

North Cumbria University Hospitals



NHS Trust

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

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)
Bill Glendinning, Head of Pharmacy (BG)
Clive Graham, AMD, Clinical Support (CG)
Ramona Duguid, Director of Governance/Company Secretary (RD)
Anne Musgrave, Head of Midwifery (AM)
Steve Shanahan, Interim Director of Finance (SS)
Alan Davidson, Director of Estates (AD)
Carole Jordan, Patient Panel (CJ)
Stan Lightfoot, Patient Panel (SL)
Ces Thompson, Patient Panel (CT)

In Attendance: Liz Moloney, Head of Education & Training (LM)
Gillian Hetherington, PA

GC01/13 WELCOME AND APOLOGIES FOR ABSENCE

VB noted that the Committee was quorate.

Apologies for absence were received from: Kathy Barnes, Damian Gallagher, Jessica Riddle

GC02/13 MINUTES OF THE LAST MEETING

There were a couple of minor changes to the minutes, following the changes the minutes were accepted as a true record.

GC03/13 MATTERS ARISING AND ACTION PLAN

There were no matters arising from the minutes.

GC04/13 WORKFORCE GOVERNANCE

(a) Education & Training Report

LM attended the Governance & Quality Committee to present the Education & Training report to inform the Committee of appraisal and mandatory training reports for September, October & November 2012 and also update them on Medical Education issues.

VB commented that she found this report and the minutes of the Learning and Development Committee interesting and reassuring.

LM informed the Committee that Dr Chris Tiplady, Consultant Haematologist, Northumbria, has taken over as Interim Director of Medical Education for the Trust. He has vast experience in managing medical education at Trust as well as the Deanery level. He has already had discussions with the Ann Farrar around the Quality Improvement Plan and Self Assessment report. The Quality Improvement Plan is due to go to SMT on 9 January for submission on 10 or 11 January 2013.

LM informed the Committee that they have regular meetings with Faculty members and the Graduate Programmes are going satisfactory at the moment. She is feeling more assured with regards to Medical Education but there are still issues which need to be addressed.

VB had a query with regards to page 1, where the report refers to students having completed the programme with anecdotal evaluations. She asked what was meant by this. LM confirmed that once the evaluations from the student are placed into Portfolios then the word anecdotal will be taken out as the evidence will be there.

JC asked if numbers were dropping. LM confirmed that this was not the case.

CP informed the Committee of an incident over the Christmas period; where feedback had been given to one of the tutors from the North East with regards to Foundation Doctors. The concerns raised will be reported to the Trust Board in January 2013. The incident highlighted that:

- We do not have right lead for students to raise concerns;
- There may or may not have been a concern about a particular patient but so far it looks okay.

Non-Medical Education – LM informed the Committee that the Workforce Committee has been established and the first meeting of the group will take place in January 2013. The Committee will report on a monthly basis to the Trust Board. It is expected that the Learning & Development Group will report into this Committee, as well as the Trust Partnership Group and any issues from these groups will then be reported up to Governance Committee. LM also confirmed that everyone in the Trust is pushing forward with regards to Appraisal and Mandatory training and this is showing in the figures coming through.

AD commented that with regards to Appraisal, when a member of staff is off sick, this is taken into account but with Mandatory Training it is not. This means that if

you have staff off on long term sick, the figures do not reflect that and therefore it would be impossible to meet the target of 100%.

JC felt that if we started to change then this would cause even more difficulties and she would be strongly opposed to changing the way Mandatory training is recorded.

VB said that personally she sympathised with AD. Setting 100% appraisal and mandatory training targets is setting it up to fail. She felt that a more realistic target would be 95%. VB feels that the Workforce Committee should look at all the issues around this. LM **AGREED** to ask Northumbria what, if any, adjustments they make.

JC asked about Medical Education issue around Nurse Practitioners and whether this is being facilitated in-house. CP explained that at WCH there is an established group but at CIC the group is not established. There are plans to introduce more Nurse Practitioners but it is a 3 year training programme. This is currently being worked through the Business Units and will also be being picked up in Hospital at Night, which again is more established at WCH than CIC.

MAW confirmed that on the WCH site Nurse Practitioners are going to be a very important part of the models of care.

VB asked if a short report could be provided about what the plans are for the development of Nurse Practitioners, just a couple of paragraphs summarising this. MAW suggested that this would be done through the Business Units. CG informed the Committee that Northumbria has a more developed Nurse Practitioner service and he can see us developing as they have. This is particularly important in areas where we have difficulty in recruiting consultants.

VB congratulated everyone on the much improved figures for Appraisal and Mandatory training.

The Governance & Quality Committee **NOTED** the report and VB thanked LM for presenting a very informative update.

Action:

- 1 LM to speak to Northumbria to check if they do adjustments to Appraisal and Mandatory Training figures for long term sickness.
- 2 Business Units to provide a couple of paragraphs with regards to what the plans are for the development of the Nurse Practitioner service and a single summary report drafted based upon these

GC05/13 CLINICAL STANDARDS, PATIENT SAFETY & PATIENT EXPERIENCE

(a) Infection Prevention Report

CG presented this summary report from the Infection Prevention Team for the period November to December 2012.

C.difficile - CG explained that Outbreak meetings had been set up in response to the increase in cases, which are predominantly on the CIC site. There have been various Ribotypes picked up and not all the C-diff cases are from the same strain. Of those that have been characterised as having the same ribotype (014 and 015), the Outbreak team has asked for additional typing to be done. Some of the cases are epidemiologically linked. There were some linked cases on individual wards but we are awaiting typing results to see if they represent patient to patient spread; there is a postulated link to the Endoscopy Unit but these were also different strains of C-diff.

From the RCAs it is possible to make an assessment as to whether the patients were prescribed antibiotic agents in line with Trust guidelines but it is not possible to audit retrospectively whether indication and stop dates were actually recorded on the drug charts. The results outlined below suggest that the choice of antibiotic did not comply with Trust guidelines in 5 out of 21 patients with C.difficile infection.

Of the 21 cases attributable to the Trust since October:

Number of patients on antibiotics at the time of C.difficile diagnosis – 10/21
Antibiotic choice compliant with Trust guidelines – 8/10

On antibiotics within one month prior to C.difficile diagnosis (but not at time of diagnosis) - 9/21

Antibiotics prescribed whilst in-patient - 7/9
Antibiotic choice compliant with Trust guidelines - 4/7

Discussions at the Outbreak meetings are around:

- Anti-microbial stewardship; clinicians need to take more ownership with regards to antibiotics. A discussion will take place at SMT on 9 January to indicate those actions we require the Business Units to take. Far greater involvement is required by the clinical teams on antibiotic use in patients and whether appropriate to prescribe or not. The antibiotic policy is on the intranet but there is a need for ownership of this from the clinical teams.
- In terms of cleaning, the teams are looking at a number of different methods. Northumbria use different products such as hydrogen peroxide vapour; these have been piloted on the CIC site but need to become part of our standard cleaning processes. We are also looking at chlorine dioxide based cleaning products and sporicidal wipes.
- A new CDI treatment, fidaxomicin is going to Drugs & Therapeutics Committee for use in high risk and relapse cases.
- Looking to use probiotics; at the moment finalising a protocol for this and this will then need to be used by clinical teams.

CG explained that he is currently in discussions with the DIPC at Northumbria, who is a Microbiologist. He informed the Committee that we have an even tighter target for C-diff for 2013/14 of 29. Depending on this year's outturn this may represent a reduction of 50%.

VB stressed that it is a shame we will not be going to meet targets this year. Looking at a breakdown of cases month on month, there are some months which are particularly bad and other months not so bad. CP stated that in 2011/12 our target was 69 cases and we came in at 57. VB said that is probably where we will come in this year. She said it would be good to see the last couple of years' statistics, so as to draw a comparison. CG explained that the tolerance is coming down and down in the number of cases you are allowed each year. It may be possible to bring the figures down to a certain level but it will never be at zero.

VB interested to see targets for this year and last year, to see how each of the sites worked out. CG said that in terms of workload 35% of in-patient are treated at WCH and 65% at CIC; so a simple split of the trajectory (40) would see a target of 14 cases for WCH and 26 for CIC. So in terms of trajectory for this year, probably on trajectory at WCH and just over at CIC. VB explained that the reason behind her question is how do we explain to patients and staff that we have failed. The message might be more positive if we can say that one of our sites has shown it can be done. CG felt that there is a balance between healthy competition and unhealthy competition. VB said that she would nevertheless be interested in seeing the breakdown and how we can use the information for the future.

JC asked about the Saving Lives figures. CG explained that this is about ownership and everyone taking responsibility. There is a limit to what the IP team can do when chasing these figures up with the wards. It is now up to the individual ward areas to ensure that they send in their figures and within the timeframe set. CP explained that where we see 100%, we are going to bring people in from other wards to audit and have identified wards on both sites where this system will be piloted.

RD thought it would be helpful for SMT to see the statistics and differences between ward areas over the last 12 months; she was particularly interested to know if it was certain wards that were not completing the audits on a regular basis. CP explained that the full breakdown on every area is detailed on Audit, so the figures are being tracked.

CG also explained to the Committee that on testing hospital water supplies on the CIC site *Pseudomonas aeruginosa* had been found in a number of areas. These were managed with bacterial filters and cleaned and descaled, the filter being removed if repeat cultures were clear. CG explained that there may be fundamental problems with design of some of the water outlets which make them prone to infection. RD asked for a report to go to Trust Board in January re: current position and high risk area testing. CG informed the Committee that this will be discussed at the Water Safety Group and following this a report will be presented to Trust Board.

It was agreed that it may be necessary to put some pressure on Interserve with regards to the issues at CIC, which are not happening on WCH site. AD explained that he has had a number of concerns raised both in this Committee, from Patient Safety Walkabouts and from Northumbria Due Diligence with regards to Interserve. He wanted to assure the Committee that they are putting pressure on Interserve, who are responding in a positive way; they have already put in extra

resources but AD and his team are constantly checking and double checking with Interserve. CG explained that to be fair to Interserve he had found them to be very helpful when he had raised issues with them.

RD raised an issue regarding 1 patient where C.difficile was noted on part 2 of the death certificate, CG and CP stated that they would check the exact figures for CDI related deaths and feedback to the Committee.

Communication has also been an issue with regards to transfers to Community Hospital. We need to ensure that communication is adequate when transferring patients.

RD queried with regards to the RCA when do we get to a point where we have to ask different questions, if performance / increases in numbers of CDI continue. CG explained that he would expect to see a response time of about a month in order for our actions to be effective. He is working in close conjunction with colleagues in Northumbria. We would also invite other external organisation in if we felt unable to control the C.difficile with the measures we have put in place. CP confirmed that there are representatives from the HPA (Health Protection Agency), as well as Health Economy colleagues, attending the Outbreak meetings.

The Governance & Quality Committee **NOTED** the report and VB thanked CG for a very interesting and informative presentation with regards to C.difficile.

Action: Infection Prevention

- 1 CG to send through to VB targets for this year and last year around C.difficile.
- 2 CG to provide a report to Trust Board on the Water Testing results – once discussions have been held at the Water Safety Group.
- 3 CG and CP stated that they would check the exact figures for CDI related deaths and feedback to the Committee.
- 4 SMT to receive information on hand hygiene audits broken down by wards CP.

(b) Revalidation Update

Mr Simon Raimes attended the Governance & Quality Committee to inform them of the continued preparations for Revalidation of our doctors. He explained that the majority of doctors are on track with their preparations for strengthened annual appraisal and thus revalidation. There is still considerable work to do in preparing our SAS doctors, but there is an action plan for doing so over the next 6-9 months.

JC noted 15% for consultants who have not undergone their appraisal within 13 months of their last one and she asked how urgent and how big an issue this is. SAR explained we have seen a continued improvement in the timeliness of consultant appraisals, although there are a few consultants who are not seen to actively engage with appraisal. He explained that it is his role to assure the Committee that they will be on track within the next 3 months. His next report to

the Governance Committee will include details of doctors who are still not engaging. The GMC, through their regional affiliate, will also wish to be assured that all doctors are engaging in appraisal. He also explained that there are a group of consultants who are on the point of retirement who have not appraised in the last year but they have to undergo appraisal every 12 months until they completely cease clinical practice.

SAR also explained that in discussion with NHCT, we have a contract with Edgecumbe to provide doctor peer/colleague 360 degree feedback. Our preparation for patient satisfaction feedback is still at an early stage, so for doctors undergoing appraisal in 2013/14 they will use Edgecumbe for their patient satisfaction surveys. VB asked if this is necessary for revalidation or is it just something to help doctors develop their portfolio. SAR explained that Northumbria collect this data continuously as part of their quality measurements and have a dedicated department for doing so - this is the 'gold standard' to which we should aspire. Until this is developed we will use a GMC recognised process such as the one run by Edgecumbe. VB asked about the sort of patient numbers they required to give feedback. SAR explained that Edgecumbe collect information from 30-40 patients. He is not too concerned about difficulties collecting that type of feedback; it is the performance and Governance information which will be more difficult to collect.

RD explained that they discussed at the last Trust Board where we have our top 3 areas of concern around Safety, Quality and whether Revalidation on track. The question for the next stage is that revalidation has never impacted on safety and should it now be discussed in that vein. MAW explained that the main process in revalidation is linked to our governance systems. There should be continuous safety processes that identify any performance concerns in doctors. Appraisal is seen as an adjunct to the governance system and is rarely expected to identify any concern that has not already been picked up. As revalidation only occurs every 5 years, it is important that our governance systems for doctors are robust and we are required by both the SHA and GMC to confirm this. There are a small number of doctors who have issues that are presently under investigation or for which they are receiving remedial action. We are now in the process of implementing the process used in Northumbria, which is much more focussed, but there will always be issues which will emerge as we go through this process. RD felt that we now need to recognise individuals who have an overall impact on services and safety.

SAR confirmed that there are two strings to revalidation, more important is the Trust Governance system. We should expect appraisal to confirm what we already know about the doctor but this give an opportunity to check on an annual basis. RD asked how these can be married up and SAR explained that the Trust needs to ensure we have robust governance systems that assure that our doctors remain fit to practice at all times and that if concerns do arise then we have the processes to investigate and remediate them at an early stage. MAW explained that the method of reassurance is through the Governance process and this is getting more robust year on year.

BG asked if we should have any concern with regards to revalidation of locums. SAR explained that they are a concern and this has been taken up at a national

level. Agency locums should have their appraisal and revalidation with the Medical Director of the agency. If employed directly by the Trust then they have to undergo revalidation through a different responsible doctor eg Medical Director of PCT where they reside. This will require close monitoring by Human Resources department.

LM asked if educational issues were added into the appraisal process and SAR confirmed that this is the case. There is ongoing work in preparing for appraisal of the educational component of a doctors' practice.

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

GC06/13 STANDING ITEMS

- **Terms of Reference – Antimicrobial Management Team** – The Committee **NOTED** the terms of reference
- **Safeguarding Board (12 November 2012)** – JC queried with CP whether she is happy that the Safeguarding Board as a joint meeting is working. CP confirmed that she is happy that the balance is right between adults and children. The Committee **NOTED** the minutes.
- **UNRATIFIED Trust Partnership Forum (20 November 2012)** – These minutes will be forwarded to the Workforce Committee in future. The Committee **NOTED** the minutes.
- **Learning & Development Group (27 September 2012)** – These minutes will be forwarded to the Workforce Committee in future. The Committee **NOTED** the minutes.
- **Learning & Development Group (24 October 2012)** – The Committee **NOTED** the minutes.
- **Learning & Development Group (28 November 2012)** - The Committee **NOTED** the minutes.

GC07/13 ANY OTHER BUSINESS

- CJ raised an issue with regards to communication between the Trust and Patient Panel. RD **AGREED** to meet with CJ outside the meeting.

Action: Patient Panel – RD to meet with CJ with regards to communication with Patient Panel.

GC08/13 DATE & TIME OF NEXT MEETING

The next meeting will take place on **Tuesday, 12 February 2013 at 1.30 pm at the Boardroom CIC. The meeting is the Divisional meeting so therefore face to face.**

GOVERNANCE & QUALITY COMMITTEE ACTION LIST – JANUARY 2013

DATE OF MEETING: 12 February 2013

Minute Point Reference	Details of Action Agreed	Action by whom	Target Date	Progress
March 2012				
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	Dec 2012	An update to be given in March 2013.
Sept 2012				
GC65/12(b)	Revalidation – SAR to update the Committee in 3 months' time.	S Raimes	Jan 2013	COMPLETE – Agenda item
GC66/12(a)	Education & Training –			
	1 An update on what is being done to improve the percentages for Appraisals and Mandatory Training to be in the next Education & Training Report.	L Moloney	Jan 2013	COMPLETE – Agenda item
	2 LM to speak to Gail Ferrier regarding who is being trained and who is doing the training.	L Moloney	Jan 2013	COMPLETE – Agenda item

Minute Point Reference	Details of Action Agreed	Action by whom	Target Date	Progress
November 2012				
GC74/12	Out of Date Policies – KB to provide a report separating the non clinical from clinical policies and to speak to Northumbria colleagues with regards to their policies and structures and also to put degrees of ‘Red’ rather than just red	K Barnes	Dec 2012	Agenda item – Risk assessments are being undertaken – RD to catch up with KB re: Risk Assessment – to be carried forward to February 2013
GC76/12(a)	Surgical Divisional Report – <ol style="list-style-type: none"> 1 Provide safe, effective care within available resources for a positive patient experience – in the next quarterly report the Division to provide more detailed information and results 2 Plans for the next quarter – Updates to be given in the next Divisional report. 3 Productive Ward – Explanation of where the Division are with regards to core sets to be given in the next report. 	L Corlett	Feb 2013	
		L Corlett	Feb 2013	
		L Corlett	Feb 2013	
GC76/12(b)	Family & Clinical Support Division – <ol style="list-style-type: none"> 1 Plans for the next quarter – 	S Preston	Feb 2013	

Minute Point Reference	Details of Action Agreed	Action by whom	Target Date	Progress
	<p>Updates to be given in the next Divisional report.</p> <p>2 CQC/Ofsted Action Plan – To be looked at again to see where we can measure.</p> <p>3 Safeguarding Training – A comparison to be provided in the next report with regards to Consultants & Clinicians and to show an improvement.</p>	<p>S Preston</p> <p>S Preston</p>	<p>Feb 2013</p> <p>Feb 2013</p>	
GC76/12(c)	<p>Medical Divisional Report –</p> <p>1 Division to benchmark around confused and frail patients.</p> <p>2 Division to discuss with other Divisions and provide the Committee with a Quarterly Report which tells them the story of what the Division has done in the quarter.</p> <p>3 A report to be provided to the Committee to give an update on all the issues surrounding Dermatology eg Rule 43, missed patients and highlighted group risks.</p> <p>4 Mortality and Morbidity – A few sentences to be written in the next report to explain the Mortality &</p>	<p>B Monk</p> <p>B Monk</p> <p>B Monk</p> <p>B Monk</p>	<p>Feb 2013</p> <p>Feb 2013</p> <p>Jan 2013</p> <p>Feb 2013</p>	<p>Feedback to be given as a separate item to February 2013 Governance Committee.</p>

Minute Point Reference	Details of Action Agreed	Action by whom	Target Date	Progress
	Morbidity figures.			
December 2012				
GC83/12(a)	Policy Resume – The next report to include more detail regarding how out of date policies are and the potential risks associated with this.	K Barnes	Jan 2013	To be reported in February 2013.
GC84/12(a)	Staff Survey Report – 1 Future responses to be in tabular form and a summary by Division, also to include gender and % of respondents. 2 Report from Workforce Committee to be brought back to March 2013 Governance & Quality Committee.	D Gallagher D Gallagher	Feb 2013 March 2013	
GC85/12(a)	Infection Prevention Report – 1 CG to give specific actions being taken with regards to Cdiff, in the next IP report. 2 CG to ask Occupational Health to check number of staff who have had their vaccinations elsewhere.	C Graham C Graham	Jan 2013 Jan 2013	COMPLETE – Agenda item COMPLETE – Agenda item
GC85/12(b)	Annual Report on Resilience – 1 AD to review Fire Safety Risk Assessment for both sites and	A Davidson	March 2013	

Minute Point Reference	Details of Action Agreed	Action by whom	Target Date	Progress
	<p>report back to the Committee on the plan to improve fire safety across both sites.</p> <p>2 JW to do an exercise with current policies and procedures to see where we are and how far we are away from where we need to be by March 2013.</p>	J Wharton	Jan 2013	To be reported in March 2013.
GC87/12	<p>Drugs & Therapeutics –</p> <p>1 BG to update the Committee in January on unresolved issues around guidelines, particularly overdosing.</p>	B Glendinning	Jan 2013	COMPLETE - BG confirmed that they now have updated guidelines from the Partnership, which they are working through
GC88/12	<p>Self Assessment & Quality – RD to bring an update to the February 2013 Governance Committee</p>	R Duguid	Feb 2013	
January 2013				
GC04/13(a)	<p>Education & Training –</p> <p>1 LM to speak to Northumbria to check if they do adjustments to Appraisal and Mandatory Training figures for long term sickness.</p> <p>2 Business Units to provide a couple of paragraphs with regards to what</p>	<p>Liz Moloney</p> <p>Barbara Monk, Louise</p>	<p>March 2013</p> <p>Feb 2013</p>	

Minute Point Reference	Details of Action Agreed	Action by whom	Target Date	Progress
	the plans are for the development of the Nurse Practitioner service and a single summary report drafted based upon these	Corlett, Stephanie Preston		
GC05/13 (a)	<p>Infection Prevention –</p> <ol style="list-style-type: none"> 1 CG to send through to VB targets for this year and last year around Cdiff for comparison. 2 CG to provide a report to Trust Board on Water Testing results re: current position and high risk area testing – once discussions have been held at the Water Safety Group. 3 CG and CP stated that they would check the exact figures for CDI related deaths and feedback to the Committee. 4 SMT to receive information on hand hygiene audits broken down by wards CP. 	<p>Clive Graham</p> <p>Clive Graham</p> <p>Clive Graham & Chris Platton</p> <p>C Platton</p>	<p>Feb 2013</p> <p>Jan 2013</p> <p>Feb 2013</p> <p>Feb 2013</p>	
GC07/13	Patient Panel – RD to meet with CJ with regards to communication with Patient Panel.	Ramona Duguid	Feb 2013	

