

**MINUTES OF THE GOVERNANCE &
QUALITY COMMITTEE HELD ON
29 MAY 2012 AT 1:30 PM
VIA VC USING BOARDROOM, WCH &
BOARDROOM, CIC**

Present: Michael Bonner, Non Executive Director (MB)
Vicki Bruce, Non Executive Director (VB)
Chris Platton, Acting Director of Nursing & Quality (CP)
Carole Jordan, Patient Panel (CJ)
Barbara Hoyle Head of Education & Academic Development (BH)
Bill Glendinning, Head of Pharmacy (BG)
Alistair Mulvey, Director of Finance/Deputy Chief Executive (AMu)
Corinne Siddall, Director of Operations (CS)
Alan Davidson, Director of Estates (AD)
Margaret Bailey, Patient Panel (MBai)
Anne Musgrave, Head of Midwifery
Caroline Griffiths, Director of Acquisition & Strategic Planning (CG)
Isla Edgar, Deputy Director of HR (IE)

In Attendance: Gillian Hetherington, PA
Jan Wharton, Head of Resilience and Sustainability (JW)
Paul Wiggins, Deputy Director of IM&T (PW)
Graham Putnam, Consultant OMFS
Lynn Anderson, Head of Nursing, Medicine

GC36/12 WELCOME AND APOLOGIES FOR ABSENCE

MB noted that the Committee was quorate.

Apologies for absence were received from Judith Cooke, Damian Gallagher, Jessica Riddle, Helen Kelly, Ramona Duguid

GC37/12 MINUTES OF THE LAST MEETING

The minutes were accepted as a true record.

GC38/12 MATTERS ARISING AND ACTION PLAN

There were no matters arising from the minutes.

With regards to the five sets of Terms of Reference which had come to the Committee for ratification:

- Governance & Quality Committee
- Safeguarding Board
- Health & Safety Committee
- Compliance Steering Group
- Emergency Preparedness Steering Group

CP, on behalf of Ramona Duguid, asked if the Committee would be happy to pass these Terms of Reference, subject to them being amended following comments from the Committee.

MB concerned as these are Committees which report to the Governance & Quality Committee and we have to give assurance to the Board that they are doing what they should be doing. He suggested deferring the terms of reference. Following discussion it was **AGREED** that the terms of reference would be re-drafted, following comments from the Committee and then re-distributed to the members for their final comments. They would then come back to the Committee for final ratification in June.

AMu suggested that the terms of reference need to reflect Northumbria's, we need to make sure all ToR are as portable as they can be.

Action: Terms of Reference – to be redrafted by Lead Manager, following comments from the Committee and then re-distributed to the members for their final comments before coming back to the Governance & Quality Committee for final agreement in June.

GC39/12 COMPLIANCE & REGULATION

(a) Policy Resume

CP presented the Policy Resume, to inform the Committee of the guidelines, the policies, the protocols and procedures which had been ratified by the Trust Policy Group since last reporting in April 2012.

Policies:

- Unlicensed Medicines Policy © - Review
- Naso Gastric Tube Policy – Review
- Study Leave & Protected Learning Time Policy – New
- Management of In patients Slips, Trips & Falls – Review

Guideline/Procedure/Framework/Plan Title:

- Education & Training Strategy – New
- Guidelines for the management of Central Venous Catheters – Review
- Clinical Guideline for Patients undergoing Medical Termination of

Pregnancy – New

The Governance & Quality Committee **NOTED** the documents which had been approved by the Trust Policy Group.

With regards to Appendix 2, Out of Date Policies, MB queried that according to the paper we have 237 policies shown on the intranet site and 68 of these are out of date; that is almost 30% of our policies, with 10% of them being 2 years out of date and there is no information in the TPG (Trust Policy Group) scheduled date column. He felt that if we are providing a table we need to it to give an accurate picture.

CP agreed to feedback that more time needs to be spent on this and if there is a delay, then there needs to be an explanation of why there is a delay. VB suggested that there needs to be some kind of summary from Appendix 2, summarising delays and where there are concerns.

It was **AGREED** that there needs to be a summary of the out of date policies with realistic timescales and this needs to come to the Governance & Quality Committee on a quarterly basis, this would the add value.

<p>Action: Out of Date Policies – CP to speak to HK with regards to Out of Date Policies. This information needs to come to Governance on a quarterly basis with a summary with realistic timescales of the delays and where there are concerns.</p>

(b) Quality Account

CP presented the Quality Account to the Governance & Quality Committee, she explained that this document is in three parts and that there are set timescales and the document has to be published by the end of June 2012 which means it has to go to the June Trust Board meeting. The document shows the priorities for improvement in 2012/13 with regards to Safety Effectiveness and Experience; the CQUIN priorities are also listed and CP explained that the value of the CQUIN schedule has increased dramatically for 2012/13.

MB explained that what we have to bear in mind is that this document is for public consumption and asked whether it is putting our side of the story as honestly and truthfully as we can. The bigger issue is how we can defend our hospitals from the kinds of accusations of process and mal-practice going round in the Media; we can only speak from the statistical records of performance. CS suggested that maybe we need someone to look at this document from a patient perspective, perhaps someone from patient panel. CP confirmed that the account had been reviewed by LINKs and NHS Cumbria.

It was agreed that a lot of the “labelling” in tables and graphs needs to be more understandable for public consumption eg table on page 12. MBai suggested that symbols for “more than” and “less than” perhaps should be written out in full as not everyone would understand them.

VB also felt that having a whole column in “Red” does not create the right

impression and that this column could be taken out as it is really just criteria for traffic lighting, not fact, what we have achieved is in the last column of table on page 12.

VB also suggested that in the tables what would make this truly informative is if in each case which appears necessary, instead of "Red" column, the measure is explained, perhaps in a comment column.

It was also **AGREED** that the Chief Executive's Forward needs to be more informative of what has been achieved in the year, rather than just talking about the Acquisition.

MB concerned that there is too much jargon, CS offered to look at this.

Another issue raised from the tables is around the wording "about the same", which was felt needs to be defined, it comes over as being complacent. CP confirmed that this information has been taken from the Inpatient and Outpatient data from CQC (Care Quality Commission). The Committee **AGREED** that there needs to be an explanation of what is meant by this.

VB also raised the issue of "Value" (table, page 17), she suggested it would make more sense to have "£" sign and an exact cost in there.

With regards to MRSA and C-difficile tables, they speak for themselves. There is a need however, for the text to say something about the progress which has been made.

The Committee had gone through the tables in the report in detail and MB suggested that further comments should be submitted, via e-mail, to CP by close of play on Thursday, 31 May 2012 at the latest.

The Committee noted the Quality Report and MB thanked CP for presenting it.

Action: Quality Account

- 1 "Labelling" on tables & graphs to be more understandable for public consumption.
- 2 "More than" & "Less than" symbols should be written in full.
- 3 Page 12, column in "Red" to be removed as is not fact, what has been achieved is in the last column.
- 4 Each case which appears necessary, instead of "Red" column, the measure is explained, perhaps in a comment column.
- 5 Chief Executive's Forward needs to be more informative of what has been achieved during the year, rather than just about the Acquisition.
- 6 CS to look at the jargon in the report and feedback to CP by 02/06/12.
- 7 "About the same" this needs to be defined.
- 8 Page 17 – "Value" this should be changed to "£" and the exact cost in there.
- 9 MRSA & C difficile – Progress which has been made needs to be stated.

GC40/12 WORKFORCE GOVERNANCE

(a) Staff Survey Report

IE presented the Staff Survey Report to the Governance & Quality Committee to provide them with a 9 year comparison report on the Trust's Staff Survey results, including areas to ensure improvements in working conditions and practices for staff at a local level.

She explained that the report examines historical trends detailed in nine Staff Opinion Surveys undertaken since 2003. IE went through Appendix A – Survey Comparison 2003-2011, explaining exactly what is meant by the %'s, numbering and colour coding.

VB found this report to be extremely useful. The Committee had previously had a disappointing report presented, with not enough detail. From her perspective there is lots of information and this report shows that we are trying to understand the issues. AMu commented that this report provides us with areas we need to look at more specifically, and for the next report asked if the information could be even more broken down into units not just site.

MB felt that in the graph at the end it would be worthwhile having some sort of commentary of the 156 points. He felt this report was a definite move forward.

The Governance & Quality Committee NOTED the summary of historical trends and actions points that arise and MB thanked IE for presenting it.

Action: Staff Survey Report –

- 1 For the next report, IE to ensure that the information be even more broken down into units not just sites.
- 2 IE to provide commentary on the 156 points in the next report.

GC41/12 STANDARDS, SAFETY & PATIENT EXPERIENCE

(a) Infection Prevention Report

CP presented this summary report from the Infection Prevention Team for the period April to May 2012.

MRSA – There have been no apportioned cases for 24 months.

MSSA – There were no Trust apportioned cases in April 2012.

CDiff – We are still below trajectory, so far this year there have been 2 Trust Apportioned cases.

MBai raised an issue with regards to hand hygiene and why there are no machines outside the main canteen at WCH. CP **AGREED** to have this addressed.

The Governance & Quality Committee **NOTED** the report and MB thanked CP for presenting it.

Action: Hand Hygiene – CP to address the issue of no Hand Hygiene dispenser outside the Canteen at WCH.

(b) Medical Devices/Medical Equipment Update

AD presented the Medical Devices/Medical Equipment Update to the Committee updating members of progress made regarding the management and maintenance of medical equipment. He explained that there are 6 appendices with this document and went on to explain the background to these. The report had been discussed in detail at the Audit Committee the previous week. He told the Committee that this is still work ongoing and that the Matrix (App 3) provides more detail of progress against previous questions raised.

AD emphasised that he would like to come back and update the Governance & Quality Committee and assure the Trust Board generally as to how some of the previously identified gaps have been closed to improve assurance in line with the Trust policy. AD went on to highlight other problems which have been identified by the process followed, all of which are detailed in the paper presented to the Audit Committee.

MB confirmed that the Audit Committee had spend a lot of time going through this document last Tuesday and that members were assured that there has been much activity in the last 3 months and the management in this is moving in the right direction.

AD expressed thanks to CP's nursing team for the help and assistance given in working at ward and department level. Without the nursing involvement it would not have been possible to achieve the progress made to date. LA (Lynn Anderson) was involved initially and now LC (Lesley Carruthers) and the Quality Matrons have taken over this area of responsibility, their help has paid dividends.

VB felt very re-assured by the complexity and detail of the documents and with the progress which has been made. The only query she had was with regards to Appendix 4, CQC Regulation 16. AD confirmed that a full report was due to come to Governance Committee this month but had been deferred to June, due to the amount of agenda items scheduled for the May meeting.

The Governance & Quality Committee **NOTED** the report and the significant progress which has been made and MB thanked AD for presenting it to the Committee.

(c) Indicators.PAS Guidance and how Monitored by EPSG (Emergency Preparedness Steering Group).

JW presented the report to Governance & Quality Committee to inform them of the current process utilised for monitoring performance by the EPSG (Emergency Preparedness Steering Group). She explained that this report looks at progress

against the Business Continuity Strategy and action plan.

JW informed the Committee that they are still struggling in the Trust to get Divisional ownership of this Strategy. They have, however, now got agreement that the DGMs (Divisional General Managers) will be members of the EPSG, so it will be hard for them not to deliver on Business Continuity. Added to that the two new Associated Directors of Operations will also be members of the Steering Group.

She explained that the Business Continuity Strategy is a 3 year strategy which should be complete by 31 March 2013 and although we have made significant progress it will not be totally embedded until 2015.

AD informed the Committee that Northumbria have requested evidence of what we have in place with regards to Business Continuity, Emergency Preparedness. AD had met with the Mr Bannister the Estates Director and he is now looking at their structure and Governance arrangements. They do not have the same divisional structure as we do, they have more of a Corporate structure.

The Governance & Quality Committee noted the report and MB thanked JW for presenting it.

(d) Registration with the Environment Agency under the Control of Pollution (Amendment) Act 1989 and the Hazardous Waste Regulations

AD presented this report to the Committee to confirm that certificates of registration are in place for the Trust with the Environment Agency under the Control of Pollution (Amendment) Act 1989 and the Hazardous Waste Regulations.

He explained that it is the Trust responsible for all waste produced up to the point of disposal, resulting from our healthcare activity and as such we have a thorough policy to comply with Environment Agency requirements and Department of Health guidance in place.

This report had come about from a specific action from a previous Governance & Quality Committee meeting and resulted from an outstanding Audit Committee action.

MB confirmed that the evidence is there.

The Governance & Quality Committee **NOTED** the registration position with the Environment Agency and MB thanked AD for presenting it.

GC42/12 INFORMATION GOVERNANCE

(a) IG Toolkit Self Assessment Report

PW attended the Governance & Quality Committee to present the IG Toolkit Self Assessment Report to advise members of progress in respect of the 2011/12 Self-

Assessment Process and the main issues in respect of compliance with the V.9 IG Toolkit Requirements. He confirmed to the Committee that we did not achieve Level 2 in all 45 requirements, we failed on four, two of which were key items.

With regards to IG 9-112, this is going to be a significant problem because we will not be the reporting Trust in March 2012. AD asked if there had been any dialogue with Northumbria. PW confirmed that the general comment is that Northumbria has sought to get assurances from NHSLA and CQC with regards to Governance, that they will have 3 separate solutions, one for TCS, one for their own organisation and one for this Trust.

MB said that the implication is that they required 95%.

MB confirmed that unfortunately this is one of the issues the Trust Board needs to be aware of. He **AGREED** to bring it to their attention at the June 2012 meeting, as something which is being looked at and worked on.

The Governance & Quality Committee **RECEIVED** the report and MB thanked PW for presenting it.

(b) Annual Report of the Caldicott Guardian 2011/12

Mr Graham Putnam presented the Annual Report of the Caldicott Guardian 2011/12 to the Committee to advise them of the work undertaken by and in support of the Caldicott Guardian during 2011/12.

He explained the key responsibilities as defined in the Department of Health Caldicott Guardian Manual (2006), which are;

- Strategy and Governance
- Confidentiality and Data Protection expertise
- Internal Information Processing
- Information Sharing

He explained that there are a number of issues about the way electronic methodology is used to achieve these things. It is quite difficult to find the information you need in the system. There are methods of achieving it and we need to persevere to try and get all staff to understand what they need to do. The current system used at CIC is Infoflex and at WCH they are starting to use the ForWard system for discharge summaries. The real issue around discharge is that there are financial penalties for not providing this information.

MB asked about the development of the single patient record. GP confirmed that sharing of information is ongoing. The Trust contributes to a lot of National audits trying to improve patient care. GP explained that apart from national audits there are lots of issues in the information sharing and around using data in suitable formats. Sharing of notes takes away some of the risks for patients. With regards to sharing results, this can be difficult as it is not possible at the moment to just access one patient's results, the General Practitioner would get hundreds of patients' results.

MB pondered that if Commissioners and their GP colleagues were to control pathways, this sort of development is going to be vital. GP agreed but one of the problems is filtering of information.

VB queried with regards to Appendix A, that there looks to be quite a lot of incidents which should not happen and she asked if we have got any benchmark information. GP suggested that this is difficult because no-one wants to publish episodes like this.

CP confirmed that nationally as regards incident reporting we are in the lower incident reporting group, in comparison with Northumbria who are in the higher incident reporting group.

PW asked if the Governance Committee would be happy for this report to be presented to Trust Board. It was **AGREED** for this to go to Trust Board.

The Governance & Quality Committee **RECEIVED** the report and MB thanked GP for presenting it.

GC43/12 STANDING ITEMS

(a) Acute Informatics Steering Group held 30 March 2012

The Committee **NOTED** the minutes.

(b) Unratified Learning & Development meeting held 21 March 2012

The Committee **NOTED** the minutes.

(c) Unratified Drugs & Therapeutics Committee & Safe Medicines Practice Group held 19 March 2012

The Committee **NOTED** the minutes.

(d) Unratified Emergency Preparedness SG held 2 April 2012

The Committee **NOTED** the minutes.

(e) Health & Safety Committee held 20 March 2012

The Committee **NOTED** the minutes.

GC44/12 DATE & TIME OF NEXT MEETING

The next meeting will take place on **Tuesday, 26 June 2012 at 1.30 pm via vc using the Boardrooms on both sites.** Please note the main body of the meeting will be at CIC.

GOVERNANCE & QUALITY COMMITTEE ACTION LIST – MAY 2012

DATE OF MEETING: 26 June 2012

Minute Point Reference	Details of Action Agreed	Action by whom	Target Date	Progress
January 2012				
GC 6/12 (b)	Surgical Divisional Report – 1 CS & CP to discuss standardisation of documentation.	C Siddall & C Platton	Feb 2012	Ongoing – going to July Board
February 2012				
GC10/12(b) 2	NPSA Alert – JF to arrange for discussion at the CSSG with regards to NPSA alert on preventing fatalities from medication loading doses and Trust compliance with	J Forlow	May 2012	COMPLETE

Minute Point Reference	Details of Action Agreed	Action by whom	Target Date	Progress
	this.			
GC13/12(c)	Medical Devices Update – AD to bring a more details report the March 2012 Governance & Quality Committee.	A Davidson	March 2012	COMPLETE
GC13/12(d)	IST Visit – CS to attend a Patient Panel meeting to talk through patient safety with the Patient Panel members.	C Siddall	April 2012	Ongoing
GC13/12(f)	Complaints - HK to bring evidence of improved performance back to the May 2012 Governance & Quality Committee.	H Kelly	May 2012	Deferred to June 2012 Committee
March 2012				
GC21/12(b)	GC 13/12(a) – TSSU Incident – Full report to be given to the Committee in the Infection Prevention Report in May 2012.	R Duguid/C Graham	May 2012	COMPLETE
GC21/12©	G & C Terms of Reference – HK to amend the Terms of Reference in line with discussions at the meeting.	H Kelly	May 2012	Comments to be sent to Lead Manager and updated version to be brought back to June 2012 Committee for final ratification.
GC21/12(d)	Safeguarding Board Terms of Reference – CP to bring the amended version back to the April 2012 Governance & Quality Committee.	C Platton	May 2012	Comments to be sent to Lead Manager and updated version to be brought back to June 2012 Committee for final ratification.
GC22/12(a)	Policy Resume – HK to provide a status report on where we are with policies/guidelines to the Governance & Quality Committee in May 2012	H Kelly	May 2012	COMPLETE

Minute Point Reference	Details of Action Agreed	Action by whom	Target Date	Progress
GC22/12(b)	CQC Evidence Monitoring – HK to ensure that the action plan is updated and more detail is provided in the next report in order to give greater assurance.	H Kelly	July 2012	
GC23/12(a)	Equality & Diversity Action Plan – DG to bring the updated action plan back to the May 2012 Committee.	D Gallagher	May 2012	Deferred to June 2012 Committee
GC24/12(a)	(GC13/12(a)1) – Infection Prevention Report – With regards to CDiff numbers, CG to report in more detail in the next report, along with outcomes from RCAs.	C Graham	May 2012	COMPLETE
GC24/12©	PEAT/Environment Report – 1 Future PEAT/Environment Report to include action plans.	A Davidson	Sept 2012	
GC24/12(d)	Medical Equipment – 1 AD to present the Medical Devices Matrix to the Audit Committee. 2 AD to present a report on Regulation 16 to the Governance & Quality Committee in May 2012.	A Davidson A Davidson	May 2012 May 2012	COMPLETE Deferred to June 2012 Committee
GC24/12(e)	Staff Assaults – John Mitchell to provide more detail as follows: 1 Who have training targets been	John Mitchell	May 2012	Deferred to June 2012 Committee

Minute Point Reference	Details of Action Agreed	Action by whom	Target Date	Progress
	<p>discussed with?</p> <p>2 Further information required on sanctions – need clarification about number of sanctions, where applying and other Trusts;</p> <p>3 Need recommendation in relation to security situation and differences across two sites;</p> <p>4 More detail required with regard to Lone Workers.</p>			
GC25/12(a)	Never Events Framework – HK to add reference to monitoring ‘low grade’ incidents and near misses to the policy.	H Kelly	May 2012	Deferred to June 2012 Committee
GC26/12	<p>Minutes -</p> <p>Drugs & Therapeutics Committee Minutes – With regards to the issue of us no longer being able to administer chemotherapy to teenagers and young adults an update on this to be given in the Divisional Report in April 2012. There was also an issue with quoracy which needs to be followed up.</p>	Medical Division	April 2012	COMPLETE
GC27/12(b)	Integrated Governance Framework for Emergency Flow and Paediatrics – CS to bring this framework back to the Committee	C Siddall	July 2012	

Minute Point Reference	Details of Action Agreed	Action by whom	Target Date	Progress
	in July 2012.			
GC27/12©	G & C Terms of Reference – With regards to Quality being addressed, CP to update the Committee in June 2012.	C Platton	June 2012	
April 2012				
GC32/12(b)	Ofsted/CQC Safeguarding Report – CP to bring this report back to the June 2012.	C Platton	June 2012	
GC34/12(a)	Medical Division: <ol style="list-style-type: none"> 1 Mortality & Morbidity to be reported in more details in the next report. 2 Vulnerable Adults Risk – update to be given in the next report. 3 Risks – only “RED” risks and risk that have reduced from or increased to “RED” during the quarter. 	Medical Division Medical Division Medical Division	July 2012 July 2012 July 2012	
GC34/12(b)	Family & Clinical Support: <ol style="list-style-type: none"> 1 CQC National Inspection (TOPs) – Audit results to be reported in the next report. 2 Mortality & Morbidity to be reported in more details in the next report. 3 Risks – only “RED” risks and risk that 	Family & Clinical Support Div. “	July 2012 July 2012	

Minute Point Reference	Details of Action Agreed	Action by whom	Target Date	Progress
	have reduced from or increased to "RED" during the quarter. 4 Generic Risks – HK to discuss issues with the Division.	H Kelly Family & Clinical Support Div.	July 2012 July 2012	
GC34/12©	Surgical Division: 1 Mortality & Morbidity to be reported in more details in the next report. 2 Risks – only "RED" risks and risk that have reduced from or increased to "RED" during the quarter.	Surgical Div “	July 2012 July 2012	
May 2012				
GC38/12	Terms of Reference – to be redrafted by Leader Manager, following comments from the Committee and then re-distributed to the members for their final comments before coming back to G & C Committee for final ratification in June.	Lead Managers	June 2012	
GC39/12(a)	Out of Date Policies – CP to speak to HK with regards to Out of Date Policies. This information needs to come to Governance on a quarterly basis with a summary with	H Kelly/C Platton	Sept 2012	

Minute Point Reference	Details of Action Agreed	Action by whom	Target Date	Progress
	realistic timescales of the delays and where there are concerns			
GC39/12(b)	<p>Quality Account –</p> <ol style="list-style-type: none"> 1 “Labelling” on tables & graphs to be more understandable for public consumption. 2 “More than” and “Less than” symbols should be written in full. 3 Page 12, column in “Red” to be removed as is not fact, what has been achieved is in the last column. 4 Each case which appears necessary, instead of “Red” column, the measure is explained, perhaps in a “comment” column. 5 Chief Executive’s Forward needs to be more informative of what has been achieved during the year, rather than just about the Acquisition. 6 CS to look at the jargon in the report and feedback to CP by 02/06/2012. 7 “About the same” this needs to be defined. 8 Page 17 – “Value” this should be 	C Platton	June 2012	

Minute Point Reference	Details of Action Agreed	Action by whom	Target Date	Progress
	<p>changed to “£” and the exact cost in there.</p> <p>9 MRSA & Cdifficile – Progress which has been made needs to be stated.</p>			
GC40/12(a)	<p>Staff Survey Report –</p> <p>1 For the next report, IE to ensure that the information be even more broken down into units not just sites.</p> <p>2 ID to provide commentary on the 156 points in the next report.</p>	<p>I Edgar</p> <p>I Edgar</p>	<p>Nov 2012</p> <p>Nov 2012</p>	
GC41/12(a)	<p>Hand Hygiene – CP to address the issue of no Hand Hygiene dispenser outside the Canteen at WCH.</p>	C Platton	June 2012	