

**MINUTES OF THE GOVERNANCE &  
QUALITY COMMITTEE HELD ON  
24 APRIL 2012 AT 1:30 PM  
BOARDROOM, CIC**

**Present:** Vicki Bruce, Non Executive Director (VB)  
Michael Bonner, Non Executive Director (MB)  
Damian Gallagher, Director of Human Resources (DM)  
Chris Platton, Acting Director of Nursing & Quality (CP)  
Mike Walker, Medical Director (MAW)  
Helen Kelly, Head of Patient Safety & Clinical Governance (HK)  
Jessica Riddle, Patient Panel (JR)  
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)  
Ed Tallis, Associate Director of Operations (ET)

**In Attendance:** Gillian Hetherington, PA  
Stephanie Preston, DGM, Family & Clinical Support Division  
Claire Moore, Head of Nursing, Family & Clinical Support Division  
Margaret Smith, Risk Facilitator, Family & Clinical Support Division  
Deb Lee, AMD, Family & Clinical Support Division  
Lynn Anderson, Head of Nursing, Medical Division  
Rachel Beck, Risk Facilitator, Medical Division  
Louise Corlett, DGM, Surgical Division  
Ann Yarnold, Risk Facilitator, Surgical Division

**GC29/12 WELCOME AND APOLOGIES FOR ABSENCE**

VB noted that the Committee was quorate.

Apologies for absence were received from Alan Davidson, Corinne Siddall, Judith Cooke, Margaret Bailey, Anne Musgrave, Clive Graham & Ramona Duguid

**GC30/12 MINUTES OF THE LAST MEETING**

The minutes were accepted as a true record.

**GC31/12 MATTERS ARISING AND ACTION PLAN**

AMu asked if the Division's actions from the previous meeting could be highlighted when going through their individual reports. DL **AGREED** to draw attention to the individual actions during discussions.

## **GC32/12 COMPLIANCE & REGULATION**

### **(a) Policy Resume**

HK 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 March 2012.

#### **Policies:**

- Annual Leave Policy (HR) – Review
- Appraisal and Knowledge & Skills Framework (KSF) Policy (NC) – Review
- Equal Opportunities Policy (HR) – Review
- Tracking and Retrieving Health Records Policy (IG) – Review
- Long Service Reward Policy (HR) – Review

#### **Guideline/Procedure/Framework/Plan Title:**

- Extreme Weather Framework (NC) – New
- Fuel Shortage Plan (NC) – New

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

### **(b) CQC Inspections Update**

In the absence of RD, CP gave a verbal update on the CQC Inspection on Safeguarding Children. This inspection took place between 10-20 April 2012, and included all agencies in North Cumbria. CP explained that the inspector requested 10 sets of case notes, 7 of these applied to our Trust. These case notes had to be audited and this took 11 hours and was completed within 48 hours. Feedback from the audit was very positive. It highlighted to us and the Partnership Trust the amount of detailed information which was requested that the Partnership Trust did not have. The positive outcome from this was that the Partnership Trust have realised that they potentially need to have a monthly telephone conference of all the cases coming through the system.

Another positive outcome is that there is now a Health Visitor in post at CIC who will attend for 3 sessions.

Key areas where feedback was given:

- Provision for adolescents (16-18 year olds) with mental health needs;
- Out of hours provision;

- Communication across the agencies;

CP explained we should have the full report by end of May 2012 but there was no indication of the judgement given.

**Action:** **Ofsted/CQC Safeguarding Report** – CP to bring this report back to the June 2012 meeting.

## **GC33/12 STANDARDS, SAFETY & PATIENT EXPERIENCE**

### **(a) Infection Prevention Report**

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

**MRSA** – There have been no apportioned cases for 23 months.

**MSSA** – There have been 13 Trust apportioned cases this year, 2 cases occurred in March.

**CDiff** – So far this year there have been 53 Trust Apportioned cases.

CP confirmed that she has met with the Clive Graham and the Senior Team to address issues within the IP Team.

VB confirmed that it is very pleasing to see such good results and an annual programme with everything at “green”; it gives us confidence that the organisation is in control of this area.

MB queried 2.3 in the annual report re: new build project. It was confirmed that there will be ongoing advice given throughout the whole of the new build and issues regards Infection Prevention will be managed.

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

## **GC34/12 DIVISIONAL REPORTS**

### **(a) Medical Divisional Report**

LA and RB gave the presentation on behalf of the Medical Division to summarise governance and quality activities undertaken within the Medical Division between January and March 2012.

RB went on to give a presentation (attached) highlighting in more detail:

- External Visits;
- Standards, Monitoring & Experience;
- Risk Management;

- Workforce Governance;
- Information Governance.

VB congratulated LA & RB on how well the presentation went given the necessity for one to be presenting remotely from West Cumberland Hospital.

With regards to Venous Thrombo-Embolus (VTE); MB asked why Pillar ward's 100% may not easily be replicated in all areas. LA explained that this is because on Pillar Ward there is a member of staff who has taken this as her area and done exceedingly well with it. The ward clerks on Pillar have now started picking this up from the Theatre lists and this is working. LA explained that now it needs to be replicated on other wards.

MAW confirmed that it is clear that the relationship between the ward clerks and the nursing staff is vital for the VTE assessment.

CP stated that VTE is part of the Commissioning and Quality for Innovation (CQUIN), the Trust is exceeding the 90% target for the full year.

With regards to Advancing Quality (AQ), AMu asked what will be reported back in the future, for example, while there are issues with Coding, there needs to be an audit. LA confirmed that there are issues with Coding but that these are getting better.

AMu asked if for future reports, Mortality and Morbidity could be reported in more detail.

With regards to Patient Experience, it was confirmed that Crea Simpson has been appointed as Quality Matron for Patient Experience, she is speaking to patients and any issues are brought back to LA. CP informed the Committee that really good work has been done in the Medical Division with regards to patient stories, and this is now being replicated within the other Divisions.

Another issue raised related to the Patient Advisory Liaison Service (PALS) officer at CIC. HK confirmed that there is now a PALS representative based in the Atrium at CIC.

VB concerned as very difficult to read the risk table; this is an issue with all the reports. With regards to Vulnerable Adults, she asked what the status of this risk was. RB informed the Committee that a review of services provided by the Partnership is underway. They are trying to get a volunteer to go forward with this. VB asked if the Committee could have an update on this in the next report. It was also suggested that the Committee does not need to see all the risks but it does need to see all the "RED" risks and also any other risks that have reduced from or increased to "RED" during the quarter.

JR queried risk with regards staffing levels. LA explained that extra staff are being employed but because of robust assessment with Elderly Mentally Ill (EMI) patients, we have to make sure those patients have 1:1 care and this has been

difficult; it is looked at on a daily basis. CP confirmed that this is a daily challenge for nurses and business managers. There has been increased pressure especially on CIC site but that the team now have regular links with the Partnership Trust and the Commissioners.

The Governance & Quality Committee **NOTED** the report and VB thanked LA and RB for presenting it.

**Action: Medical Division**

- 1 **Mortality & Morbidity** to be reported in more detail in the next report – this applies to all divisions.
- 2 **Vulnerable Adults Risk** – update to be given in the next report.
- 3 **Risks** – only “RED” risks and risks that have reduced from or increased to “RED” during the quarter.

**(b) Family Services & Clinical Support Divisional Report**

SP, DL, CM, MS attended the Committee to summarise governance activities undertaken within the Family Services & Clinical Support Division January to March inclusive.

SP gave a presentation (attached) outlining:

- External visits planned;
- External visits unplanned;
- CNST
- Standards, Safety & Experience: Audit, Safeguarding Children Training, IP & control ‘MRSA’, Complaints
- Risk Register
- Appraisals & Sickness rates
- Plans for Quarter 1, 2012

As regards the Quality Assurance Reference Centre (QARC) visit on 22 March 2012; she explained that they expect to have the report by end of May. SP went on to inform the Committee of 2 potential safety concerns which were raised, these have both been addressed. SP informed the Committee that they were very complimentary of the staff and about the recovery plan, which they felt was a phenomenal achievement and from this point of view it was a very positive visit.

There had also been an unannounced CQC National Inspection that included all health providers who deliver Medical Termination of Pregnancy (TOP) services. There were some documentation issues which have been picked up and will be actioned, starting with a complete audit and results from this will be brought back to the Committee in the July Divisional report. HK stated that the clinical guideline for the management of medical terminations of pregnancy had been reviewed and was schedule for presentation at the May Trust Policy Group (TPG) meeting.

Clinical Negligence Scheme for Trusts (CNST) assessment took place in February 2012 and the Trust was awarded CNST Level 1. The Trust achieved 48 out of a possible 50, which is the best score achieved by the Trust. An action plan has been developed to address the two failed areas identified. The CNST assessor is visiting the Trust on 3 May 2012 to advise the maternity team on Staffing Standards and the Monitoring sections of the guidelines; this will provide the foundation for achieving CNST Level 2. CP thanked the Division for all the hard work and informed the Committee that the Assessor was very complimentary of the team stating the feedback was really positive.

With regards to Risk Management, BG informed the Committee that the Division has had robust discussions about the risk. It was identified, that services encompass all the Divisions and the issues are applicable to them all, eg electronic prescribing. The only way of getting them on the Corporate Risk Register was to get the risk to 20-25, even if the risk is slightly less than that; which means it sits in the Division and this is not appropriate.

SP had suggested that they bring this issue to the Governance Committee for advice.

The Committee noted that this is a generic risk which needs to be taken on more appropriately.

HK informed the Committee that the Risk Register is being completely reviewed. She **AGREED** to discuss this issue with the Division.

VB commented that the Family & Clinical Support Divisional report is an extremely clear report. It is difficult to explain why but it would be good if the other reports could be as clear and transparent as this one.

MB also commented that the method of presentation is good. The comments with regards to the CNST assessment were very valuable.

CP commented that the CQC/Ofsted Inspection assessor had fed back that she had gained an impression of openness and honesty of the staff involved. She thought they were very organised but not over prepared and she was very impressed with the teams she met. She particularly commented on how professional Claire Moore (Head of Nursing) was and on the amount of work she had done.

With regards to the Staff Satisfaction survey, VB felt that the Family Services & Clinical Support figures, are rising, which is good. SP commented that this is a very small area but appraisal rates are quite high; all of the areas are going through review at the moment and whether it is due to communication, she is not sure. DL commented that quality and safety are very important to the Division. VB feels that it is the way the division empowers its staff and perhaps they feel able to take things forward.

The Committee **NOTED** the report and VB thanked the Division for presenting yet

again a very clear report.

**Action: Family & Clinical Support Division**

- 1 CQC National Inspection (TOPs)** – Audit results to be reported in the next report.
- 2 Mortality & Morbidity** to be reported in more detail in the next report – this applies to all divisions.
- 3 Risks** – only “RED” risks and risks that have reduced from or increased to “RED” during the quarter.
- 4 Generic Risks** – HK to discuss issues with the Division.

**(c) Surgical Divisional Report**

LC and AY attended the Governance & Quality Committee to present the Surgical Division report to summarise governance and quality activities undertaken within the Surgical Division, January to March 2012 inclusive.

AY gave the Committee a presentation (attached) on Venous Thromboembolism (VTE) – this is a very big issue within the Surgical Division. She went through the presentation detailing:

- VTE – explaining exactly what this is.
- VTE Background
- VTE – Elements of NICE guidance
- VTE Group
- Current position
- Future

MB noted that following previous discussion on VTE, it is apparent we have an excellent set of practices, which others can follow. We now need to be talking about the complete patient pathway and he wondered if there was a mechanism whereby we can talk to Primary Care to complete the formal patient pathway and what the outcomes are for them, MB also wondered if it would be the Clinical Standards Sub Group where these pathways would go. CP confirmed that MAW had taken this issue up with Dr Rodgers at the CQUIN meeting they had attended that morning and the issue is to be taken forward.

VB had a general comment about the way rag rating is applied to Consultant appraisals. It is completely different to any other rag rating we do. DL explained that this is because consultants have to have appraisals every 12 months. If they have them between 12-15 months it goes to Amber and 15-18 months it is Red and over 18 months they could be struck off.

CP commented on the Hip and Knee results, which are encouraging, however, one area which appears to be pulling us down is antibiotics. It was confirmed that RH has an action plan in place. LC suggested one of the issues is old data and the division are looking at trying to get more contemporary data on this.

The Committee commented how useful and interesting the presentation on VTE was. A general comment from that is that where we have detailed and clear reports people should not feel compelled to give a presentation on their report.

The Governance & Quality Committee NOTED the report and VB thanked the Division for presenting it.

**Action: Surgical Division**

- 1 Mortality & Morbidity** to be reported in more detail in the next report – this applies to all divisions.
- 2 Risks** – only “RED” risks and risks that have reduced from or increased to “RED” during the quarter.

**GC35/12 DATE & TIME OF NEXT MEETING**

The next meeting will take place on **Tuesday, 29 May 2012 at 1.30 pm via vc using the Boardrooms on both sites.** Please note the main body of the meeting will be at WCH.



## GOVERNANCE & QUALITY COMMITTEE ACTION LIST – APRIL 2012

DATE OF MEETING: 29 May 2012

Minute Point Reference	Details of Action Agreed	Action by whom	Target Date	Progress
<b>MAY 2011</b>				
<b>November 2011</b>				
<b>GC99/11</b>	<b>Minutes –</b> <b>1 Emergency Preparedness SG –</b> AD to speak to CS with regards to the Terms of Reference for the Group. For representation at December 2011 meeting	<b>A Davidson &amp; C Siddall</b>	Dec 2011	Mtg to take place in April and Terms of Reference to come back to May 2012 meeting of Governance & Quality Committee.
<b>January 2012</b>				
<b>GC 6/12 (a)</b>	<b>Medical Divisional Report</b>			
	1 Escalation Plan for A & E to be report in the next Divisional report.	<b>B Monk &amp; L Anderson</b>	April 2012	<b>COMPLETE</b>
	2 LA to feedback to RD the incident referred to on page 53 of report	<b>L Anderson</b>	Feb 2012	<b>COMPLETE</b>

Minute Point Reference	Details of Action Agreed	Action by whom	Target Date	Progress
	3 An update to be given in the next Divisional report with regards to AQ issues and how these are being dealt with.	<b>B Monk</b>	April 2012	<b>COMPLETE</b>
<b>GC 6/12 (b)</b>	<b>Surgical Divisional Report –</b>			
	1 CS & CP to discuss standardisation of documentation.	<b>C Siddall &amp; C Platton</b>	Feb 2012	CS confirmed meeting had taken place, still work to do on dashboard before this can be closed off completely.
	2 Next divisional report to provide consistent approach in the way the Divisions look at mortality and morbidity.	<b>Divisions</b>	April 2012	<b>COMPLETE – see GC34/12(a), (b) &amp; ©</b>
	3 AY to provide further details on Guidelines/Policies not being followed and how this is being looked at in the Division, in the next quarterly report.	<b>A Yarnold</b>	April 2012	<b>COMPLETE</b>
	4 Formal feedback to be given on the following incidents: Page 69, reference 9342; page 71, reference 9934; page 71, reference 8550.	<b>Division</b>	April 2012	<b>COMPLETE</b>
	5 Further information on day case patients who require an overnight stay to be included in the next report.	<b>Division</b>	April 2012	<b>COMPLETE</b>

Minute Point Reference	Details of Action Agreed	Action by whom	Target Date	Progress
<b>GC 6/12 ©</b>	<b>Family Services/Clinical Support Division –</b>  1 TOPs – SP to confirm to RD date when single protocol in place. 2 External Visits – Division to provide reports on the outcomes of CNST and QUARC visits. 3 Complication rates – SP to include update in the next divisional report.	<b>S Preston</b>  <b>Division</b>  <b>S Preston</b>	April 2012  April 2012  April 2012	<b>COMPLETE</b>  <b>COMPLETE</b>  <b>COMPLETE</b>
<b>February 2012</b>				
<b>GC10/12(b) 2</b>	<b>NPSA Alert –</b> JF to arrange for discussion at the CSSG with regards to NPSA alert on preventing fatalities from medication loading doses and Trust compliance with this.	<b>J Forlow</b>	May 2012	Scheduled for May meeting.
<b>GC13/12(c)</b>	<b>Medical Devices Update –</b> AD to bring a more details report the March 2012 Governance & Quality Committee.	<b>A Davidson</b>	March 2012	<b>Agenda item – REPORT TO GO TO AUDIT COMMITTEE</b>
<b>GC13/12(d)</b>	<b>IST Visit –</b> CS to attend a Patient Panel meeting to talk through patient safety with the Patient Panel members.	<b>C Siddall</b>	April 2012	<b>Ongoing</b>
<b>GC13/12(f)</b>	<b>Complaints -</b> HK to bring evidence of improved performance back to the May 2012 Governance & Quality Committee.	<b>H Kelly</b>	May 2012	

Minute Point Reference	Details of Action Agreed	Action by whom	Target Date	Progress
<b>GC15/12</b>	<b>Corporate Records Management</b> – AMU to meet with PW to ensure we are doing everything we possibly can to meet targets.	<b>A Mulvey</b>	March 2012	<b>COMPLETE</b>
<b>March 2012</b>				
<b>GC21/12(b)</b>	<b>GC 13/12(a) – TSSU Incident</b> – Full report to be given to the Committee in the Infection Prevention Report in May 2012.	<b>R Duguid/C Graham</b>	May 2012	
<b>GC21/12©</b>	<b>G &amp; C Terms of Reference</b> – HK to amend the Terms of Reference in line with discussions at the meeting.	<b>H Kelly</b>	May 2012	
<b>GC21/12(d)</b>	<b>Safeguarding Board Terms of Reference</b> – CP to bring the amended version back to the April 2012 Governance & Quality Committee.	<b>C Platton</b>	May 2012	
<b>GC22/12(a)</b>	<b>Policy Resume</b> – HK to provide a status report on where we are with policies/guidelines to the Governance & Quality Committee in May 2012	<b>H Kelly</b>	May 2012	
<b>GC22/12(b)</b>	<b>CQC Evidence Monitoring</b> – HK to ensure that the action plan is updated and more detail is provided in the next report in order to give greater assurance.	<b>H Kelly</b>	July 2012	
<b>GC23/12(a)</b>	<b>Equality &amp; Diversity Action Plan</b> – DG to bring the updated action plan back to the May 2012 Committee.	<b>D Gallagher</b>	May 2012	
<b>GC24/12(a)</b>	<b>(GC13/12(a)1) – Infection Prevention</b>	<b>C Graham</b>	May 2012	

Minute Point Reference	Details of Action Agreed	Action by whom	Target Date	Progress
	<b>Report</b> – With regards to CDiff numbers, CG to report in more detail in the next report, along with outcomes from RCAs.			
<b>GC24/12©</b>	<b>PEAT/Environment Report –</b>  1 Future PEAT/Environment Report to include action plans.	<b>A Davidson</b>	Sept 2012	
<b>GC24/12(d)</b>	<b>Medical Equipment –</b>  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.	<b>A Davidson</b>  <b>A Davidson</b>	May 2012  May 2012	
<b>GC24/12(e)</b>	<b>Staff Assaults</b> – John Mitchell to provide more detail as follows:  1 Who have training targets been discussed with? 2 Further information required on sanctions – need clarification about number of sanctions, where applying and other Trusts; 3 Need recommendation in relation to security situation and differences across two sites;	<b>John Mitchell</b>	May 2012	

Minute Point Reference	Details of Action Agreed	Action by whom	Target Date	Progress
	4 More detail required with regard to Lone Workers.			
GC25/12(a)	<b>Never Events Framework</b> – HK to add reference to monitoring ‘low grade’ incidents and near misses to the policy.	<b>H Kelly</b>	May 2012	
GC26/12	<b>Minutes - Drugs &amp; Therapeutics Committee Minutes</b> – 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.	<b>Medical Division</b>	April 2012	
GC27/12(b)	<b>Integrated Governance Framework for Emergency Flow and Paediatrics</b> – CS to bring this framework back to the Committee in July 2012.	<b>C Siddall</b>	July 2012	
GC27/12©	<b>G &amp; C Terms of Reference</b> – With regards to Quality being addressed, CP to update the Committee in June 2012.	<b>C Platton</b>	June 2012	
<b>April 2012</b>				
GC32/12(b)	<b>Ofsted/CQC Safeguarding Report</b> – CP to bring this report back to the June 2012.	<b>C Platton</b>	June 2012	
GC34/12(a)	<b>Medical Division:</b>			

Minute Point Reference	Details of Action Agreed	Action by whom	Target Date	Progress
	<p><b>1 Mortality &amp; Morbidity</b> to be reported in more details in the next report.</p> <p><b>2 Vulnerable Adults Risk</b> – update to be given in the next report.</p> <p><b>3 Risks</b> – only “RED” risks and risk that have reduced from or increased to “RED” during the quarter.</p>	<p><b>Medical Division</b></p> <p><b>Medical Division</b></p> <p><b>Medical Division</b></p>	<p>July 2012</p> <p>July 2012</p> <p>July 2012</p>	
GC34/12(b)	<p><b>Family &amp; Clinical Support:</b></p> <p><b>5 CQC National Inspection (TOPs)</b> – Audit results to be reported in the next report.</p> <p><b>6 Mortality &amp; Morbidity</b> to be reported in more details in the next report.</p> <p><b>7 Risks</b> – only “RED” risks and risk that have reduced from or increased to “RED” during the quarter.</p> <p><b>8 Generic Risks</b> – HK to discuss issues with the Division.</p>	<p><b>Family &amp; Clinical Support Div.</b></p> <p>“</p> <p><b>H Kelly</b></p> <p><b>Family &amp; Clinical Support Div.</b></p>	<p>July 2012</p> <p>July 2012</p> <p>July 2012</p> <p>July 2012</p>	
GC34/12©	Surgical Division:			

Minute Point Reference	Details of Action Agreed	Action by whom	Target Date	Progress
	<p><b>1 Mortality &amp; Morbidity</b> to be reported in more details in the next report.</p> <p><b>2 Risks</b> – only “RED” risks and risk that have reduced from or increased to “RED” during the quarter.</p>	<p><b>Surgical Div</b></p> <p>“</p>	<p>July 2012</p> <p>July 2012</p>	