

DATE OF MEETING	26 July 2016
REPORT FOR	Trust Board of Directors – Public
REPORT FROM	Stan Shreeve, Non-Executive Director & Acting 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 – July 2016
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 July 2016 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 Monday, 18 July 2016 at 11.30 am in the Main Boardroom, DPOWH

Present:

Stan Shreeve	Non-Executive Director (In the Chair)
Wendy Booth	Director of Performance Assurance & Trust Secretary
Kathryn Helley	Deputy Director Performance Assurance & Assistant Trust Secretary
Lawrence Roberts	Medical Director
Ashy Shanker	Associate Chief Operating Officer, Women & Children's Group
Dawn Ojadi	Head of Complaints, Claims & Legal Services
Kelly Burcham	Head of Risk & Audit
Bill Parkinson	Head of Health, Safety and Fire
Malcolm Hoggart	Head of Estates & Facilities Compliance
David Broomhead	Associate Medical Director – Therapies
Claire Jenkinson	Head of Performance
Tara Filby	Chief Nurse
Maureen Georgiou	Associate Chief Operating Officer, Surgery & Critical Care
Claire Phillips	Associate Chief Operating Officer
Peter Bowker	Associate Chief Operating Officer, Medicine

In Attendance

Louise Hobson	Planned Care Manager
Jason Baker	Interim Emergency Planning Co-ordinator
Stuart Baugh	Consultant Physician
Ivan Bernal-Torne	Lead Nurse in Medicines Management

1: Apologies for Absence

Apologies for absence were received from the following:

Anne Shaw	Non-Executive Director
Jeremy Daws	Head of Quality Assurance
Tracey Broom	Associate Chief Operating Officer, Clinical Support Services
Jayne Adamson	Lead HR Advisor
Sally Stevenson	Assistant Director of Finance – Compliance & Counter Fraud
Karen Fanthorpe	Interim Chief Operating Officer
Jim Whittingham	Chairman
Kate Wood	Deputy Medical Director
Gemma Sankey	Quality & Continuous Improvement Manager, Path Links

2: Minutes of the Previous Meeting held on Thursday, 16 June 2016

The minutes of the previous meeting held on Thursday, 16 June 2016 were accepted as a correct record.

3: Matters Arising

3.1 CQC Action Plan (Minute 3.1 refers)

Kathryn Helley informed the committee that the updated CQC Action Plan had been re-submitted to the CQC. She added that a response had not yet been received but that the CQC Engagement meeting is due to be held next week so it was anticipated that feedback would be received then. The committee was also informed that the updated CQC Action Plan will be submitted to Trust Board at the July 2016 meeting, together with the associated KPIs and an Executive Summary. The committee was also informed that Eric Morton had now joined the Trust for a temporary period as Improvement Director to help with the progression of the action plan and to help support the Trust in readiness for the next CQC visit. With regard to the further development of the CQC Action Plan, Eric Morton had recommended that the Trust move from a RAG rating to a BRAG rating which would incorporate a blue rating for when there is clear evidence that actions are embedded. Stan Shreeve stated he felt that this was a positive way forward as he felt the CQC would be questioning embedding of actions when they undertake their next visit.

Finally, the committee was informed that the next CQC visit is due to be held from the 22 – 25 November 2016. It was also reiterated that whilst this related to the announced element of the visit, there would most certainly also be an unannounced visit as part of the process.

3.2 Health & Safety Steering Group Highlight Report: Update on Fire Doors (Minute 3.4 refers)

Bill Parkinson updated the committee on this item and advised that he had increased the number of inspections around the sites to check fire doors. He added that following the inspections to date not as many doors are being left open. He further added that he would continue to raise awareness of the issue including through the use of screensavers. Kathryn Helley explained that the checking of fire doors had also been added to the CQC themed visit pro-forma. Lawrence Roberts queried why the doors are being left open. Bill Parkinson explained that this can be due to a variety of reasons including that doors are broken and that staff are not reporting faults. In some circumstances it can also be that staff in certain areas require the doors to be left open for certain periods of time to allow access / egress but he also reiterated the need for the relevant devices to be fitted for this purpose and to ensure closure once the relevant task had been completed.

3.3 Mental Capacity Act Annual Report 2015/16 including Results of Audit: Update on Outcome of KPMG Review of Safeguarding including DOLS Resource (Minute 3.5 refers)

Tara Filby updated the committee on this item and confirmed that the updated report had been received from KPMG in the last week and that it had made recommendations for what is required to support both the safeguarding workload and also the workload in relation to MCA DOLS going forward. She

added that she would be taking forward a business case for extra funding to ET and would update the committee at a future date.

Action: Tara Filby

3.4 Annual Equality and Diversity Report: Update on Securing of Consultancy Resource (Minute 3.6 refers)

Wendy Booth informed the committee that this item will be deferred until the September 2016 meeting when there would be HR representation.

3.5 Morecambe Bay Investigation – Outcome of Gap Analysis: Update on the Opening of Theatres at Scunthorpe 24/7 (Minute 5.3 refers)

Ashy Shanker informed the committee that a maternity strategy meeting had recently been held and that arising from that meeting all maternity actions plans including the Morecambe Bay action plan would be combined in to a single plan and that she would share this with the committee at the September 2016 meeting. She added that the issue with the opening of theatres at SGH 24/7 was progressing in conjunction with the Surgery Group but there was a recognised need for pace. By way of assurance Lawrence Roberts confirmed that Theatres at SGH was closer to the Labour Ward and that this helped to mitigate any risk issues.

Action: Ashy Shanker

4: Standing Items

4.1 NICE Guidance: Quarter Update

Kathryn Helley shared the report with the committee on behalf of Jeremy Daws and confirmed that there had been a slight deterioration in the compliance with NICE guidance this month and that compliance is 77.4%. She added that this deterioration is due to an error in reporting due to changes to the NICE administrator. Stan Shreeve queried whether or not this would have affected previous months' data and asked if this could be clarified at the next meeting. A query was raised as to whether the blue colour coding could be changed as this was different to the meaning of blue rating within the BRAG rating within the CQC action plan. Kathryn Helley agreed to discuss both issues with Jeremy Daws and confirmed that an update would be provided at the September 2016 meeting.

Action: Kathryn Helley / Jeremy Daws

NICE Deviations

• CG107 – Hypertension in Pregnancy Update

Ashy Shanker updated the committee on this item and advised that this issue had previously been highlighted to the Trust Governance & Assurance Committee by Mr Stewart who had confirmed that the recommended urinary tests were not required as the Trust already has good POCT arrangements in place covering this condition. Lawrence Roberts suggested however that it may be helpful to undertake an analysis of the impact of the NICE recommended practice versus the Trust's current arrangements to determine whether any

improvements could be made. He felt that just because clinicians were happy with the current arrangements was not sufficient justification not to at least consider the impact of the NICE recommended practice. The committee agreed to a further 3 month period of deviation to allow the above analysis to be undertaken.

Action: Ashy Shanker

- **MTG15 – Amniotic Leak Detector Update**

Ashy Shanker updated the committee on this item and highlighted that as previously reported the drying unit is still not available for purchasing nationally. She added that her reason for bringing this item back to the committee was to make a request for a further limited period of deviation. The committee agreed to the deviation for a further 6 months.

Action: Ashy Shanker

4.2 Quarterly Monitoring Reports

- (i)** Diagnostics, Pharmacy, Central Operations (Quarter 1) - **Nil Return**
- (ii)** Women & Children Clinical Governance Group (Quarter 1) - **Nil Return**
- (iii)** Surgery & Critical Care Governance Group (Quarter 1) – **Nil Return**
- (iv)** Medicine Clinical Governance Group (Quarter 1) – **Nil Return**
- (v)** Learning Lessons Review Group (Quarter 1) – **Nil Return**
- (vii)** Community & Therapy Services (Quarter 1) – **Nil Return**
- (viii)** Medicine & Therapeutics Committee (Quarter 1) – **Nil Return**

Action Plan Updates by Exception:

- (i) Quarterly CAS Report**

The report was noted. No risk issues highlighted.

- (ii) Pressure Ulcer Action Plan**

Tara Filby shared the report with the committee and confirmed that the external peer review was now complete and that her team was working through the recommendations including a proposed review of the existing Tissues Viability Nurse resource and with a view to further updating the Trust's action plan. She added that Brendan Forman, Quality Matron had now taken up the lead role for Tissue Viability.

4.3 Performance

- (a)** Monthly Monitor Performance Compliance Report
- (b)** Monthly Integrated Performance / KPI Report

Claire Jenkinson shared the reports with the committee and reported that there was still a focus on RTT and that the Groups were currently working through the actions needed to improve performance including the completion of service reviews to understand capacity & demand pressures.

In respect of the Integrated Performance Report, Wendy Booth advised that one of the other areas of focus was in respect of open PALS and that she had met with the ACOOs to further strengthen the current handling arrangements.

With regard to the outpatient follow ups, Wendy Booth shared details of the actions which are underway to address this issue and confirmed that a more detailed briefing would be provided to this committee and to the Trust Board in August 2016.

Cancer Recovery Plan Update

Louise Hobson shared the report with the committee and highlighted that the Trust is still not achieving the 62 day GP referral to treatment target but that work remains ongoing to ensure achievement of this target by Quarter 2. She added that an external expert is currently working with the team to determine whether there are any further actions the Trust can take to improve performance. It was agreed that this item would remain on the agenda.

OPD Waiting List Performance / Patient Admin (CAR)

Wendy Booth shared details of the actions which are underway to address this issue including work to review and further strengthen the Trust's patient administration arrangements, and confirmed that a more detailed briefing would be provided to this committee and to the Trust Board in August 2016.

4.4 Sustainability Update

Wendy Booth shared the report with the committee and confirmed that the governance and assurance arrangements in place in support of delivery of the Sustainability Programme are now well embedded. She added that the associated programme KPIs had recently been reviewed to make sure that they are relevant and that good progress is being made.

5: Items for Discussion

5.1 IG In Year Compliance Report

Kathryn Helley updated the committee explaining that the Trust had met Level 2 IG compliance by the end of March 2016. She added that the V13 of the IG Toolkit had now been published and so a gap analysis is currently being completed to determine any further required Trust actions.

5.2 Goole Sub-Acute Admissions

Stuart Baugh, AMD for Medicine advised the committee of a proposal received through the Goole HLHF programme to allow GPs to refer acute patients for admission to Goole using certain inclusion criteria. He advised of the concerns of the Medicine Group with this proposal due to issues of lack of permanent senior medical cover at Goole, timely availability of tests, potential for the inclusion criteria not to be strictly adhered to and the introduction of new NICE guidance in relation to the management of Sepsis which requires that these

patients are seen on admission by a senior doctor. The committee shared the concerns of the Medicine Group. Stuart Baugh and Peter Bowker agreed to feedback the views of both the Medicine Group and the Trust Governance & Assurance Committee and to update the committee at the September 2016 meeting.

Action: Stuart Baugh / Pete Bowker

5.3 Appointment of Trust Freedom to Speak Up Guardian

Wendy Booth shared the report with the committee and advised that all Trusts are required to appoint a Freedom to Speak Up Guardian by the end of October 2016. She added that she would be working with Jayne Adamson to shortlist for the post and to agree whether there needs to be some remuneration. She further added that she would be involved the Unions and also a NED in the appointments process.

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

6.1 Revalidation Annual Report 2015 / 16

Lawrence Roberts, Medical Director shared with the committee the revalidation annual report for 2015/16 and advised that 86% of doctors had received an appraisal – 97% when mitigating circumstances (e.g. maternity leave, long term sick leave, sabbatical) are taken in to account. The committee noted the significant increase compared to previous years and congratulated Lawrence Roberts and his team on this achievement. The committee approved the report for submission to the Trust Board.

6.2 Annual Emergency Preparedness, Resilience and Business Continuity Report 2015/16

Jason Baker shared the report with the committee and highlighted that in the main was Trust was compliant with the core standards. Where actions are outstanding, plans are in place. One of the key actions is to review the Trust's Business Continuity Plans. Lawrence Roberts queried whether there had been a Major Incident Test. Jason Baker confirmed that this is undertaken annually but there was a need for greater input from medics. Lawrence Roberts asked Jason Baker to provide dates for these events and that he would support in ensuring attendance. The committee were happy for submission of the report to the Trust Board.

6.3 Freedom of Information Annual Report 2015/16

Kathryn Helley shared the report with the committee on behalf of Jeremy Daws and confirmed that there had been a slight reduction in the number of FOI requests this year but the requests received had been more complex in some instances. The committee approved the report for submission to the Trust Board.

7: Policies / Audits / Other Documents Approval

7.1 Claims Handling Policy and Procedure (*approved no amendments*)

7.2 Policy & Procedure for the Management of Staff Involved in a Medication Related Incident (*approved no amendments*)

- 7.3** Memorandum of Understanding for Provision of Mental Health Services (*approved no amendments*)
- 7.4** Procedure for Taking Patient Photographs (Passport Style Picture) for recognition purposes on the WebV System (*approved - subject to minor amendments*)
- 7.5** Central Alerting System Policy (*approved no amendments*)

8: Items of Information

The following items for information were noted:

8.1 Minutes of Risk Forums:

Audit Committee – 19.05.2016
Health Records Committee – 17.05.2016
Medicine & Therapeutics Committee – 13.05.2016, 10.06.2016
Safer Medication Group – 15.03.2016, 19.04.2016

Branch Governance Groups:

Clinical Support Services – 20.04.2016, 18.05.2016
Surgery & Critical Care Governance Group – 10.05.2016, 14.06.2016

9: Review of Action Matrix

Following review of the Action Matrix, it was noted that all actions had been completed by the deadlines agreed.

10: Any Other Business

10.1 Vulnerable Adult CQUIN

Tara Filby reported that a requirement of the Vulnerable Adult CQUIN was to undertake audit. She proposed that the Trust adopt the national accredited tool for this purpose and this was agreed.

11: Matters for Escalation to the Trust Board

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

- CQC Update
- Goole Sub-Acute Admission
- Performance
- Revalidation of Doctors

12: Date and Time of Next Meeting (Annual Review)

- Thursday, 18 August 2016
- 1.00 pm – 3.30 pm
- Main Boardroom, DPOWH

TRUST GOVERNANCE & ASSURANCE COMMITTEE OUTSTANDING ACTION LOG

2013 / 14 & 2014 / 15 / 2015 / 16 & 2016 / 17

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.	Maureen Georgiou	15/09/16	Update provided at the November 2013, May, June, September, November & December 2014 and January, April, May, July, October & November 2015 and February & May 2016 meetings. Further update to be provided at the September 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.	Maureen Georgiou	15/09/16	Update provided at the November 2013 and February, June & December 2014 and February, April, June, September & December 2015 and the January, February, March & June 2016 meetings. Further update to be provided at the September 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	15/09/16	Update provided at the November 2014 and March, September & December 2015 and January, April & June 2016 meetings. Further update to be provided at the September 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	15/09/16	Update provided at the December 2014 and February, March, May, June, September & December 2015 and January, April, May & June 2016 meetings. Further update to be provided at the September 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.
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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	15/09/16	Update provided at the June, September & December 2015 and March, June & July 2016 meetings. Further update to be provided at the September 2016 meeting.

Date of Meeting: Monday, 16 November 2015

Minute	Action	Lead	Timescale	Evidence of Completion
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.	Tracey Broom / Louise Hobson	18/08/16	Update provided at the December 2015 and January, February, March, April, May, June & July 2016 meetings. Further update to be provided at the August 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	15/09/16	Update provided at the January, April & June 2016 meetings. Further update to be provided at the September 2016 meeting. Update also to be provided to QPEC (completed) .

Date of Meeting: Monday, 15 February 2016

Minute	Action	Lead	Timescale	Evidence of Completion
4.3 (viii)	Learning Lessons Review Group – update on work of group and associated workstreams to be provided to the Trust Governance & Assurance Committee.	Kathryn Helley / Kelly Burcham	15/09/16	Update provided at the March, April, May & June 2016 meetings. Further update to be provided at the September 2016 meeting through the Quarterly Highlight Report.

Date of Meeting: Thursday, 19 May 2016

Minute	Action	Lead	Timescale	Evidence of Completion
3.2	Learning Lessons: Update from Governance Time Out to be provided to the Trust	Wendy Booth	15/09/16	Update provided at the June 2016 meeting. Further update to be provided at the September 2016 meeting.

	Governance & Assurance Committee.			
5.3	Mental Capacity Act Annual Report 2015/16 including Results of Audit: Update on outcome of KPMG Review on safeguarding including DOLS resource to be provided to the Trust Governance & Assurance Committee.	Tara Filby	15/09/16	Update provided at the June & July 2016 meeting. Further update to be provided at the September 2016 meetings.
6.2	Annual Equality & Diversity Report: Update on Securing of Consultancy Resource to be provided to the Trust Governance & Assurance Committee.	Jane Lacey-Hatton	15/09/16	Update provided at the June 2016 meeting. Item deferred. Update provided at the July 2016 meeting. Further update to be provided at the September 2016 meeting.

Date of Meeting: Thursday, 16 June 2016

Minute	Action	Lead	Timescale	Evidence of Completion
4.3 (a) & (b)	Monthly Performance Report – update on OPD / CAR to be provided to the Trust Governance & Assurance Committee.	Wendy Booth	18/08/16	Update provided at the July 2016 meeting. Further update to be provided at the August 2016 meeting.

Date of Meeting: Monday, 18 July 2016

Minute	Action	Lead	Timescale	Evidence of Completion
4.1	Nice Deviations: CG107: Hypertension in Pregnancy – analysis to be undertaken of impact of moving to NICE recommendations versus current Trust practice.	Ashy Shanker	17/10/16	Update to be provided at the October 2016 meeting. .
5.2	Goole Sub-Acute Admissions – update on further discussions with Goole HLHF Programme to be provided to Trust Governance & Assurance Committee	Peter Bowker	15/09/16	Update to be provided at the September 2016 meeting.