


North Cumbria University Hospitals 
NHS Trust

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

Present: Vicki Bruce, Non Executive Director (VB)
Chris Platton, Acting Director of Nursing & Quality (CP)
Carole Jordan, Patient Panel (CJ)
Alistair Mulvey, Director of Finance/Deputy Chief Executive (AMu)
Alan Davidson, Director of Estates (AD)
Margaret Bailey, Patient Panel (MBai)
Caroline Griffiths, Director of Acquisition & Strategic Planning & Acting
Director of Governance (CG)
Damian Gallagher, Director of HR (DG)
Helen Kelly, Head of Patient Safety and Clinical Governance (HK)
Mike Walker, Medical Director (MAW)

In Attendance: Gillian Hetherington, PA
Judith Anderson, HR (JA)

GC45/12 WELCOME AND APOLOGIES FOR ABSENCE

VB noted that the Committee was not quorate as she was the only non executive director present. It was **AGREED** that the meeting would continue as the majority of items on the agenda were for **NOTING** only.

Apologies for absence were received from Judith Cooke, Jessica Riddle, Michael Bonner, Anne Musgrave, Bill Glendinning.

GC46/12 MINUTES OF THE LAST MEETING

The minutes were accepted as a true record.

GC47/12 MATTERS ARISING AND ACTION PLAN

The terms of reference had been updated following comments from the Governance & Quality Committee.

3.1 Governance & Quality Terms of Reference

The Governance & Quality Committee **NOTED** the terms of reference.

3.2 Safeguarding Board Terms of Reference

The Governance & Quality Committee **NOTED** the terms of reference.

3.3 Health & Safety Committee Terms of Reference

The Governance & Quality Committee **NOTED** the terms of reference. VB noted on 2nd page, para 3.1 of the Terms of Reference, should read "4 meetings annually."

3.4 Compliance Steering Group Terms of Reference

The Governance & Quality Committee **NOTED** the terms of reference.

3.5 Emergency Preparedness Terms of Reference

The Governance & Quality Committee **NOTED** the terms of reference.

GC48/12 COMPLIANCE & REGULATION

(a) Policy Resume

HK informed the Governance & Quality Committee that since the last meeting there have been no policies passed by the Trust Policy Group; therefore there is no report this month.

(b) Ofsted/CQC Safeguarding Report

CP presented the Ofsted/CQC Safeguarding Report to the Governance & Quality Committee; she explained that in April 2012 an announced inspection was undertaken by Ofsted and the Care Quality Commission (CQC). This was a joint inspection of children's services and health across Cumbria from which two separate reports would be published; Ofsted for children's services and CQC for health providers.

The Ofsted report was published on 29 May and this week the CQC has sent their draft report which the Trust will be reviewing for factual accuracies. Once the report is finalised it will be published. A robust action plan will be produced, and monitored. All health providers involved in health of children in Cumbria are working together to address the concerns and there are inadequacies, with some immediate actions to be taken.

CP explained that as a Trust we need to look at how we can improve our audits and there needs to be greater communication across all the agencies.

On 27 June, there is a session being held for over 200 people, to look at the action plan. CP felt that from her perspective it is important that we learn from Serious

Case Reviews (SCR), the biggest impact is around communication and there is a lot of work going on outside the Trust which we are participating in.

CP explained that the main issue highlighted in the CQC report is around our Paediatric care in A & E on both sites. The inspector's opinion is that we need to enhance this greatly. CP explained that in order to maintain their skills they need to be seeing a certain number of children. CP has asked the Heads of Nursing for Family Services and Medicine to look at how we can improve this and put plans in place. Paediatric advice was available for staff from the paediatric ward over a 24 hour period.

With regards to the Ofsted/CQC reports, VB confirmed that the areas of concern for the Trust are with regards to communication between the agencies working together but that the main issue for the Trust is around Paediatric nurses in A & E. She asked if CP had anything she wanted to bring to the Committee's attention with regards to the recent CQC unannounced visit.

CP explained that on 12 June 2012, there was an unannounced inspection on the CIC site. They inspectors arrived at 6 am in A & E; there were 5 inspectors and one of them was a specific Pharmacy inspector. They focussed on 9 outcomes. Four of the inspectors looked at the patient pathway, the fifth inspector observed nurses and doctors from a Pharmacy perspective.

The inspectors spoke to patients who had been admitted or transferred through through A & E and there was 100% positive feedback from them on the care they had received and they also commented that the staff were a credit to the organisation. The CQC inspectors will be issuing a report and also stated that there will be a similar unannounced visit to A & E at WCH in the near future.

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

GC49/12 WORKFORCE GOVERNANCE

(a) Equality & Diversity Action Plan

DG introduced Judith Anderson (JR) to the Committee, as she was presenting the report to inform the Governance & Quality Committee of the review and assessment of Equality & Diversity in the Trust using the NHS Equality Delivery System (EDS). He explained that this action plan links in closely with the kind of things the CQC publish, e.g. to ensure we are meeting the outcomes for patients and staff from an internal perspective.

JR explained that the framework has 18 outcomes which are grouped into four goals:

- Goal 1 – Better health outcomes for all
- Goal 2 – Improved patient access and experience
- Goal 3 – Empowered, engaged and included staff

- Goal 4 – Inclusive leadership at all levels

There have been four objectives set, one for each of the above goals and a fifth objective set to facilitate these objectives. Detailed action plans are being finalised to support the five objectives outlined and will be reviewed quarterly by the Trust's Equality & Diversity Steering Group.

MBai noted that on page 9, section 2.3 it refers to "single sex accommodation virtually eliminated" she suggested this should read "mixed sex accommodation virtually eliminated".

It was **AGREED** that this report should be brought back to the Committee to update them on a six monthly basis, with the first update being in December 2012.

VB commented that this is a very clear report. She has one concern with regards to Equality & Diversity (E & D) re staffing. She explained that we are going to have an increasing number of elderly people whose capacity to make competent decisions about their healthcare is marginal but there are some very big problems in terms of providing high quality care for patients and their families, it is very complicated. She suggested that she would personally like to see this issue on the E & D agenda; CJ agreed with this. AD informed the Committee that he had asked the Department of Health (DoH) to point him in the direction of an Exemplar Trust and they could not. DG explained that this is a growing problem and JR explained that this report is there as a framework to see how we use this.

VB would like us to set the agenda for our acquiring partners.

The Governance & Quality Committee **APPROVED** the report and draft Equality Objectives and requested that an updated report is presented to the Committee on a six monthly basis in December and June. VB thanked JR for presenting a very clear and simple report.

Action: Equality & Diversity Report – Update report to be presented to the Committee in December 2012.

GC50/12 STANDARDS, SAFETY & PATIENT EXPERIENCE

(a) Infection Prevention Report

There was no-one at the Committee to present this report, which also incorporated the Annual Report for Infection Prevention. Following discussion, it was **AGREED** that this was a very good Annual Report and should be presented to the Trust Board, once the typographical errors have been corrected. The Committee were happy with this report, and commented the results were very positive and it is a report the Trust should be very proud of.

CG suggested that this had been a massive team effort and it should not be

underestimated how important it is for patients to have this level of compliance.

In Appendix 5, AMu noticed that some of the columns were not rag rated and this would need to be rectified prior to presenting to the Trust Board.

It was also suggested that it would be good public relations if on occasions a machine which demonstrates the cleanliness of hands is available in the foyers of the hospitals. Clive Graham to be asked to discuss this with members of the Infection prevention team.

Action: Infection Prevention Annual Report

- 1 Typographical errors to be completed prior to going to Trust Board.
- 2 Appendix 5 – check columns which have no rag rating and complete prior to going to Trust Board.
- 3 Clive Graham to discuss with members of the infection prevention team the feasibility of having these machines in the foyers of both hospitals on occasions.

(b) Staff Assaults

AD presented an updated Staff Assaults Report to the Committee which addressed the questions raised at the Governance & Quality Committee in March 2012. The report summarises the position for the last financial year and compares this position year on year prior to that.

He explained that as an organisation we have built up a very good working relationship with the police. At WCH the Porters provide a 24:7 service to support clinical staff; at CIC should such support be required then an external provider is contacted. In this Trust we have a very high rate of sanctions, compared to other Trusts and it is not clear why. Overall the situation as presented shows a reduction in staff assaults; although there is concern of whether we are reporting all that we should be.

CG queried if this Committee can be assured that we are doing all that is necessary around staff security and welfare and MAW asked what the strategy for taking this forward is. AD explained that the Acquisition will have an impact on how we move forward, as the Acquiring Trust advocate all in house services rather than contracting out. From a Governance & Quality perspective they would want the same standard across the organisation. The model that Northumbria has is more staff and more dedicated security personnel than we have.

VB asked what immediate steps could be taken. AD explained that one of the concerns has been around staff accessing training in this area. Conflict Resolution training is available but attendance has been low. Corrine Siddall (CS) is adding this as a target to the Divisional performance KPIs; it has been a mandatory requirement since 2006 but little progress has been made. CG confirmed that this is a risk and this Committee still has a corporate responsibility to manage this risk.

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

(c) Medical Equipment – Regulation 16 (Outcome 10)

AD presented the report to Governance & Quality Committee that included a summary of the requirements to achieve compliance with Regulation 16 along with an evidence list to demonstrate the progress made against these requirements.

AD went on to explain the current position with regards to producing an evidence list for Regulation 16. He confirmed that the evidence list, appendix 1, has focused on medical equipment with a view to ensure that the equipment is:

- Suitable for its purpose
- Available
- Installed, used and maintained correctly with reference to the specification, manufacturer's instructions, legislation and appropriate guidance from expert bodies.
- Not re-used if they are manufactured for single use only.

He explained that the Trust's self-assessment demonstrates non-compliance with this standard; however, there are action plans in place to address all the currently identified areas of concern.

VB assumes this is still a major risk for us, although we are in a much better position with the matrix having been developed but she asked where this leaves us with CQC compliance. AD explained that there are still areas of concern, these will be addressed and appropriate resources allocated to improve management in these areas to ensure full compliance with Regulation 16.

CG explained that what is critical is what is in the action plan and how that links to the gaps in self assessment. If there had been no acquisition the Trust Board would need to know that, but with acquisition there is a timescale for self-certification of compliance of this particular outcome. It would be helpful to feed this into Governance and Performance work stream with Northumbria and to this end she asked AD to provide a draft action plan prior to the scheduled meeting with Northumbria on Wednesday, 27 June.

AD was concerned with regards to the capital position, as we may need to look at how we prioritise that. He explained that he has already started to look at Northumbria standards across the group.

AMu confirmed that the action plan needs to be concluded in 6 months' time.

VB asked for an update on Regulation 16 at the September Governance & Quality Committee.

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

Action: Regulation 16

- 1 AD to provide CG with a draft action plan prior to the scheduled meeting with Northumbria on 27 June 2012.
- 2 AD to provide an update report to the Committee in September 2012.

(d) Complaints Handling

HK tabled this report at Governance & Quality Committee to explore whether there is evidence of improved performance in the way the Trust handles the complaints received.

She explained that comparisons have been made in the Appendices for the two years from June 2010 to May 2012. AMu commented that as not all complaints are complicated, and it seems pretty bad when we are unable to respond to simple complaints within 25 working days.

VB thanked HK for the statistics, and asked two questions:

- Is it realistic that we have a policy which states that we will respond in 25 working days, when we do not?;
- How does this performance compare with other Trusts?

HK explained that the 25 working days was a national target but this was removed with the introduction of new legislation in April 2009 however the Trust reintroduced this as an internal target. In Northumbria they have a 35 working day target for complaint response.

VB asked that at some point over the next 3 to 4 months, could we look at how long it is taking on average to respond to complaints and compare against Northumbria's target of 35 days.

AD asked if it would be possible to differentiate between single issue complaints and multi-issue complaints in order to get a better picture; HK to look at the system to see if this is possible.

CG explained that there is another issue around action following complaints and whether these are completed, as we do need to learn for the next time.

CG **AGREED** to look at the whole process for complaints. VB asked if an update could be given in September 2012.

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

Action: Complaints Handling

An updated report to be brought to the September 2012 Governance & Quality Committee that includes the outcome of the review by CG

(e) Security Management Annual Report

AD presented this Security Management Annual Report and drew attention to the summary of security activities for the year 2011/2012 along with the progress against the security work plan 2011/12. Also included in this report is the proposed security work plan for 2012/13 for the Committee's approval.

VB raised a few issues with the report:

- The PIE charts for comparison year on year, she asked if the colour coding could be consistent across the years
- On page 4, 3.1.1, there appears to be a sentence missing.

AD **AGREED** to get the amendments completed and resend out members of the Committee.

AMu referred to the poor uptake of Conflict Resolution training; it was confirmed that this tied in with an earlier paper and this is to be brought up in the Divisional Performance Dashboard.

The Governance and Quality Committee **NOTED** the content of the report and **APPROVED** the Work Plan subject to amendment above and VB thanked AD for presenting it.

Action: Security Management Annual Report – AD to arrange for amendments to be made to the report and it then to be re-issued to Committee members.

GC51/12 STANDING ITEMS

It was **NOTED** by the Committee that some of the minutes which were coming to the meeting to be noted were very out of date minutes. Committee chairs and secretaries to be asked to ensure that minutes come to the Governance & Quality Committee in a timely manner.. It was suggested that G&C should regularly receive a table listing all reporting committees, dates of meetings, and whether/when minutes of each have been submitted.

(a) Trust Partnership Forum held 24 April 2012

The Committee **NOTED** the minutes.

(b) Joint Local Negotiating Committee held 6 March 2012

The Committee **NOTED** the minutes.

(c) Equality & Diversity Steering Group held 15 February 2012

The Committee **NOTED** the minutes.

(d) Trust Infection Prevention & Control Committee held 24 January 2012

The Committee **NOTED** the minutes.

(e) UNRATIFIED Clinical Standards Sub Group held 2 March 2012

The Committee **NOTED** the minutes.

(f) Health & Safety Committee held 20 March 2012

The Committee **NOTED** the minutes.

<p>Action: Minutes of Meetings – Committee chairs and secretaries to be asked to ensure that minutes come to the Governance & Quality Committee in a timely manner. G&C should regularly receive a table listing all reporting committees, dates of meetings, and whether/when minutes of each have been submitted.</p>
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GC52/12 ANY OTHER BUSINESS

(a) Review of Clinical Governance – Annual Report 2011/12

CG presented this report to Governance & Quality Committee to update them on the review of Clinical Governance, which was undertaken across the Trust during 2011/12.

She explained that this report had presented to Trust Board in May 2012, with details on the achievements that have been made during the last eight months. Furthermore it makes recommendations for 2012/13 that will ensure the Trust continues with the progress it has made on improving clinical governance across the organisation. The plan has been monitored through the year by both the Governance and Audit Committees.

AMu commented that there is a lot of work to do on Appendix 2.

CG **AGREED** to bring an updated report the Committee in September 2012.

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

<p>Action: Governance Improvement Plan – CG to bring updated report back to the September 2012 Governance & Quality Committee.</p>

GC53/12 DATE & TIME OF NEXT MEETING

The next meeting will take place on **Tuesday, 31 July 2012 at 1.30 pm in the Boardroom WCH. Please note this is the Divisional meeting**

GOVERNANCE & QUALITY COMMITTEE ACTION LIST – JUNE 2012

DATE OF MEETING: 31 July 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				
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	COMPLETE
GC13/12(f)	Complaints - HK to bring evidence of improved performance back to the May 2012 Governance & Quality Committee.	H Kelly	May 2012	COMPLETE – Agenda item
March 2012				

Minute Point Reference	Details of Action Agreed	Action by whom	Target Date	Progress
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	COMPLETE – Agenda item
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	COMPLETE – Agenda item
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	COMPLETE – Agenda item
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 a report on Regulation 16 to the Governance & Quality Committee in May 2012.	A Davidson	May 2012	COMPLETE – Agenda item
GC24/12(e)	Staff Assaults – John Mitchell to provide more detail as follows:	John Mitchell	May 2012	COMPLETE – Agenda item

Minute Point Reference	Details of Action Agreed	Action by whom	Target Date	Progress
	<p>1 Who have training targets been 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	COMPLETE – Addition has been added to the Policy.
GC27/12(b)	Integrated Governance Framework for Emergency Flow and Paediatrics – CS to bring this framework back to the Committee in July 2012.	C Siddall	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	COMPLETE ??
April 2012				
GC32/12(b)	Ofsted/CQC Safeguarding Report – CP to bring this report back to the June 2012.	C Platton	June 2012	COMPLETE – Agenda item
GC34/12(a)	Medical Division:			

Minute Point Reference	Details of Action Agreed	Action by whom	Target Date	Progress
	<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. 	<p>Medical Division</p> <p>Medical Division</p> <p>Medical Division</p>	<p>July 2012</p> <p>July 2012</p> <p>July 2012</p>	
GC34/12(b)	<p>Family & Clinical Support:</p> <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 have reduced from or increased to “RED” during the quarter. 4 Generic Risks – HK to discuss issues with the Division. 	<p>Family & Clinical Support Div.</p> <p>“</p> <p>H Kelly</p> <p>Family & Clinical Support Div.</p>	<p>July 2012</p> <p>July 2012</p> <p>July 2012</p> <p>July 2012</p>	
GC34/12©	<p>Surgical Division:</p> <ol style="list-style-type: none"> 1 Mortality & Morbidity to be 	Surgical Div	July 2012	

Minute Point Reference	Details of Action Agreed	Action by whom	Target Date	Progress
	<p>reported in more details in the next report.</p> <p>2 Risks – only “RED” risks and risk that have reduced from or increased to “RED” during the quarter.</p>	“	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	COMPLETE
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 realistic timescales of the delays and where there are concerns	H Kelly/C Platton	Sept 2012	
GC39/12(b)	Quality Account – <ul 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. 	C Platton	June 2012	COMPLETE

Minute Point Reference	Details of Action Agreed	Action by whom	Target Date	Progress
	<p>3 Page 12, column in “Red” to be removed as is not fact, what has been achieved is in the last column.</p> <p>4 Each case which appears necessary, instead of “Red” column, the measure is explained, perhaps in a “comment” column.</p> <p>5 Chief Executive’s Forward needs to be more informative of what has been achieved during the year, rather than just about the Acquisition.</p> <p>6 CS to look at the jargon in the report and feedback to CP by 02/06/2012.</p> <p>7 “About the same” this needs to be defined.</p> <p>8 Page 17 – “Value” this should be 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>	I Edgar	Nov 2012	

Minute Point Reference	Details of Action Agreed	Action by whom	Target Date	Progress
	2 ID to provide commentary on the 156 points in the next report.	I Edgar	Nov 2012	
GC41/12(a)	Hand Hygiene – CP to address the issue of no Hand Hygiene dispenser outside the Canteen at WCH.	C Platton	June 2012	This is being looked at by the Infection Prevention Team.
June 2012				
GC49/12(a)	Equality & Diversity Report – Update to be brought to the Committee in December 2012.	D Gallagher	Dec 2012	
GC50/12(a)	Infection Prevention Annual Report – 1 Typographical errors to be completed prior to going to TB. 2 Appendix 5 – check columns which have no rag rating and complete prior to going to TB. 3 Machines for checking if hands are clean or not to be placed, on occasions, in the foyers of both hospitals.	C Graham	July 2012	
GC50/12©	Action: Regulation 16 3 AD to provide CG with a draft action plan prior to the scheduled meeting with Northumbria on 27 June 2012.	A Davidson	June 2012	

Minute Point Reference	Details of Action Agreed	Action by whom	Target Date	Progress
	4 AD to provide an update report to the Committee in September 2012.	A Davidson	Sept 2012	
GC50/12(d)	Complaints Handling - An updated report to be brought to the September 2012 Governance & Quality Committee that includes the outcome of the review by CG	H Kelly	Sept 2012	
GC50/12(e)	Security Management Annual Report - AD to arrange for amendments to be made to the report and it then to be re-issued to Committee members.	A Davidson	July 2012	
GC51/12	Minutes of Meetings - Committee chairs and secretaries to be asked to ensure that minutes come to the Governance & Quality Committee in a timely manner. G&C should regularly receive a table listing all reporting committees, dates of meetings, and whether/when minutes of each have been submitted.	H Kelly	July 2012	
GC52/12 (a)	Governance Improvement Plan – CG to bring updated report back to the September 2012 Governance & Quality Committee.	C Griffiths	Sept 2012	