

DATE OF MEETING	22 December 2015
REPORT FOR	Trust Board of Directors – Public
REPORT FROM	Anne Shaw, Non-Executive Director & Chairman of the Trust Governance & Assurance Committee and Wendy Booth, Director of Performance Assurance & Trust Secretary
CONTACT OFFICER	Wendy Booth, Director of Performance Assurance & Trust Secretary
SUBJECT	Trust Governance & Assurance Committee Minutes – December 2015
BACKGROUND DOCUMENT (IF ANY)	None
REPORT PREVIOUSLY CONSIDERED BY & DATE(S)	N/A
EXECUTIVE COMMENT (INCLUDING KEY ISSUES OF NOTE OR, WHERE RELEVANT, CONCERN AND / OR NED CHALLENGE THAT THE BOARD NEED TO BE MADE AWARE OF)	The report provides the December 2015 Public minutes of the Trust Governance & Assurance Committee
HAVE THE STAFF SIDE BEEN CONSULTED ON THE PROPOSALS?	N/A
HAVE THE RELEVANT SERVICE USERS/CARERS BEEN CONSULTED ON THE PROPOSALS?	N/A
ARE THERE ANY FINANCIAL CONSEQUENCES ARISING FROM THE RECOMMENDATIONS?	NO
IF YES, HAVE THESE BEEN AGREED WITH THE RELEVANT BUDGET HOLDER AND DIRECTOR OF FINANCE, AND HAVE ANY FUNDING ISSUES BEEN RESOLVED?	N/A
ARE THERE ANY LEGAL IMPLICATIONS ARISING FROM THIS PAPER THAT THE BOARD NEED TO BE MADE AWARE OF?	NO
WHERE RELEVANT, HAS PROPER CONSIDERATION BEEN GIVEN TO THE NHS CONSTITUTION IN ANY DECISIONS OR ACTIONS PROPOSED?	YES
WHERE RELEVANT, HAS PROPER CONSIDERATION BEEN GIVEN TO SUSTAINABILITY IMPLICATIONS (QUALITY & FINANCIAL) & CLIMATE CHANGE?	YES
THE PROPOSAL OR ARRANGEMENTS OUTLINED IN THIS PAPER SUPPORT THE ACHIEVEMENT OF THE TRUST OBJECTIVE(S) AND COMPLIANCE WITH THE REGULATORY STANDARDS LISTED	Ensure compliance with good governance requirements and the requirements of the Trust’s Constitution
ACTION REQUIRED BY THE BOARD	The Board is asked to note the minutes

Trust Governance & Assurance Committee

PART A

**Minutes of the Trust Governance & Assurance Committee Meeting held
on Thursday, 2 December 2015 at 10.00 am in the
West Arch Boardroom, DPOWH**

Present:

Anne Shaw	Non-Executive Director (In the Chair)
Kathryn Helley	Deputy Director Performance Assurance
Stan Shreeve	Non-Executive Director
Ashy Shanker	Associate Chief Operating Officer, Women & Children's Group
Claire Phillips	Associate Chief Operating Officer, Surgery & Critical Care
Karen Fanthorpe	Deputy Chief Operating Officer
Dawn Ojadi	Head of Complaints & Legal Services
Jane Heaton	Deputy Director of OD & Workforce
Kelly Burcham	Head of Risk & Audit
Jeremy Daws	Head of Quality Assurance
David Broomhead	Associate Medical Director – Therapies
Lawrence Roberts	Medical Director
Claire Jenkinson	Head of Performance
Angie Davies	Interim Deputy Chief Nurse
Tracey Broom	Associate Chief Operating Officer for Clinical Support Services
Pete Bowker	Associate Chief Operating Officer, Medicine Group
Craig Ferris	Head of Safeguarding
Oltunde Ashaolu	Associate Medical Director - Medicine
Sally Stevenson	Assistant Director of Finance – Compliance & Counter Fraud

In Attendance:

Debrah Bates	Head of Research & Professional Development
Bryany Bond	Research & Development Secretary (Shadowing Deborah Bates)

1: Apologies for Absence

Apologies for absence were received from the following:

Tara Filby	Chief Nurse
Bryony Simpson	Deputy Medical Director
Kate Wood	Associate Medical Director, Surgery & Critical Care
Maureen Georgiou	Associate Chief Operating Officer, Therapy & Community Services
Wendy Booth	Director of Performance Assurance & Trust Secretary
Bill Parkinson	Head of Health & Safety

2: Minutes of the Previous Meeting held on Monday, 16 November 2015

The minutes of the previous meeting held on Monday, 16 November 2015 were accepted as a correct record.

3: Matters Arising

3.1 Armed Forces Covenant – Outcome of work of ‘Task and Finish’ Group (Minute 3.2 refers)

Kathryn Helley reported that the commissioners had confirmed that they had sent guidance to general practice informing them of their responsibilities under the Covenant. They had agreed to share this with the Trust. Kathryn Helley confirmed that a leaflet has been drafted to share with our staff outlining what to do if a patient requests treatment. It is proposed to bring this back to the next meeting. It was also suggested that the information on the Covenant could be added to the Trust website to direct patients to advice and support. Kathryn Helley agreed to pick this up.

Action: Kathryn Helley

3.2 Document Control Update (Minute 3.4 refers)

Jeremy Daws tabled the updated document control report which aimed to provide further detail for groups and departments. The feedback for this report received had been positive. He reported that further to this, the next stage was to organize the document control summit. Groups were requested to feedback to Jeremy Daws the names of their representatives for this group.

Action: Jeremy Daws/ACOOs

3.3 Women & Children Clinical Governance Group (Minute 3.6 refers)

Ashy Shanker confirmed that the Obstetrics Anaesthetic guideline paper was currently out for comments and will be brought to a future meeting. Ashy Shanker agreed to inform Kathryn Helley when this was complete so that it could be added to a future agenda.

Action: Ashy Shanker

3.4 CQC Visit Update (Minute 3.7 refers)

Kathryn Helley reported that Wendy Booth had spoken with the CQC and confirmed that it was highly likely that the report would now not be published until January and not December as previously stated. The Trust is still receiving requests for additional evidence. Kathryn Helley confirmed that the Committee would continue to be kept informed of progress.

3.5 Medicine & Therapeutic Committee Highlight Report: Area Prescribing Committee Update (Minute 4.3 (vi) refers)

Further to the last meeting when Mike Urwin expressed concern that North East Lincolnshire Clinical Commissioning Group had withdrawn from the Area Prescribing Committee, Kathryn Helley confirmed that she had raised this issue with the Commissioners. They have since contacted Karen Jackson and requested to meet to discuss the way forward.

3.6 Revalidation of Nurses (Minute 5.1 refers)

Angie Davies shared a paper with the group and confirmed that through sustainability funding for a revalidation post has been agreed. All nurses and midwives will have to revalidate every three years to maintain their registration with the NMC as from the 1 April 2016. Revalidation will enable nurses to demonstrate that they practice safely and effectively according to the NMC code. This has been added to the risk register as a risk. Angie Davies confirmed that Adam Jacklin from Procurement is currently supporting in order to identify a suitable monitoring package for use within the Trust. She went on to confirm that should the registrants not meet the criteria they will be unable to revalidate and will therefore be suspended with no pay. In order to ensure that all relevant staff are aware, this is being taken to all relevant groups and is discussed at NMAF and the Matrons Forum. Anne Shaw suggested that this issue could be added to the Director Visit proforma and Kathryn Helley agreed to look at this.

Action: Kathryn Helley

Lawrence Roberts reported that although the process was slightly different, it was hoped that nurse revalidation could be linked to medical revalidation in order to strengthen both processes.

It was agreed that an update on progress would be brought back to the meeting in February 2016.

Action: Angie Davies

4: Standing Items

4.1 Quality Development Plan (QDP) and KPIs (including Chief Inspector of Hospitals / CQC Action Plan)

Kathryn Helley shared with the group the monthly update on the Quality Development Plan. She reported that the KPI for which the group is responsible was showing as green. Kathryn Helley went on to explain that the report would be changing in the new year once the Trust received their CQC report and any actions arising from that would be incorporated into an updated version.

4.2 NICE Guidance: Monthly Update

Jeremy Daws shared with the group the NICE Monthly Update which showed compliance as at 23 November 2015. The committee is aware of the Trust's target to achieve 90% compliance with NICE guidance. This report demonstrated that current compliance is 79%.

David Broomhead commented that this is challenging as the list is growing all the time. Although compliance remains the same, the pool of guidance continually increases. Kathryn Helley stated that commissioners had complimented this report.

Deviation CG164 – Familial Breast Cancer

Tracy Broom confirmed that Sarah Lawson was happy with this deviation and that she had been involved in the Network discussion. She had stated that she did not expect the Trust to see many patients in this category as it was high risk and would be dealt with in specialist centers.

Medicine Group Outlier Update

Pete Bowker reported that he had instigated new processes in his group and that ownership for this was with the Group Managers. Medicine is the group which receives the largest number of guidance and he agreed to provide an update at the next meeting with regards to their progress.

Action: Pete Bowker

4.3 Quarterly Monitoring Reports

- (i) Surgery & Critical Care (Quarter 2) – Nil Return**
- (ii) Safer Medication Group (Quarter 2) – Nil Return**
- (iii) Medical Records Committee (Quarter 2) – Nil Return**
- (iv) Emergency Preparedness Group (Quarter 2) – Nil Return**
- (v) Safeguarding Children Forum (Quarter 2) – Nil Return**
- (vi) Safeguarding Adults Forum (Quarter 2) – Nil Return**
- (vii) Information Governance Steering Group (Quarter 2) – Nil Return**
- (viii) Facilities Management Governance Group (Quarter 2) – Nil Return**

4.4 Performance

- (a) Monthly Monitor Compliance Report:**

Claire Jenkinson shared with the group the Monthly Monitor Compliance report as at 27 November 2015. She confirmed that the monthly figures for December 2015 are yet to be validated. The validated position will not be available until 11 December.

Cancer Performance: Q3 Recovery Plan Update

Claire Jenkinson confirmed that the report shows that the cancer targets for 62 day wait GP referral to treatment POST allocation had not been met in Quarter 1 & 2. Claire confirmed that root cause analysis was to be undertaken on all cases that did not meet the 62 day target and that was forming the basis of a cancer recovery plan and that she is working closely with the relevant managers to support this process. It was agreed that the recovery plan should be brought to the January meeting.

Action: Claire Jenkinson

(b) Monthly Integrated Performance / KPI Report:

Claire Jenkinson stated that the report presented outlined the position against the Trust's key performance indicators as at October 2015. This also includes the Monitor and Contract KPI requirements.

In relation to the ambulance handover compliance, Claire commented that Paul Kirton-Watson had recently attended the Quality Contract Review meeting and provided a comprehensive update in relation to the work taking place to ensure that the handover is undertaken in a timely manner but that they required some data validation to take place due to the Trust disputing the data reported by EMAS. Peter Bowker commented that given that the new process utilising the in department display screens was due to start shortly, was this necessary. Kathryn Helley confirmed that it was, as the Commissioners would need this in order to be able to agree to reinvest any penalties incurred. Tunde Ashaolu stated that validation work had already taken place and Claire Jenkinson suggested that this could be shared which would mean that additional work would then not need to be undertaken. Karen Fanthorpe suggested that a discussion on this could be taken outside the meeting to discuss the detail.

Action: Karen Fanthorpe/Pete Bowker/Claire Jenkinson

4.5 Sustainability Update

Kathryn shared with the committee the Sustainability Report. This report provides the 2015/16 sustainability plan at month 7. The report shows at month 7 that the Trust are slightly ahead of the plan. The committee agreed the report is much improved but that it may be beneficial to include in the executive summary that the report is submitted to the Committee for assurance around the processes rather than the detail, which is the remit of the Resources Committee. Kathryn Helley agreed to pick up with Wendy Booth.

Action: Kathryn Helley

5: Items for Discussion

5.1 Embedding of WHO Surgical Safety Checklist

Claire Phillips confirmed that spot checks are continuing and that forms are still being collated and monitored. Lawrence Roberts asked if any tools were used to assess the quality of the team brief. Claire said that at present there were not but that she would be happy to have a conversation with Lawrence re considering this for the future. Claire Phillips and Lawrence Roberts agreed to have a conversation outside the meeting regarding taking this forwards.

Action: Claire Phillips/Lawrence Roberts

5.2 Forthcoming Serious Case Reviews

Craig Ferris shared with the group the report and confirmed that the action plan provided for this meeting was out of date as a further meeting had taken place since the report had been submitted. He agreed to bring a further update to the January meeting.

Action: Craig Ferris

5.3 Cancer Peer Review Process Update

Anne Shaw stated that it was evident a lot of work has been completed since this was last seen. The action plan shows that the majority of actions are closed with a couple partially resolved. However, she went on to comment that it appeared that this was not the most up to date report as there were areas where comments were still awaiting. Claire Phillips confirmed that she had provided updates which were more current than those in the report and so it was suggested that Claire Phillips discuss with Deborah Whitehead and an updated report be brought back to the January meeting.

Action: Claire Phillips/Deborah Whitehead

5.4 Report of the Morecambe Bay Investigation: Update on Action Plan

Ashy Shankar updated the group that all actions are now either completed or in amber on the action plan. She went onto inform the committee that it had been agreed that the service could have the funding for 1.0 wte midwife who would be half time practice development and half time governance. Ideally this would have been 1.0 wte for each role but Ashy Shanker said that the service were grateful for some funding. This had been identified by the CQC as a gap at their recent visit.

Lawrence Roberts asked about whether there was a Bereavement Midwife. Ashy Shanker reported that there was not at present but there may be the requirement to have one in the future. She went on to confirm that the service work closely with the chaplaincy service.

Anne Shaw suggested that the Committee receive an update in 3 months.

Action: Ashy Shanker

5.5 Provision of Parenteral Nutrition and lack of MDT decision making

David Broomhead brought an update stating that an audit of practice across the trust in 2014/15 has been carried out and findings showed that overall, many of the results were close to the target standards of 100%. However various checks were not always documented on the prescription chart, baseline and follow-up tests were not always completed and 8 complications occurred, which were considered avoidable. The data collectors were asked if 'TPN was appropriate in their opinion', of which 7 cases were deemed to have not been appropriate. Patients received PN for a length of time between 1 and 79 days with 24 patients receiving PN for 5 days or less (almost half the sample – 3 patients received TPN for 1 day; 9 patients for 2 days; 5 patients for 3 days and for 4 days and 2 patients received TPN for 4 days).

The results of this audit have been given an assurance level of 'Moderate' as clinical care is generally in line with best practice and close to target standards set. Improvements are required to ensure best practice is followed (NICE and NCEPOD) consistently. An action plan has been developed and agreed by the parenteral and enteral feeding group with lead names and timeframes. The results are to be fed back to the Project Group, Parenteral and Enteral Feeding Group and clinicians at both the Medicine and Surgery Audit meetings in order to aid discussion and further learning.

Kelly Burcham confirmed that the Committee would continue to receive updates on this via the regular reports on Confidential Enquiries.

5.6 Health & Safety Breaches: Sentencing Guidelines

Kathryn Helley stated that the Sentencing Council Guidelines had been provided for the Committee for information. The Sentencing Council has revised the sentencing guidelines for judges to use when sentencing those convicted under various offences including health & safety offences and corporate manslaughter. They introduce a system based on turnover of an organisation and a sentencing matrix. They also significantly increase the starting point for offences and a maximum & minimum range for fines. These guidelines will come into force on 1st February 2016 and will apply to all offences committed after that date.

Due to the serious nature of this guidance, Anne Shaw suggested that this be brought back to the January meeting once members had had time to digest the information and a full discussion could take place. Kathryn Helley informed the Committee that Bill Parkinson was due to present a Board Briefing on this topic in January and it was asked that the presentation be shared with this Committee also.

Action: Kathryn Helley/Bill Parkinson

5.7 Ideas for Inclusion in Internal Audit Programme

Anne Shaw introduced this item and reminded the Committee that this is their opportunity to suggest items for inclusion on the Internal Audit Programme. A workshop to agree the programme was due to take place the following day and so it was suggested that any ideas should be forwarded to Stan Shreeve, the Chair of the Audit Committee.

6: Items for Approval Prior to Submission to the Trust Board

6.1 Trust Assurance Framework

Jeremy Daws shared the Trust Assurance Framework with the group. The Trust Assurance Framework (TAF) is a compendium of evidence of compliance with a suite of standards that reflect regulatory and/or statutory requirements and the criteria established by external assessors and service commissioners.

This report summarises the Trust position as at 24 November 2015 against these indicators and highlights any areas for concern.

This current edition of the TAF is in the process of being overhauled to create a more comprehensive Board Assurance Framework (BAF). Meetings are currently being arranged for 2016. Kathryn Helley confirmed that the report is currently moving towards a new format. She went on to inform the Committee that the CQC would no longer be producing the Intelligent Monitoring Reports and so it was agreed that the risk on the risk register relating to this would be removed.

Action: Kathryn Helley

The Committee approved the report for submission to the Trust Board.

6.2 Quarterly Incident Analysis Report – Quarter 2 (July – September 2015)

Kathryn shared with the committee the quarterly incident analysis report which provides ‘top level’ analysis of incidents reported in the Quarter 2 2015-16 (1 July – 30 September 2015). Wherever possible, despite the differences in previous style of reporting, the report contains a comparison to previous quarterly information made available to previous committee meetings.

The Committee approved the report for submission to the Trust Board.

7: Policies / Audits / Other Documents Approval

7.1 Standard Operating Procedure for the Approval of Cohort 1 Research Studies

Approved with no amendments.

7.2 Standard Operating Procedure for the Approval of Cohort 3 Research Studies

Approved with no amendments.

8: Items of Information

The following items for information were noted:

8.1 Minutes of Risk Forums:

Accidental Inoculation Group – 03.09.2015

Decontamination Group – 21.09.2015

Information for Patients Group – 11.09.2015, 09.10.2015

Medicine & Therapeutics Committee – 11.09.2015, 09.10.2015

Branch Governance Groups:

Children’s Governance Group – 19.06.2015, 17.07.2015, 18.09.2015, 16.10.2015

Obstetrics & Gynaecology Governance Group – 25.09.2015, 23.10.2015

Quality Contracts:

21.05.2015, 12.06.2015, 20.07.2015, 17.08.2015, 21.09.2015, 21.10.2015

9: Review of Action Matrix

Anne Shaw agreed that herself and Kathryn Helley would review the action log outside of the meeting.

10: Any Other Business

There were no items of any other business.

11: Matters for Escalation to the Trust Board

The committee agreed that the following issues should be escalated to the Trust Board:

- Revalidation of Nurses
- Cancer 62 Day Recovery Plan

12: Date and Time of Next Meeting

- Monday, 18 January 2016
- 11.30 am – 2.00 pm
- Main Boardroom, DPOW

TRUST GOVERNANCE & ASSURANCE COMMITTEE OUTSTANDING ACTION LOG

2013 / 14 & 2014 / 15

Date of Meeting: Thursday, 12 September 2013

Minute	Action	Lead	Timescale	Evidence of Completion
4.1	Ophthalmology OPD Capacity Update – Trust Governance & Assurance Committee to receive an update on plans to address the increase in demand including the outcome of discussions with primary care regarding a community solution.	Claire Phillips	15/02/16	Update provided at the November 2013, May, June, September, November & December 2014 and January, April, May, July, October & November 2015 meetings. Further update to be provided at the February 2016 meeting.

Date of Meeting: Thursday, 17 October 2013

Minute	Action	Lead	Timescale	Evidence of Completion
5.4	Embedding of WHO Surgical Safety Checklist - further assurance to be provided on the actions being taken to ensure full compliance / embedding of the checklist.	Claire Phillips	17/03/16	Update provided at the November 2013 and February, June & December 2014 and February, April, June, September & December 2015 meetings. Further update to be provided at the March 2016 meeting.

Date of Meeting: Tuesday, 10 June 2014

Minute	Action	Lead	Timescale	Evidence of Completion
5.2	Forthcoming Serious Case Reviews – outcome to be provided to Trust Governance & Assurance Committee.	Craig Ferris	18/01/16	Update provided at the November 2014 and March, September & December 2015 meetings. Further update to be provided at the January 2016 meeting.

Date of Meeting: Wednesday, 3 September 2014

Minute	Action	Lead	Timescale	Evidence of Completion
5.1	Cancer Peer Review Process – update on actions following 2014 visits and self-assessment to be provided to the Trust Governance & Assurance Committee.	Deborah Whitehead / Claire Phillips	18/01/16	Update provided at the December 2014 and February, March, May, June, September & December 2015 meetings. Further update to be provided at the January 2016 meeting.
		Karen Wilson / Karen Fanthorpe	19/10/15 (completed)	Update on out of hours chemotherapy service and quoracy of MDT meetings provided at the October 2015 meeting.

Date of Meeting: Wednesday, 5 November 2014

Minute	Action	Lead	Timescale	Evidence of Completion
5.2	NHS England 'Never Events' Policy Framework Review – changes post consultation and likely organisational impact to be shared with Trust Governance & Assurance Committee.	Kathryn Helley	18/01/16	Update provided at the January, February, March, April, May, June, July & September 2015 meetings. Further update including outcome of gap analysis provided at the October 2015 meeting. TGAC will now revert to quarterly reporting. The next scheduled report is therefore due January 2016 .

Date of Meeting: Wednesday, 7 January 2015

Minute	Action	Lead	Timescale	Evidence of Completion
5.4	Armed Forces Covenant – outcome of work of 'Task & Finish' Group on required Trust actions to be provided to Trust Governance & Assurance Committee.	Bill Parkinson	18/01/16	Update provided at the March, April, May, June, September, October, November & December 2015 meetings. Further update to be provided at the January 2016 meeting including the proposed leaflet for staff.

Date of Meeting: Thursday, 19 March 2015

Minute	Action	Lead	Timescale	Evidence of Completion
5.5 (a)	Report of the Morecambe Bay Investigation – outcome of gap analysis to be shared with Trust Governance & Assurance Committee.	Ashy Shanker	17/03/16	Update provided at the June, September & December 2015 meetings. Further update to be provided at the March 2016 meeting.

Date of Meeting: Wednesday, 15 April 2015

Minute	Action	Lead	Timescale	Evidence of Completion
3.2	Revalidation of Nurses – update on systems to ensure compliance with this requirement by December 2015 to be confirmed to the Trust Governance & Assurance Committee.	Tara Filby	15/02/16	Update provided at the May, June, September, November & December 2015 meetings. Further update to be provided at the February 2016 meeting.

Date of Meeting: Monday, 17 August 2015

Minute	Action	Lead	Timescale	Evidence of Completion
5.1	SUI Diagnostic Assessment Review – action plan in response to Verita findings to be submitted to the Trust Governance & Assurance Committee.	Wendy Booth	18/01/16	Update provided at the September, October & November 2015 meetings. Confirmation of completion of actions within the Trust's action plan to be provided at the January 2016 meeting.

Date of Meeting: Monday, 16 November 2015

Minute	Action	Lead	Timescale	Evidence of Completion
3.9	Non-clinical Claims Scorecard – next scheduled claims analysis report to include details of strengthened arrangements for learning lessons from claims.	Dawn Ojadi	15/02/16	Update to be provided at the February 2016 meeting.
4.2	Compliance with NICE Guidance – update from Medicine Group on arrangements in place for responding to NICE guidance to be provided to the Trust Governance & Assurance Committee.	Pete Bowker / Jeremy Daws	18/01/16	Update provided at the December 2015 meeting. Further update to be provided at the January 2016 meeting.
4.3 (vi)	Medicine & Therapeutics Committee Highlight Report – update on current position in respect of Area Prescribing Committee, following discussions through the contracting route, to be provided to the Trust Governance & Assurance Committee.	Mike Urwin / Kathryn Helley	18/01/16	Update provided at the December 2015 meeting. Further update to be provided at the January 2016 meeting.
4.4	Cancer Performance – update on actions being taken to ensure delivery of performance for Q3 to be provided to the Trust Governance & Assurance Committee.	Claire Jenkinson	02/12/15	Update provided at the December 2015 meeting. Further update to be provided at the January 2016 meeting.
4.5	Yorkshire & Humber SCN Stillbirth Recommendations – Trust action plan in response to be submitted to the Trust Governance & Assurance Committee.	Ashy Shanker	18/01/16	Update to be provided at the January 2016 meeting.

Date of Meeting: **Thursday, 2 December 2015**

Minute	Action	Lead	Timescale	Evidence of Completion
5.6	Health & Safety Breaches: Sentencing Guidelines – briefing to the Trust Board to also be provided to the Trust Governance & Assurance Committee.	Bill Parkinson	18/01/16	Update to be provided at the January 2016 meeting.