

# North Cumbria University Hospitals



NHS Trust

**MINUTES OF THE GOVERNANCE &  
QUALITY COMMITTEE HELD ON  
12 MARCH 2013 AT 1:30 PM  
VC BOARDROOM, WCH & BOARDROOM,  
CIC**

**Present:** Vicki Bruce, Non Executive Director (VB)  
Michael Bonner, Non Executive Director (MB)  
Judith Cooke, Non Executive Director (JC)  
Mike Walker, Medical Director (MAW)  
Chris Platton, Acting Director of Nursing & Quality (CP)  
Clive Graham, AMD, Clinical Support (CG)  
Ramona Duguid, Director of Governance/Company Secretary (RD)  
Damian Gallagher, Director of HR (DG)  
Corinne Siddall, Director of Operations (CS)  
Alan Davidson, Director of Estates & Facilities (AD)

**In Attendance:** Paul Wiggins, Deputy Director of IM&T (PW)  
Ian Gordon, Chairman (IG)  
John Mitchell, Health & Safety Manager (JM)  
Lesley Carruthers, Deputy Director of Nursing (LC)

## **GC18/13 WELCOME AND APOLOGIES FOR ABSENCE**

MB noted that the Committee was quorate.

Apologies for absence were received from: Steve Shanahan, Kathy Barnes, Bill Glendinning, Ces Thompson, Anne Musgrave, Chris Platton, Carol Jordon, Jessica Riddle

## **GC19/13 MINUTES OF THE LAST MEETING**

The minutes were accepted as a true record.

## **GC20/13 MATTERS ARISING AND ACTION PLAN**

There were no matters arising from the minutes.

GC27/12(b) – Integrated Governance Framework for Emergency Flow and Paediatrics – CS gave an update on this action. She explained that there has been significant delay in producing the Governance Framework, as originally it was thought that this needed to be complete before starting on the operating

model; this was not the case. Significant progress has now been made on the operating model and with other outstanding issues:

- Emergency flows;
- Integrated management post – across the Acute Trust, CHOC, Out of Hours Service and CCG.

The other outstanding piece of work is the Governance Framework and a meeting has been arranged to agree Memo of Understanding, on which the Governance Framework will be working to. NCUH is the host Trust for the Integrated Governance Framework, which makes this process more straightforward.

CS **AGREED** to continue to verbally update the Committee as work progresses, She also informed the Committee that the CEOs and North Cumbria Clinical Leaders want to see the Governance Framework as soon as complete which means it will not come back to this Committee until they have signed it off.

MB thanked CS for the update.

## **GC21/13 COMPLIANCE & REGULATIONS**

### **(a) Care Quality Committee Update Report**

RD presented the CQC Compliance Update report to Governance & Quality Committee to update them on the end of year forecast position against compliance with the sixteen CQC outcomes. She explained that at the beginning of quarter 3, the Trust's position against compliance confirmed that there were seven outcomes which were partially complete.

RD reported that the key actions required against these outcomes were reported to the Senior Management Team (SMT) and Trust Board in January 2013. Appendix 1 updates the Governance & Quality Committee on the progress made to date.

RD informed the Committee that a ½ day session has been set up with the Business Units to discuss how they ~~will identify~~ will identify business unit leads for some of the core CQC outcomes. AD commented that there are a couple of actions in areas where he is the lead director, where he would not have overall control eg. Training & Finance. He also commented that Estates are working closely with Northumbria and a paper is due to go to SMT on 20 March to gain agreement and funding to further replicate work in Northumbria.

VB queried the bed replacement schedule as if we follow Northumbria our beds should have been replaced twice in the last 12 years. AD confirmed that bed replacement is in the 2013/14 programme of work and CP (Chris Platton) would lead on this. MB asked for clarification as to whether the beds referred to in Health & Safety report are fit for purpose or not. AD and JM confirmed that the beds are fit for purpose. There was a query with regards to the Asset Register and if this would be in place by end of March 2013. AD confirmed that this is the case.

RD commented that assurance was needed that the sisters were using the asset registers as a key tool to review equipment in their ward area.

RD queried with LC where we are up to with ward staff sorting out training competencies etc. LC confirmed that these are complete up to now but this has to continue as new staff come into the organisation; she explained that there is a system in place and this is being followed. With regards to medical staff, the Business Units are working towards a different model, which will encompass all medical staff.

RD emphasised that she will need confirmation on areas where we are non compliant/partial for the Trust Board report by the end of this week. She will also require confirmation from Northumbria following their visit looking at outcome 10 and 11.

The Governance & Quality Committee **NOTED** and **APPROVED** the forecast end of year position and MB thanked RD for presenting it.

**Action: CQC Compliance**

- 1 AD to provide end of year forecast to RD on outcomes 10 & 11 by 15 March 2013
- 2 DG to provide end of year forecast to RD on outcome 14 by 15 March 2013

**(b) 'Never Events'**

MAW & RD gave a presentation on 'Never Events (attached) to explain:

- Background
- 25 Never Events
- Reporting
- Updated policy – key messages
- 'Prevented Never Events'
- National position
- 2012/13 Trust position
- Our immediate learning
- Recommendations to Governance & Quality Committee

Following this presentation RD asked the Governance Committee to agree a review of 'Never Events'. Work would be completed in the Business Units to reassure ourselves that there are checks and plans in place to avoid 'Never Events' happening in the future. It is proposed that a small sub group would be set up to check policies are in place and that they are being followed.

VB queried if any of the teams involved in any of the 'Never Events' might have been experiencing increased levels of pressure to get things turned round. MAW suggested that this could potentially play a part in this happening. VB was seeking assurance that corporate level pressures are not playing a part in this. MAW assured her that focus has always been on patient safety, in fact more and more

focus has been put on this in the last 12 months. MAW does not believe that these 'Never Events' were down to us trying to meet targets.

JC commented that four 'Never Events' in six months is quite extraordinary, especially as the last 'Never Event' in this Trust was in 2008. As part of this process it would be interesting to know how this would be managed in other Trusts and what framework other organisations have in place.

CS queried with regards to the 'Never Event' in Theatre; if we went back into that Theatre today, would staff know if steps have been taken to avoid this happening again. RD gave assurances that steps are in place and staff are aware.

AD asked if it would be possible to share with DG's team some of the actions and outcomes taken, in order that these can be shared with other Business Units. There is a real concern around the amount of people who would not recommend our organisation:

- As a place to work;
- As a place to treat family and friends.

To have a full investigation report would be good but if there are early actions which could be shared, this could also have an impact.

The Governance & Quality Committee **ENDORSED** all the recommendations from this presentation and MB thanked MAW and RD for bringing it to the Committee.

**(c) CQC Outcome 10 – Plan to Improve Fire Safety**

AD and JM presented this report to the Governance & Quality Committee to provide assurance to the Committee that the Trust is meeting the CQC registration requirements as described in CQC Outcome 10G(2). He explained that there continues to be a gap in assurance in fire safety arrangements. Support is being given by Northumbria Foundation Trust; they have seconded two Fire Officers into our organisation to work two days per week for the next 18 months. This will result in a Business Case being put forward to employ a full time Fire Officer.

AD went through the objectives of the action plan and the progress which has been made to date.

RD queried whether, with the exception of the fire safety, have there been any other issues relating to this outcome that Northumbria or we have picked up as being non compliant. AD reported that Northumbria have indicated some concerns with regards to:

- COSSH
- Incidents at ward level
- Health & Safety & Security issues

Over the next 3 days they will be doing spot checks around the Trust to confirm if there are any gaps. AD explained that Steven Bannister (Director of Estates,

Northumbria) and his team have looked at the document which has been prepared and they are looking to give assurance over the next three days. JM does not have any concerns over COSSH assessment.

VB commented that in terms of mandatory training at least fire safety training rates are among the highest levels for the Trust. AD said that Northumbria does not think that our fire safety training is adequate and they want face to face training with wards and departments.

With regards to COSSH, CG queried what the areas of concern were. Areas where evidence is lacking are the general ward areas, specifically as regards the documentation they have. MB suggested that we do need to be gathering evidence.

It was **AGREED** that the recommendation for this Committee should be changed to read "that we note the proposal to write a Business Case for a FT Fire Officer".

MB proposed that the Governance & Quality Committee **NOTED** the content of the paper within the degree of discussion which had taken place and the issues that have arisen from that discussion. He thanked AD and JM for presenting a very informative report.

**(d) CNST Action Plan for progress to assessment**

RD presented this update from Anne Musgrave and the Maternity team, to outline the progress/plan to achieve CNST level 3 by February 2015.

She explained that they had had a multi-professional CNST 'away week', which had gone very well and had focussed on reviewing the guidelines. One of the issues was around getting the Clinical Teams in one room together and this was the biggest priority. Really good progress has been made.

The Governance & Quality Committee **NOTED** this update and MB thanked RD and the team for the excellent progress which is being made towards this assessment.

**GC22/13 WORKFORCE GOVERNANCE**

**(a) Monitoring Trust's Mandatory Training requirements & Staff Appraisal**

DG presented the above report to Governance & Quality Committee to inform and assure them that the actions are in place to achieve key CQC targets concerns mandatory training and appraisals. He explained that the report summarises the Trust's performance with regards to mandatory training programmes and appraisal rates. The data is accurate up to the end of February 2013.

DG commented that this information currently goes to Trust Board, Governance Committee, Workforce Committee and SMT. In addition to this completed training information goes every week to the Clinical Business Units and DG also meets, on a weekly basis, with the Business Units.

It was noted that Estates and Facilities continue to achieve the best results. VB was delighted to see that figures are improving. She questioned how quickly we can respond as regards some of the training programmes which are being criticised in terms of their content. MB commented that we need to know what the status and value is of our whole programme of training.

RD queried with regards to NHSLA assessment, which appears to be different on each site, and this poses specific questions as to why this is. She also commented that this is an interesting report in terms of compliance and training against NHSLA requirements.

CS commented that Estates & Facilities do something different in terms of achieving in training and appraisals rates. It would be good for the other Business Units to learn from them in this respect. AD explained that they hold staff forums for Estates from 1 March, where they discuss:

- Staff Survey
- Compliance with Appraisals
- 6 monthly reviews of Appraisals as well as yearly
- Training

He explained that their HR Business Partner has been instrumental in this.

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

## **GC23/13 CLINICAL STANDARDS, PATIENT SAFETY & PATIENT EXPERIENCE**

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

CG presented the Infection Prevention report to the Governance & Quality Committee to provide a summary from the Infection Prevention Team for the period January 2013 to February 2013.

MRSA - 0

MSSA – 1 apportioned case in February

Cdiff – 4 post 48 hours in January and 5 post 48 hours in February.

VB commented that with regards to Cdiff she would like to believe that it looks like we had a challenging time in Nov/Dec 2012, but thereafter CIC is getting better and Whitehaven looks to have been fine right through.

CG agreed but the challenge for next year is that our trajectory is at 29, so we still need to improve. Things clearly went wrong at CIC in Nov/Dec 2012 but nothing went wrong at WCH. It seems it can be managed all year at WCH, so it should be possible for the same to happen at CIC. One of the things which is different at WCH is that they use a different product (this product also used by Northumbria).

CS commented that one of things she noticed while doing a PEAT walkabout, was that Ward Managers have not had wards deep cleaned and decorated at CIC. She explained that Interserve do have a programme for deep cleaning and decorating but cannot access wards because of bed pressures. It needs to be clear that these deep cleans must take place.

With regards to Antibiotic prescribing, CG explained that this needs to be on the Corporate agenda with SMT.

MB queried if Pseudomonas is just a problem for us or do other Trusts have the same issues. CG confirmed that other hospitals do have the same problems we have. RD asked what the clinical risk to patient safety is on the CIC site. CG explained that it is difficult to quantify the risk, it has probably been there for sometime but it is only since we tested for it that we have identified the issue and only now can we deal with it properly. RD suggested that the Risk Assessment should be updated especially around areas such as Renal and SCBU. AD explained that they still have remedial work to complete at CIC. From an assurance point of view there will be planned 6 monthly testing on both sites.

RD asked if an audit could be completed around deaths relating to Cdiff / summary of the issues being highlighted from the RCAs and if this could be reported in the next IP paper to Governance Committee.

CG informed the Committee that they are currently having weekly RCA (Root Cause Analysis) meetings, to gain input from the Clinical Teams; Ann Farrar had attended the last meeting.

The Governance & Quality Committee **ACCEPTED** the report and MB thanked CG for presenting it.

<p><b>Action:</b> Infection Prevention Report - CG to complete an audit around deaths relating to Cdiff and report back to the Committee next month.</p>
--

**(b) Central Alert System Status Report**

AD presented the Central Alert System Status Report to Governance & Quality Committee to provide assurance that CAS alerts are disseminated appropriately and actions are completed within alert deadlines.

CS commented that this is a really good report in terms of tracker. With regards to Page 8 – what is the status of this clinical alert from 2009? What do we need to do to support you on this? JM confirmed that this is now on track, LC has addressed this with Sheena Todhunter, as for us to be compliant this needs to be sorted out by the end of March 2013.

CG queried in terms of issues around NG tube feeding, whether this be on “green” still. RD explained that the evidence in place to support compliance had been

confirmed, however the purpose of the report was to highlight the priorities which will be included in the clinical audit plan for 13/14

RD explained that with regards to issues prior to 2009, there is a need to do a quick sense check prior to 2009; to do this will have to go back to Clinical Leaders. A target has been set to get this work completed by the end of quarter 1.

The Governance & Quality Committee **APPROVED** the updates in relation to the Trust's position on compliance with Central Alerts and MB thanked AD and JM for presenting it.

**(c) PEAT Environment Report**

AD presented the Patient Environment Report to the Governance & Quality Committee, to advise member of the changes to the PEAT process for 2013 and advise them of changes undertaken on both sites affecting the patient environment.

AD informed the Committee that as part of the ongoing improvement process "Mini weekly PEAT Inspections" have commenced on the CIC site, whereby a different Director visits ward areas with AD or Carol Johnson and Brian Brown, PEAT Service Manager for Interserve. CS confirmed that she had already completed one of these inspections and stressed the importance of a report going to SMT on a regular basis, so that we know that things are being picked up. She had picked up a number of issues on the area she visited but felt it is about taking ownership and leadership and would welcome engagement from a Ward Manager's perspective.

AD explained that he is currently monitoring the number of reports to the Interserve Helpdesk; trying to encourage staff to take ownership of their areas – if there is something wrong it has to be reported; hopes to see a significant increase in the reports to the Helpdesk.

SL, on behalf of the Patient Panel, wanted to thank AD and Carol Johnson for the work they have done in getting the Trust involved with the 2013 PLACE (previously PEAT), as there are limited places for this and very few Trusts are able to get involved. He also wanted to congratulate the team on the new Vascular Lab, which has been a great success. SL also informed the Committee that he is in the process of getting 9 new members on the team for WCH with 5 backups.

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

**GC24/13 INFORMATION GOVERNANCE**

**(a) IG Update**

PW joined the meeting to update the Governance & Quality Committee with regard to actions being taken to ensure compliance with the achievement of Level 2 for Information Governance.



He confirmed that we are currently sitting at 80%, but there is still work to do in respect of updating all the evidence. MB asked if PW was confident we can reach our target. PW explained that he is sure will be going to exceed 90%.

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

## **GC24/13 STANDING ITEMS**

### **(a) Minutes/Action Plans of Meetings:**

- **Drugs & Therapeutics Committee – 28 January 2013** – MB queried the amount of prescribing errors by F1's. He noted that this had been discussed at length at the DTC. RD to speak to Bill Glendinning for an update with regards to these prescribing errors.
- **Safeguarding Board – 21 December 2013** – MB concerned with regards to these minutes, there are an awful lot of actions outstanding and the attendance at the meeting is not very good. There appears to be a lot going on but the minutes are not very informative. MB **AGREED** to e-mail CP with areas of concern on these minutes
- **Health & Safety Committee – 17 December 2012** - Minutes **NOTED** by the Committee.
- **UNRATIFIED Health & Safety Committee – 17 January 2012** – Minutes **NOTED** by the Committee.

#### **Action:**

- 1 **Drugs & Therapeutics Committee (28/01/2013)** – RD to speak to Bill Glendinning for an update with regards to number of F1's prescribing errors.
- 2 **Safeguarding Board (21/12/2012)** – MB to e-mail CP with areas of concern on the minutes.

## **GC25/13 ANY OTHER BUSINESS**

- Ian Gordon, Trust Chairman, joined the meeting at the end to thank Judith Cooke for all her hard work and dedication to the Trust over the last 4 years. Judith was stepping down from her role as Non Executive Director at the end of March.

## **GC26/13 DATE & TIME OF NEXT MEETING**

The next meeting will take place on **Tuesday, 9 April 2013 at 1.30 pm via vc using the Boardroom CIC & Boardroom WCH. The main body of the meeting will be at CIC.**