas of concern were escalated to Board.</p> <p><u>Annual Reports on Safeguarding Vulnerable Adults and Safeguarding Children</u> - the key issues were discussed. The committee supported the need for 2 additional posts to support the safeguarding adults team.</p> <p><u>Thematic Analysis and Action Plan for Pressure Ulcers</u> – was reviewed and discussed. The team are working to improve consistency of grading and identifying actions to reduce the numbers of grade 3 and 4 pressure ulcers.</p> <p><u>Annual Claims Report</u> – the key issues were discussed. A review of settled claims and lessons learnt was proposed.</p> <p><u>Corporate Risk Register</u> – following discussion 1 risk to go to board.</p> <p><u>Update on Revalidation</u> - was received.</p> <p>The key issues from the notes of the Risk and Assurance Sub Group were discussed.</p> |
|-----------------|---|

| | | | |
|---------------------|---------------|----------------------|---------------|
| 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 | Strategic | Risk & Assurance x |
|--|-------|-----------|----------|-----------|-----------------------|



MINUTES OF INTEGRATED GOVERNANCE COMMITTEE

Held on

WEDNESDAY 12 JUNE at 3.00pm

In the Boardroom, The Murray Building, JCUH

PRESENT

Ms Henrietta Wallace, Chair / Non-executive Director
Mrs Nicky Huntley, Information Governance Manager
Mrs Kath Elliott, Senior Nurse for Surgery
Mr Chris Harrison, Director of Human Resources
Mrs Susan Watson, Director of Operational Services
Major Ruth Truscott, MDHU Representative
Ms Ruth James, Deputy Director of Quality Assurance
Mrs Pauline Singleton, Non-Executive Director

IN ATTENDANCE

Mrs Rebecca Boal, Acting Secretariat
Mrs Sharon Bateman, Lead Nurse Wound Care
Mrs Emma Carter, Clinical Governance Manager
Mrs Linda Oliver, Patient Experience Co-ordinator
Mrs Alison Peevor, Assistant Director of Nursing
Ms Helen Smithies, Lead Nurse, Safeguarding Children
Ms Helen Williams, Specialist Nurse, Safeguarding Vulnerable Adults

1. APOLOGIES FOR ABSENCE

Mrs Mandy Headland, Community Services Representative
Mrs Linda Irons, Chief of Clinical Support Services
Lt Col Gary Kenward, MDHU Representative
Prof Rob Wilson, Medical Director

Major Ruth Truscott was welcomed to the Committee and she explained that she would be attending in place of Lt Col Kenward.

2. MINUTES OF THE MEETING HELD ON 8 MAY 2013

The minutes were accepted as a true record of the meeting.

3. MATTERS ARISING AND ACTIONS

Nov 2012/3 NHS Constitution and gap analysis - All Divisions should now be sending letters to the GPs.

Dec 2012/1 PHSO Report ST 141-09 - To be discussed at next meeting.

Mar 2013/2 Implementation of Friends and Family Test - Linda Oliver is in the process of setting up a shared area in which to save the friends and family test results and she will email the relevant people with details once this has been established.

ACTION: Linda Oliver

Each area will be responsible for their individual action plans and will be expected to feedback progress to Linda Oliver.

Results and progress will be included in the quarterly governance report and published on the Trust website.

Kath Elliott will update the Senior Nurses on progress.

Mar 2013/4 Safeguarding Vulnerable Adults Mid Year Update 12/13 - Helen Williams informed the group that cases of substantiated abuse against the Trust are now included and reported via the quarterly governance reports.

Apr 2013/5 Notes of the Clinical Standards Sub Group – Review Standards - Standards have now been revised and a Doctor has now been identified to repeat the audit.

Apr 2013/6 Annual Report of the Organisational Capability Sub Group - Ruth James is in the process of reviewing the governance structure and the role of OCSG. Henrietta Wallace has agreed with Chris Harrison the HR reports to come to IGC during the year.

May 2013/3 Update on partially compliant standards and pledges from the NHS Constitution - Group members were unclear on the action and clarity will be gained from Professor Wilson at the next meeting.

| |
|----------------------------------|
| 5 CARE QUALITY COMMISSION |
|----------------------------------|

5.1 QRP IN-DEPTH REVIEW

| |
|---|
| <p>Summary: Emma Carter presented the Quality and Risk Profile (QRP) Report. She reported that the risk assessment of 13 of 15 outcomes has remained the same: 1 outcome on safeguarding indicated a small increasing risk of non-compliance, while a second outcome on complaints indicated a reduced risk of non-compliance.</p> |
|---|

| |
|--|
| <p>Discussion: The Quality Assurance team review the report on a monthly basis to identify if there are any areas / indicators that are a cause for concern. The tool is also used by the CQC inspectors and the CQC have a very positive view of the organisation.</p> |
|--|

| |
|---|
| <p>Agreed: The committee received the reported and agreed that there were no areas of concern.</p> |
|---|

| |
|---|
| 6 QUALITY OF CARE AND PATIENT SAFETY |
|---|

6.1 ANNUAL COMPLAINTS REPORT

| |
|--|
| <p>Summary: Linda Oliver presented the Annual Complaints Report</p> |
|--|

| |
|--|
| <p>Discussion: There has been a gradual increase in the number of complaints since 2009/10.</p> |
|--|

Graph 1.2 identified the rates of complaints for the Trust and for each division. This only included in-patient areas and does not include Accident and Emergency as this substantially affects the figures. The graph shows the division of Trauma as an outlier and this has been discussed in Risk & Assurance and the division are currently looking in depth at the reasons behind this. If the division's investigation does not provide explanations to the increase then further analysis may be required to incorporate factors such as patient group characteristics.

Graph 2.2 Illustrated the number of re-opened complaints by year and there was a clear decrease in 2011/12. Linda Oliver explained that this was at the time when a new process

was being trialled in the complaints department of which the focus was to reduce the number of re-opened claims. The graph clearly evidences that the trialled process was successful in this area but it had in fact had a dramatic effect on the length of time that complaints were responded to and closed. Although there is no longer a statutory requirement for completion of complaints within 25 working days there was concern amongst the group that some complaints were taking in excess of 60 days and this is not acceptable. Susan Watson did not feel the 18.5% of complaints that had taken in excess of 60 days was an indication of good performance and this was not a position we should be proud of. Susan queried what focus complaints' handling had as this is at the core of patient experience. Linda Oliver shared the same concerns and is currently leading on the Trust's complaints review and will feed into this review things that have worked well historically and things that haven't. The group were all in agreement and felt strongly that as a Trust we should be doing all we can to respond to complaints in a timely manner despite this not being statutory. Kath Elliott suggested that during the complaints review the definition of a re-opened complaint is amended as currently as part of the final closure letter that goes to the complainant a further meeting or telephone call is offered to discuss any uncertainties and if this is taken up then the complaint is classed as re-opened. Ruth James is working on the quality and safety dashboards and will make complaints more prominent within this work which will give the Divisions more focus and highlight issues with timescales.

The number of complaints that were substantiated against the Trust was given and Linda Oliver proposed that as part of her on-going role she would be looking at what elements of complaints were being upheld and if this would identify themes for shared learning. Outcome coding is currently done by the Divisions who make this judgement upon closure. The group felt this was possibly not as objective as it could be and this will be an area that is reviewed during the complaints review.

Pauline Singleton asked if there was a template that stated how many times a patient should be contacted throughout the process. There is not a template at present other than the initial acknowledgement. Kath Elliott explained a robust process within her area of work for regular contact with complainants but this is not standard across the Trust. Ruth James was aware that Kay Davies, Datix Manager, was currently working on adding a tracking system into the Datix system in relation to SUIs and a similar system could be put in place for complaints. Linda Oliver commented that the complaints team already had a tracking tool within an excel spread sheet but this is very time consuming and is reliant on the complaints department contacting the divisions. Pauline suggested an arrangement that after a certain number of weeks (to be determined) the complainants are contacted to be updated on progress.

Linda stated that access to the web based DATIX system would facilitate more functionality regarding triggers and escalation and was likely to be one of the recommendations made by the project group.

Linda has recently sent out a 100 questionnaires to gain feedback on the service offered. Questionnaires have been sent to patients who have been through the process and complaint closed. This information is currently being collated.

Pauline Singleton asked if there was evidence that the PALS service had made a difference to the number of formal complaints that the Trust receives. Linda responded that there are very few PALS enquiries that convert to complaints; around 3-4%.

Action plans as a result of complaints were discussed and it was highlighted that there is currently no process in place to audit if the action plans had been followed through, although they are chased up by patient relations for closure of files. It was agreed that this process

should be made more robust.

Susan Watson asked Ruth James, in the context of the Francis Report, how well the trust performed in relation to complaints processes. As part of the governance structure review, Ruth commented she is considering the most appropriate forum for complaints to be reviewed, and acknowledged that the Trust needed to strengthen its focus on complaints. Ruth informed the group that the CQC are also looking at complaints data and they will be publishing figures on their website so there is a vast amount of work involved from this aspect also.

Linda Oliver escalated her concerns around the problems the patient relations team have when trying to identify a lead from the Divisions regarding PALS.

Professor Tricia Hart has requested that Linda Oliver prepare recommendations for the complaints review by July.

Agreed: The Report to be presented to Board as an exception report.

| | | |
|--|-------------------------|-------------------------------|
| Actions: Exceptions to be highlighted on the Board cover sheet. | By: Linda Oliver | Deadline: 19 June 2013 |
| Comments made to be fed into the complaints review | Linda Oliver | End of June 2013 |

6.2 ANNUAL REPORTS ON SAFEGUARING VULNERABLE ADULTS

Summary: Helen Williams presented the annual report on safeguarding vulnerable adults

Discussion: With regard to implementation of the Mental Capacity Act (2005), Helen Smithies pointed out that on page 13 of the report where the Trust is showing as red under section 2, on provision of leaflets, posters etc, this is not something that the Trust can influence as it is a Teeswide initiative.

A business case for Two Band 6 posts has been put forward to work alongside Helen Williams. Helen Smithies contextualised this by stating that even if the two band 6's were in post the Trust would still have less capacity for Safeguarding Adults than North Tees who is a much smaller Trust.

Kath Elliott voiced her support for extra posts as she is aware that the wards have very complex patients and often require advice whilst the patient is on the ward and if Helen Williams is not around then there is not adequate support. The Health and Safety Team are trying to offer support to the wards in Helen's absence but this is now starting to impact on their own workloads.

Susan Watson wanted to make the group aware that she sits on the Redcar and Cleveland Health and Wellbeing Board and at their last meeting they discussed the cases of substantiated abuse in relation to safeguarding adults that had been upheld against the Trust. This could impact on the reputation of the Trust. Susan asked Helen Williams if there were any trends in the cases of substantiated abuse and Helen felt that there was a lack of understanding of the Mental Capacity Act by staff.

Agreed: The Committee acknowledged the tremendous work of the team and supported the need for the band 6 posts.

6.3 ANNUAL REPORT ON SAFEGUARDING CHILDREN

Summary: Helen Smithies presented the annual report on safeguarding children

Discussion: A lengthy discussion took place around the plans to fill Bev Walker's post. Helen Smithies is not expecting for this to move forward until the new Director of Nursing,

Ruth Holt is in post.

Helen Smithies has discussed with Professor Wilson the situation of having a Named Doctor in post at the Friarage. The Named Doctor was Dr James but he has now retired. The Trust meets the statutory requirement as there is a Trust Named Doctor – Dr Thwaites, and until a decision has been made on the future of the paediatrics department at the Friarage Dr Thwaites will continue to cover both sites.

Henrietta Wallace asked Helen if there is any process in place to review people’s experiences of going through the child protection process. Helen Smithies explained that this is done on a multi-agency basis via the local authority. Negative comments are often received but Helen feels that this is mainly due to the nature of the service.

Susan Watson questioned if the safeguarding team receives professional support. The team all have supervision and Helen was confident that they have the support mechanisms required in place. Helen informed the group that the team had been nominated for a Nightingale Award which had been a huge boost to the team.

Agreed: The Committee were assured of the Trust’s commitment to the children’s safeguarding agenda and thanked the team for their excellent work.

6.4 THEMATIC ANALYSIS AND ACTION PLAN FOR PRESSURE ULCERS

Summary: Sharon Bateman presented the thematic analysis and action plan for pressure ulcers.

Discussion: The Trust was successful in meeting the CQUIN target associated with pressure ulcers in the last financial year but if the current trend continues the target will not be achieved this financial year.

A thematic analysis was carried out in the last financial year as there was a 3 fold increase in the number of grade 3 and 4 pressure ulcers that had to be reported as SUIs.

Following completion of SUI paperwork there were a number that did not state lessons learnt which was an area for concern.

Work is being done in areas as there is no consistency in the grading of pressure ulcers which then effects the figures – this applies to over and under reporting.

Sharon Bateman and the team want to achieve a corporate and consistent approach when dealing with pressure ulcers. This includes working with procurement to look at what equipment we bring in, the fundamentals of nursing care, correct diagnosis and full and concise completion of RCA paperwork.

Agreed: The Committee shared concern at the increasing number of grade 3 and 4 pressure ulcers and looked forward to receiving the results of future thematic analyses.

| | | |
|--|--------------------------------------|--|
| <p>Actions: Report quarterly to Integrated Governance Committee through the Governance Report</p> | <p>By: Sharon Bateman</p> | <p>Deadline: September 2013</p> |
|--|--------------------------------------|--|

6.5 NOTES OF THE CLINICAL STANDARDS SUB GROUP

Due to the pressures of time, it was agreed to defer the notes of the 21 May meeting of Clinical Standards Sub-Group until the July meeting.

6.6 NOTES OF THE PATIENT SAFETY PROGRAMME BOARD HELD ON 30 MAY –
Deferred to the next meeting.

7 RISK AND ASSURANCE

7.1 ANNUAL CLAIMS REPORT

Summary: Julia Hutchinson presented the annual claims report

Discussion:

Julia Hutchinson explained that the steep increase in claims in Jan-March 13 is likely to be due to reform of the civil justice system and how claims are funded, which encouraged claimants to sign up before changes were implemented in April 13. It is expected that activity should decline again as the year progresses.

Julia Hutchinson explained that women and children’s damages and costs figures are artificially low and this is because a periodical payment is not included. This payment relates to a sum that the NHSLA pays out annually for a patient with an unknown life expectancy.

Julia was pleased that there was very little difference to the number of claims settled in-house in comparison to those settled by the NHSLA.

Julia is expecting the number of assault claims to rise and she believes this will in part be due to the lack of resource for staff to attend conflict resolution training.

Susan Watson asked if the number of settled claims changed over the period that we have seen the trend in claims rise. This is not something that Julia could evidence at this point in time.

Currently there is no process of reviewing lessons learnt from claims and this is something that Julia Hutchinson would welcome but does not have the resource to do. Ruth James and Julia agreed to meet outside of the meeting to discuss the most appropriate place for claims to be given a detailed review.

Divisions are provided with a regular claims report via the quarterly governance report.

Pauline Singleton suggested that Accident and Emergency should be highlighted separately from Divisional reporting as it dramatically affects the figures. The group agreed with this.

Agreed: A review of settled claims should take place and lessons learnt established and shared.

| | | |
|--|--|---|
| Actions: Meeting to be arranged to discuss claims reviews | By: Julia Hutchinson and Ruth James | Deadline: Feedback to IGC in September 2013. |
|--|--|---|

7.2 CORPORATE RISK REGISTER

Summary: Ruth James presented the corporate risk register

Discussion:

It was envisaged that the community IT risk would be removed but a decision was awaited by Joanne Dewar.

Ruth James asked the group for their thoughts on escalation to the corporate risk register of

the risk relating to the resources available for safeguarding adults. The group debated if this should be included on the corporate risk register or on the Directorate's risk register. Susan Watson felt that this had to be considered in comparison to other corporate risks and was unsure why the risk was being graded so high. Ruth James had raised the issue at Risk And Assurance who felt it was a corporate risk but feedback from some of the Corporate Directors by email was split. Pauline Singleton pointed out that the Risk and Assurance minutes were not clear regarding this discussion and these would be amended to reflect this. Chris Harrison reminded the group that even if the risk was escalated to the corporate risk register that does not guarantee that the business case will be approved as there are financial considerations to be made and other priorities to take into account.

Agreed: The risk of insufficient resources to support the safeguarding adults agenda to be further discussed at Corporate Directors for a determination on whether to escalate it to the corporate risk register.

| | | |
|--|-----------------------|-----------------------------|
| Actions: Risk & Assurance Minutes to be amended Safeguarding risk to be discussed by CDs | By: Ruth James | Deadlines: July 2013 |
|--|-----------------------|-----------------------------|

7.3 NOTES OF THE RISK AND ASSURANCE SUB GROUP HELD ON 6 JUNE

Summary: Ruth James discussed the relevant areas of the above notes

Discussion: Ruth James informed the group that a piece of work is being carried out to review the delays in diagnosis highlighted in the claims report to see if there were any common themes with delays in diagnosis highlighted by complaints and incidents. This work will be reported back to Risk and Assurance Sub-Group

8. ORGANISATIONAL CAPABILITY

8.1 UPDATE ON REVALIDATION

Summary: An update on revalidation to provide assurance that the appropriate processes are in place to allow the Responsible Officer (RO) to make recommendations to the GMC on the revalidation of its medical workforce.

Discussion: It was noted that this report had already been presented to Board and as members had no specific questions, it was received without discussion.

Major Ruth Truscott informed the group that the military are liaising with Sue Wooding regarding the revalidation process for medical military personnel.

9. ANY OTHER BUSINESS

There was no further business discussed.

10. CONNECTIVITY

- 1 Complaints exception report to go to Board in June.
- 2 The risk regarding insufficient resources for safeguarding adults to be referred back to corporate directors.

The next meeting is scheduled to take place on Wednesday 10th July 2013, 3.00pm, The Boardroom, Murray Building, JCUH