

**MINUTES OF THE GOVERNANCE & QUALITY
COMMITTEE HELD ON 21 SEPTEMBER 2010
AT 1:30 PM VIA VIDEO CONFERENCING
USING THE BOARDROOM, CUMBERLAND
INFIRMARY AND WEST CUMBERLAND
HOSPITAL**

Present: Mr S Brown, Director of QIPP
Mrs H Kelly, Head of Governance and Quality
Mr K Clarkson, Deputy CEO & Director of Operations
Dr C Graham, Consultant Microbiologist
Professor S Cholerton, Non Executive Director
Mrs C Platton, Acting Director of Nursing, Quality & Governance
Mr A Mulvey, Director of Finance
Mrs J Riddle, PPI representative
Mr D Gallagher, Director of HR

In Attendance: Mr P Wiggins
Mrs Gillian Hetherington, PA

GC68/10 WELCOME AND APOLOGIES FOR ABSENCE

Apologies for absence were received from: Mr M Bonner, Mrs J Cooke, Mrs R Duguid, Mr A Davidson, Ms B Hoyle

Mr Brown noted that the meeting was quorate and as such fulfilled the Terms of Reference

GC69/10 MINUTES OF THE LAST MEETING

The minutes were accepted as a true record.

GC70/10 MATTERS ARISING & ACTION PLAN

There were no matters arising from the minutes. See attached action plan.

GC71/10 GOVERNANCE & QUALITY COMMITTEE ANNUAL PROGRAMME OF WORK

Mrs H Kelly presented the Governance & Quality Committee Annual Programme of Work to the Committee. This report outlines the annual programme of work to ensure the committee achieves its terms of reference and discharges its responsibilities in relation to ensuring robust governance exists across the Trust. There was a lengthy discussion on number of items, one of the issues being that Mrs Cooke felt that there should be a Medical Director's report and a Director of Nursing report. It was felt that these issues would be captured in Divisional Quarterly reporting and Mr Brown and Mrs Kelly **AGREED** to speak to Mrs Cooke with regards to this. It was also **AGREED** that the Infection Prevention report would continue to be monthly rather bi-monthly. Mrs Kelly to amend the document in line with the discussions and re issue it to members of the Committee.

The Committee **APPROVED** the annual programme of work, with amendments as discussed in the meeting. Mr Brown thanked Mrs Kelly for presented the report.

Action: Annual Programme of Work –

- 1 Mrs Kelly and Mr Brown to speak to Mrs Cooke with regards to the Medical Director's report and Director of Nursing report.
- 2 Mrs Kelly to amend the document in line with the discussions and re-issue it to member of the Committee.

GC72/10 CONTROL OF INFECTION REPORT

Dr Graham presented the Control of Infection Report to provide an update of the activities, issues and developments for the period July-September 2010.

Incidence of Clostridium Difficile – We have an internal target of 120 attributed CDI cases this financial year; at month 5 we have had 26 cases of CDI.

MRSA incidence – There have been no attributable cases since last reporting. There were two incidences of MRSA in September; both of these were apportioned to the PCT.

Hand Hygiene – Hand hygiene is the single most important measure in reducing the incidence of health associated infections. Compliance with hand hygiene is monitored monthly by the Primary Care Trust as part of the provider assurance framework.

The figures are still below 100% in some areas; Mr Brown said that this was not acceptable and would be looked at.

MSSA – With regard to MSSA, Mr Clarkson asked if this is something that we are now screening for or if not are we likely to. Dr Graham replied that it would be a very slim group of patients, eg certain Orthopaedic patients; but it is not something that has been formally discussed. It will, however, be discussed at the Infection

Prevention Committee, where recommendations will be made.

E-Coli – Dr Graham explained that there had been an audit on root causes of E-coli bacteraemia, which involved reviewing 2 months worth of data. Mr Mulvey asked if there was another work stream monitoring catheters. Dr Graham confirmed that a Collaborative had been set up looking at all UTI's, and many of these patients are being handled in the Community at the moment.

Mr Mulvey also asked about the switch from IV antibiotics to oral antibiotics. It was agreed that it is better to have oral rather than invasive lines, it was felt that we should drive towards oral, it would also allow patients to be discharged much sooner. The question was asked whether we are confident that we are doing enough to switch from IV to oral antibiotics and if not what sort of timescale can we put on this. Dr Graham said that we need to be starting this in the next 6 weeks. It was **AGREED** that this could be picked up at the Drugs and Therapeutics Committee.

The Governance Committee **ACCEPTED** the report and Mr Brown thanked Dr Graham for presenting it.

Action: IV Antibiotics to Oral Antibiotics – Dr Graham to arrange for this to be discussed at the DTC with a view to starting to implement in the next 6 weeks.

GC73/10 CORPORATE REPORTS

(a) NHSLA Update

Mrs H Kelly presented this update to the Governance Committee to inform them of the progress and action plan to ensure the Trust successfully achieves Level 2 NHSLA assessments.

Professor Cholerton asked if there were any implications for delaying Maternity assessment. Mrs Kelly confirmed that there is a time expiry of 2 years but we are still well within this. Mr Mulvey queried, with regards to the Maternity assessment, how we got to the point where we decided not to go for level 2. Mr Brown explained that following the last assessment, 50 guidelines needed to be changed, from a time point of view, there was not enough time to do it.

Mrs Kelly informed the Committee that the Risk & Quality Manager had visited Colchester Hospital, as they have already achieved Level 2 assessment where she gained valuable knowledge regarding the process and expectations. With regards to the Consent Policy, she found that they had very clear guidelines which we have incorporated to make our process more robust. From a clinical and corporate point of view, there was nothing major which we needed to improve on.

Mr Clarkson asked about Trusts with Level 3 assessments, he thought that there were about 15 Trusts with Level 3 last year. Mrs Kelly confirmed that in the system at the moment there are 2 Trusts who have applied for Level 3 assessment but she not aware that they have received it yet.

The Governance Committee **NOTED** the contents of this report and Mr Brown thanked Mrs Kelly for presenting it.

(b) Care Quality Commission Update

Mrs Kelly presented this update to the Governance Committee to inform members of the progress with the collection of evidence to maintain registration. She informed the Committee that our nominated assessor is visiting the Trust on 22 September 2010; she will be meeting with the Lead Co-ordinating Managers. She has been invited in to ensure the process and the evidence we are collecting is in line with the expectations of the CQC. During the one to one meetings with the lead co-ordinators there have been a small number of questions raised that the Head of Governance & the Compliance Manager have addressed, we wanted clarity on some issues and an update from the CQC.

The Governance Committee **NOTED** the content of this report and Mr Brown thanked Mrs Kelly for presenting it.

(c) Breast Screening Incident Update

Mrs Kelly presented the Breast Screening Incident update to inform members of the events that led to the declaration of the serious untoward incident within the breast screening service and the progress and action taken to date. She went through the report with regards to immediate actions taken and progress to date.

Mrs Riddle asked if Mrs Kelly had any idea when she expected the screening to start again. Mrs Kelly explained that this is not a decision for us but will be a multi-agency decision, no decision has been made yet.

Mr Clarkson explained that the Governance Committee would expect to see the final incident report, which will be produced by NHS Cumbria, so that we can pick up on any lessons learned.

The Governance Committee **NOTED** the content of this report and Mr Brown thanked Mrs Kelly for presenting it.

(d) Education & Training Department Report

Mr D Gallagher presented to this report to address the actions points raised from the previous meeting.

With regards to Appraisal figures, it was **AGREED** that these would come back to the Governance Committee, in a clearer format next month. Mr

Gallagher emphasised that the figures contained in the report are based on what is sent through to the Education & Training department. Through the Quarterly Divisional Reviews, Divisions have a trajectory that they will increase performance by December. We therefore need a reporting system for Appraisals to replicate this.

With regards to Research & Development, Appendix 1 of this report is a letter from Leon Jonker, Research & Development; Mr Gallagher asked if this letter included the information which Governance Committee had requested. Mr Clarkson said that we had received details of a particular incident. We require assurances that there are not problems across the board. The letter does not identify specific areas. Mr Gallagher was asked to take this back, we need to have evidence of what system of monitoring is used; it is the process that we need to see. It was **AGREED** that it might be better if we have an audit trail.

Action:

- 1 **Appraisals:** Mr Gallagher to bring back Appraisal figures in a clearer format to the October Governance Committee.
- 2 **Research & Development –** Mr Gallagher to come back to the Governance Committee with a report showing the process which is followed in R & D, in order to give the Committee further assurance.

(e) Strategic Risk Register and Assurance Framework

Mrs Kelly presented the Strategic Risk Register and Assurance Framework to the Governance Committee. During recent months the system for recording risks within the Trust has been extensively reviewed by the Company Secretary and Head of Governance & Quality, which has resulted in all risks being entered onto the Trust's Ulysses system. In addition to this, a new strategy for Governance, Risk and Quality has also been approved which outlines how operational and strategic risks are managed and reviewed across the Trust.

Mr Clarkson commented that this is an excellent piece of work, Mrs Kelly and the team should be commended for this.

Mr Mulvey asked if the Risk Register would come to this Committee. Mrs Kelly informed him that it is due to come on a quarterly basis eg high level risks, due in October 2010.

The Governance Committee **NOTED** the report and Mr Brown thanked Mrs Kelly for presenting it.

GC74/10 STRATEGY AND POLICY

(a) Information Governance Toolkit 2010/11

Mr P Wiggins attended the Governance Committee to present a report on the Information Governance Toolkit 2010/11 Requirements. There are now 45 Requirements with a Baseline self assessment at the end of October and a Final submission at the end of March 2011 by which date Level 2 compliance is mandated by NHS Connection for Health. The definitions for each level are different from 2009/10 and several Level Requirements are completely new which means that a number will be below level 2 on the Baseline assessment. Specific issues are the availability of evidence for some of the security Requirements where the Trust is jointly working with its partners and a new Requirement for all staff to undertake a basic e-learning course. Whilst this will be integrated into the National Learning Management System from October, the Level 2 compliance level to be evidenced is 95%. As many staff do not have e-mail accounts, both achieving and measuring compliance will be extremely difficult.

Following the Baseline submission there will be an internal audit, addressed to the Trust but following a national methodology. This will give assurance in respect of the evidence submitted against self assessed Requirements, any specific local issues, a general view and comparison to a staff survey.

Mr Mulvey, as Senior Information Risk Owner, emphasised the need to ensure that those with identified roles undertook the relevant mandatory e-learning modules and that the importance of Information Governance generally has to be accepted by everyone in the organisation.

Mr Wiggins said that there is still a problem in engaging operational staff.

Mr Clarkson said that the Committee therefore need to make a statement about what should be happening in terms of training and improving understanding of Information Governance rules. He suggested that we should look at Link Information Officers taking on this role in respect of informing Divisional Boards although it was recognised that this was a significant change to their current role.

Action: Information Governance –

- 1 The Governance Committee to provide a clear statement around Information Governance training and what is expected of managers and other clinical leaders in respect of their staff.
- 2 Mr Wiggins to provide a further report to the Committee in respect of the October baseline submission and the actions required to reach Level 2 by March 2011 to the January meeting.

(b) Policy Resume

The Policy Resume was brought to Governance Committee to approve the

following documents:

- Infection Prevention and Control – for the Admission, Transfer and Discharge of Patients – New
- Policy for the Prevention and Control of Meticillin Resistant Staphylococcus Aureus (MRSA) - New
- Outbreak Policy (Procedure for the control of communicable disease within hospital) - ?
- Decontamination of Healthcare Equipment - New
- PAS Application – Birth Registration Procedure - Review
- Access to personally Identifiable Information – New
- Safeguarding Adults Policy - Review

Guidelines approved for information:

- Venous Thromboembolism Guideline – August 2010 Approved at CPG written by VTE guideline group

Guidelines 1-61 inclusive were reviewed and approved by the Maternity Guideline Group 23/07/2010 as part of the integration of CNST approved guidelines and delivery suite guidelines (2008) Family Services Division received the guidelines for information 30/07/2010.

Policies from 62-70 inclusive were approved at TPG in February 2010 and are included in this paper as they have been uploaded to the Family Services web site on the policy web page <http://nww.staffweb.cumbria.nhs.uk/acute/policies/clinicalguidelines/Family%20Care.aspx>

1. Arranging the Antenatal Booking Appointment.
2. Missed Appointment.
3. Antenatal Clinical Risk Assessment
4. Patient Information and Discussion.
5. Antenatal Screening Tests.
6. Referral when Foetal Abnormality is Detected.
7. Maternity Assessment Unit.
8. Management of Reduced Foetal Movement.
9. Growth Problems in Pregnancy.
10. Hypertension of Pregnancy
11. Anaemia in Pregnancy.
12. Policy and Procedure for the management of sick pregnant women in A&E or acute wards.
13. Handover of Care (Onsite).
14. Maternal Transfer.
15. Homebirth.
16. Roles and Responsibilities.
17. Clinical Risk Assessment – Labour
18. Care of Women in Labour.
19. Water birth.

20. Latex Allergy.
21. Perineal Trauma.
22. Postnatal Bladder Care.
23. Auscultation of the Foetal heart.
24. Continuous Electronic Foetal Heart Monitoring (CEFM).
25. Foetal Block Sampling and Cord Sampling.
26. Pregnancy Loss.
27. Induction of Labour
28. Spontaneous Pre-Labour Rupture of membranes (SPROM).
29. Use of Oxytocin.
30. Operative Vaginal delivery.
31. Caesarean Section.
32. Anaesthesia.
33. Recovery of Obstetric Patients.
34. Management of Severely Ill Women and Acute Maternal Collapse.
35. High Dependency Care.
36. Maternal Death.
37. Major Obstetric Haemorrhage.
38. Management of Eclampsia and Severe pre-eclampsia.
39. Vaginal Birth After Caesarean Section.
40. Breech.
41. Multiple pregnancy.
42. Prematurity.
43. Pre-existing Diabetes and Gestation Diabetes.
44. Venous Thromboembolism.
45. Infection.
46. Cord Prolapse.
47. Shoulder Dystocia.
48. Ante partum Haemorrhage.
49. Management of Obesity.
50. Maternal mental health.
51. Substance Misuse.
52. Concealed pregnancy.
53. Neonatal Resuscitation.
54. Admission to and Transfer from neonatal Unit.
55. Immediate Care of the Newborn.
56. Newborn feeding.
57. Newborn Security.
58. Examination of the Newborn.
59. Support for Parents.
60. Post Natal Care Planning.
61. Post Natal Information.
62. Policy for Managing Incidents, Complaints and Claims in Maternity Services.
63. Procedure for the Development and Review of Maternity Guidelines
64. Procedure for the Management of the Maternity records.
65. Maternity Risk Management Strategy.
66. Policy and Procedure for Safe Staffing Levels within Maternity Service for Anaesthetics and Assistants.
67. Policy for the Safe Staffing Levels (Midwifery, Nursing and Support

Staff).

68. Policy and Procedure for Safe Staffing Levels – Obstetric Consultant Delivery Suite presence.

69. Policy and Procedure for Skills, Drills Training in Maternity Services.

70. Induction and Mandatory Training.

Professor Cholerton raised concerns about the facilities available for delivery by nurses, is there a Trust Policy for this. Mrs Kelly feels that there are guidelines and she will check and will feedback with action plan.

Mr Clarkson asked if at some point the Governance Committee could see an audit report that shows that we remain in date across the range of policies. Mrs Kelly will arrange for this to be done.

Mr Brown asked about the Clinical Waste Policy. Dr Graham said that at the last Infection Prevention Committee, it was promised that this report would be circulated a couple of weeks before the next meeting; this has not happened and the meeting is on 22 September 2010. It is hoped that this Policy will be tabled at the meeting tomorrow.

The Governance Committee **NOTED** ratification of these documents.

Action: Policy Resume – Mrs Kelly to arrange for an audit report that shows that we remain in date across the range of policies.

(c) PEAT Environment Report

Mr Davidson, Director of Estates, had to give apologies for the Governance Committee, so there was no one to present this report. Mr Clarkson raised concerns on item 4, Carpet Replacement Programme, as this had been identified as requiring urgent action 12 months ago and we still seem to be not there.

Action: PEAT Environment Report – Mr Davidson to provide an urgent update with regards to Item 4, Carpet Replacement Programme.

GC75/10 MINUTES OF MEETINGS

The following Assurance Committee minutes were received:

(a) Health & Safety Committee held on 13 May 2010

Mr Clarkson feels that there does not appear to be any structure around this meeting. Mr Gallagher to raise issues from the Governance Committee

with Mr Davidson and report back to the Committee.

The Committee **NOTED** the minutes.

(b) Drugs & Therapeutics Committee held on 24 May 2010

The Governance Committee felt that there were also issues with this Committee; Mrs Platton to review action plan for DTC and speak to Chairman and report back to the Governance Committee in October 2010.

The Committee **NOTED** the minutes.

(c) Risk Management Advisory Committee – letter from Mr M A Walker

The Committee members had received a letter from Mr Walker informing them that the Risk Management Advisory Committee had been disbanded, mainly due to the recent changes in the organisational structure and the monitoring and scrutiny of high level and complex issues that will now be managed at Divisional Level with exceptions escalated to the new Governance & Quality Committee.

Action: 1 **Health & Safety Committee** – Mr Gallagher to raise issues from the Governance Committee with Mr Davidson and report back to the Committee in October 2010.
2. **Drugs & Therapeutics Committee** – Mrs Platton to review the action plan for DTC, speak to Chairman and report back to the Governance Committee in October 2010.

GC76/10 ANY OTHER URGENT BUSINESS

Mr Clarkson informed the Governance Committee that with regard to information on submission of data around the Dr Foster Hospital Guide 2010, that we have complied by the right timescale. Mrs Kelly informed the Committee that she had had a reply from Dr Foster to say that they our submission had been entered.

GC77/10 DATE & TIME OF NEXT MEETING

The next meeting will take place on **Tuesday, 19 October 2010 at 1.30 pm via Video Conferencing using the Boardroom WCH and Boardroom CIC with the Boardroom WCH being the main venue for this meeting.**

GOVERNANCE & QUALITY COMMITTEE ACTION LIST – SEPTEMBER 2010

DATE OF MEETING: 19 October 2010

Minute Point Reference	Details of Action Agreed	Action by whom	Target Date	Progress
February 2010				
GC16a/10	Mrs Cook to bring back Clinical Audit Programme once it had been finalised by the Clinical Policy Group	M Cook	25/05/2010	To be reported in October 2010.
March 2010				
GC23/10	Education & Training – Mr Gallagher to report back to the Governance Committee in September/October 2010 with regards to Benchmarking training against other Trust and the Pilot for Electronic Workforce Information.	D Gallagher	Oct 2010	
GC26/10(c)	Risk Management Report: 1 Mrs Kelly to bring an amended version of the Risk Register back to the Governance Committee in May 2010.	H Kelly	Sept 2010	Agenda item - COMPLETE

Minute Point Reference	Details of Action Agreed	Action by whom	Target Date	Progress
April 2010				
GC35/10(a)	Medical Records - Mrs Duguid to investigate the reasons for waiting for 7-8 years before scanning medical records and report back to the Governance Committee in May 2010.	R Duguid	May 2010 Revised February 2011	Specific report presented in June 2010 by Mr Wiggins. A further report to be presented in February 2011.
GC35/10(b)	Patient Safety Incident Report – Mrs Kelly to provide an update from RMAC to the Governance Committee in July 2010.	H Kelly	July 2010 Revised November 2010	Agenda item - COMPLETE .
GC37/10(a)	Ulysses – Mrs Kelly to update plan for Ulysses in the next Risk Report.	H Kelly	June 2010 Revised Sept 2010	COMPLETE - This will be fully on line by end September 2010. All lilac forms will be removed by October 2010.
June 2010				
GC53/10(a)	Clinical Safety Indicators – Mrs Kelly to work with the Divisions and Mrs Cook to try and get this right.	H Kelly M Thomas	Oct 2010 Nov 2010	New divisional reporting to incorporate clinical safety indicators from October 2010. Report on the clinical portal project and how this links to the measuring of clinical safety indicators to be received in November 2010
GC53/10(d)	Staff Turnover – this item to be reported in	D Gallagher	Sept 2010	COMPLETE – staff turnover figures included in

Minute Point Reference	Details of Action Agreed	Action by whom	Target Date	Progress
	the next HR Director's report, re turnover of staff and where losses occur.			HR report. Long standing gaps, HR Business Partners looking at filling difficult posts.
July 2010				
GC62/10	Blood Stream Infections – Dr Graham to include Caesarean Sections in his next report to Governance Committee in September 2010.	C Graham	Sept 2010	Agenda Item - COMPLETE
GC63/10(a)	Education & Training Report – 1 Ms Hoyle to provide a report to the September 2010 Governance Committee, with regards to R & D to confirm that there are no problems in other areas with regards to this.	B Hoyle	Sept 2010	Agenda item – COMPLETE
	2 Ms Hoyle and Mrs Duguid to discuss appraisal figures with Mr Gallagher, to ensure that the correct figures are submitted to the September Trust Board.	B Hoyle/R Duguid/D Gallagher	Sept 2010	Agenda item – COMPLETE
	3 Ms Hoyle to provide a complete report showing Appraisal figures by Division and staff group to the next Governance Committee in September.	B Hoyle	Sept 2010	Agenda item – COMPLETE

Minute Point Reference	Details of Action Agreed	Action by whom	Target Date	Progress
	4 Mrs Duguid to request a timescale from Mrs Hoyle for completion of the self assessment for education and training attached to the report.	R Duguid/B Hoyle	Sept 2010	Ongoing
GC65/10(c)	DTC Minutes (24 May 2010) – Mrs Duguid to speak to Mr Glendinning to ascertain why there are no minutes of certain sub groups reporting to the Drugs & Therapeutic Committee.	R Duguid	Sept 2010	Ongoing - Verbal update to be provided on October 2010.
Sept 2010				
GC71/10	Annual Programme of Work: 1 Mrs Kelly and Mr Brown to speak to Mrs Cooke with regards to the Medical Director's report and Director of Nursing report. 2 Mrs Kelly to amend the document in line with the discussion and re-issue it to members of the Committee.	H Kelly/S Brown H Kelly	Oct 2010 Oct 2010	
GC72/10	IV Antibiotics to Oral Antibiotics – Dr Graham to arrange for this to be discussed at the Drugs & Therapeutics Committee with a view to starting to implement in the next 6 weeks.	C Graham	Oct 2010	
GC73/10(d)	1 Appraisals – Mr Gallagher to bring	D Gallagher	Oct 2010	

Minute Point Reference	Details of Action Agreed	Action by whom	Target Date	Progress
	back Appraisal figures in better format to October Governance Committee. 2 Research & Development – Mr Gallagher to come back to the Governance Committee with a report showing the process which is followed in R & D, in order to give the Committee further assurance	D Gallagher	Oct 2010	
GC74/10(a)	Information Governance – 1 The Governance Committee to provide a clear statement around Information Governance training and what is expected of Managers of their staff. 2 Mr Wiggins to provide a further report to the Committee in respect of the October baseline submission and the actions required to reach Level 2 by March 2011 to the January meeting	Governance Committee P Wiggins	Oct 2010 Jan 2011	
GC74/10(b)	Policy Resume – Mrs Kelly to arrange for an audit report that shows that we remain in date across the range of policies.	H Kelly	Nov 2010	
GC74/10(c)	PEAT Environment Report – Mr Davidson to provide an urgent update with regards to Item 4, Carpet Replacement Programme.	A Davidson	Oct 2010	
GC75/10(a)	Health & Safety Committee – Mr Gallagher to raise issues from the	D Gallagher	Oct 2010	

Minute Point Reference	Details of Action Agreed	Action by whom	Target Date	Progress
	Governance Committee with Mr Davidson and report back to the Committee in October 2010.			
GC75/10(b)	Drugs & Therapeutics Committee – Mrs Platton to review the action plan for DTC, to speak to Chairman and report back to the Governance Committee in October 2010.	C Platton	Oct 2010	