

North Cumbria University Hospitals 
NHS Trust

**MINUTES OF THE GOVERNANCE &
QUALITY COMMITTEE HELD ON
11 DECEMBER 2012 AT 1:30 PM
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)
Bill Glendinning, Head of Pharmacy (BG)
Clive Graham, AMD, Clinical Support (CG)
Damian Gallagher, Director of HR (DG)
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)
Jessica Riddle, Patient Panel (JR)
Carole Jordan, Patient Panel (CJ)

In Attendance: Paul Wiggins, Deputy Director of IM&T (PW)
Gillian Hetherington, PA

GC80/12 WELCOME AND APOLOGIES FOR ABSENCE

VB noted that the Committee was quorate.

Apologies for absence were received from: Chris Platton, Kathy Barnes, Jan Wharton.

GC81/12 MINUTES OF THE LAST MEETING

The minutes were accepted as a true record.

GC82/12 MATTERS ARISING AND ACTION PLAN

GC67/12b (2) – Medical Devices - AD confirmed that the Surgical Business Unit have taken on the Trust wide responsibility for competency assessment training and maintaining records for medical device training. Ryan Crellin has been appointed by Louise and Patrick to lead on this.

The current Northumbria Policies and Procedures are being implemented. Ryan has already spoken to his opposite number and further meetings are to be arranged.

AD has spoken to DG about the need to use the ESR system (as Northumbria do) to record the staff training as this will need to be developed.

Regarding the original internal 11/12 Audit this has been re-assessed and a report will be produced to detail the achievements regarding the management and maintenance of Medical Equipment.

Agreement has been reached to appoint one additional Medical Engineering Technician based at CIC.

A Business case will be jointly developed specific to the future maintenance of medical equipment and this will be presented to SMT in January.

GC83/12 COMPLIANCE & REGULATION

(a) Policy Resume

There had been a meeting of the Trust Policy Group on 6 November, where 5 policies were presented; all of these policies required further amendments before final approval.

There was a query around the shades of red and MB and JC explained that this refers to how overdue and that some policies & procedures are more important than others.

The Governance & Quality Committee **NOTED** the contents of the report and VB said that the report was fine as far as it went but the Committee would need more detail in the next report.

Action: Policy Resume – The next report to include more detail regarding how out of date policies are and the potential risks associated with this.
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GC84/12 WORKFORCE GOVERNANCE

(a) Staff Survey Report

DG presented the Staff Survey Report to the Committee to provide them with a summary of divisional responses from the National Staff Survey 2011. He explained that the latest staff survey report had just been completed and the results from this will hopefully be out at beginning of February 2013.

VB explained that it would be useful in future to have the responses in tabulated form and a summary of all divisions so that comparisons of key issues could easily be made. She noted that there are significant differences between areas on some

of the questions. VB suggested setting up these comparisons and then when next year's survey results are out we can look at it year on year.

JC also felt it would be helpful to have gender recorded and the rate of response. AD said if we are looking to tabulate it, it would be good to have percentage and number of respondents recorded

JR suggested that if results are out in February 2013, it would be useful to show a comparison with other Trusts. She also pointed out that it is difficult with a survey when they use the 5 point scale; we have to decide what we call 'agreement' or what do we call 'disagreement'. It was pointed out that there is a project for the HR team to interact with Capita reports and this could be for the new Workforce Committee. RD said from a Governance perspective there are two issues:

- The percentage of responses in the neither 'agree' nor 'disagree' should be viewed with caution in relation to some of the questions where neither or agree or disagree would be difficult given the question, for example do staff receive feedback regarding incidents. RD added that improving the number of incidents reported as well as the feedback to the staff on lessons learned was a key objective for 2013.
- Although it is not anticipated that there will be a significant improvement in the staff survey results, we needed to pick specific areas that we can make improvements in, for example incident reporting. RD commented that the Governance and Quality Committee should now seek assurance from the Workforce Committee on what action is being taken to address the key areas of improvement in the staff survey and how we are measuring this progress during the year.
- DG was asked to come back to the Committee with a report regarding what the Workforce Committee was implementing in March 2013.

VB felt that once the Workforce Committee is up and running, this will be a standard agenda item for this Committee. DG said the Committee's first meeting would be in January 2013. He also confirmed that this group will report directly to Trust Board, but will report to the Governance Committee on specific items, including assurance on the work being taken forward.

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

Action:

- 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.

(b) Equality & Diversity Update

DG presented the Equality and Diversity report to update Governance & Quality Committee on Equality & Diversity and the implementation of the Trust objectives and the NHS Equality Delivery System (EDS) in the Trust.

The Governance & Quality Committee **NOTED** this report.

GC85/12 CLINICAL STANDARDS, PATIENT SAFETY & PATIENT EXPERIENCE

(a) Infection Prevention Report

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

MRSA – CG confirmed that we had our 1st MRSA for over 2 years on CIC site, however this was a contaminated sample

CG confirmed that they have identified issues relating to practice of sampling of blood cultures and further information would be circulated across the organisation to raise awareness.

VB commented that it is important to ensure we get the correct message across to the public regarding the MRSA bacteraemia and it being a contaminated sample.

JR asked if this is a training issue. CG explained that it is potentially a training issue and is one of things the Infection Prevention Team are looking at.

SS queried if people are aware that there is a problem and it is being addressed. CG explained that in terms of the contamination, the IP team are looking at the data; it then needs to be fed back through the Medical, Surgical and possibly the Paediatrics teams – a clear message needs to go out within the Business Units.

Cdiff – there were 8 post 48 hour cases in November, 1 at WCH and 7 at CIC; which takes us over our trajectory for 2012/13. CG explained that there is a wider problem on the CIC site. There is a need to work through why cases have occurred and to develop a robust action plan. The team will be looking at everything in a systematic manner.

Norovirus – There have been a number of Norovirus outbreaks on both sites. These outbreaks are also in the Community and across both Cumbria and Lancashire.

Most of the issues are on the CIC site; there is concern around cleanliness on this site and this is something which the team need to be aware of when looking at action plans. There is a variation around some of the cleaning products being used on each site. There could also be an issue on the physical doing rather than the product being used.

AD confirmed he has had a number of discussions with Interserve and raising awareness of the cleaning manual. There is an expectation around ownership of

the manual at ward manager level and within the Business Units, so that they are able to query if Interserve do clean appropriately. He also explained that there are problems on both sites with deep cleaning, as there are no decant areas on either site.

RD queried whether the Governance Committee needed to receive further information to ensure all required actions and learning from the cases were being put in place and shared as the Trust would now fail the C-Diff targets for 2012/13? CG confirmed that he has discussed this with CP and further discussions will be held at SMT. RD asked if CG's next report could be clear about specific actions being taken in relation to Cdiff performance, specifically relating to themes which have occurred from the RCAs.

MAW explained that their needs to be greater public awareness when coming into the hospitals. People should not be visiting or accompanying relatives if they are ill. CG confirmed that they have done some work with Communications and GP's around this. CJ confirmed that she had stopped Patient Panel members coming into the Trust while the current outbreaks are on.

Hand Hygiene/Saving Lives – SS suggested that these rates are not dropping but have been consistent for the last 3 months. CG explained that it is one or two areas which are a problem and they are being targeted to get them to comply.

Flu Vaccinations – CG confirmed that the percentages for flu vaccination uptake is as follows:

- Doctors 65.1%
- Qualified Nurses – 55.4%
- Other Professional Groups – 60.4%
- Clinical Support staff – 48.7%

CG **AGREED** that for his next report he would ask Occupational Health to check number of staff who have had their vaccinations elsewhere eg GPs.

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

Action: Infection Prevention

- 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.

(b) Annual Report on Resilience

AD presented the Annual Report on Resilience on behalf of Jan Wharton. He explained that this is an overview of where we are as a Trust at the moment. The Trust needs to be CQC complaint by March 2013 and the Business Units will be

driving this. He explained that a considerable amount of progress has been made by the Family Services & Clinical Support Division but there is a need for the other two divisions to progress in the same manner.

RD highlighted to the committee that the Trust does not have robust evidence in place in relation to fire safety. AD confirmed that Northumbria has also raised concerns around Fire Safety; Clinical areas are complete for WCH and some of the non clinical areas are also on track. AD was asked to review Fire Safety risk assessment for both sites and report back to the committee on actions being taken

VB asked what impact cancelling the Emergency Preparedness Steering Group would have. AD explained that decisions were meant to have been made at that meeting; it was cancelled due to non attendance; this was the same with the Health and Safety Committee. VB felt that in trying to get performance criteria in place, there is no reason why that cannot be pursued outside of the meeting. AD confirmed that it has been made very clear to everyone that this is a must do.

JC queried if we get everything in place that ought to be in place and have disseminated where we have incidents or exercises the lessons learned to everyone who needs to know. How do we know this is complete? AD explained that we do not have everything in place and only when this goes through to the Business Units will we get assurance that there are policies and procedures and individuals with roles and responsibilities in those areas. This needs to be in place by March 2013. JC queried if this would be possible. RD suggested JW should do an exercise with current policies and procedures available on the intranet, including up to date contact numbers and roles to see where we are and how far we are away from where we need to be by March 2013.

Action: Annual Report for Resilience –

- 1 AD to review Fire Safety Risk Assessment for both sites and report back to the Committee on the plan to improve fire safety across both sites
- 2 JW to do an exercise with current policies and procedures (contacts and key documents) to see where we are and how far we are away from where we need to be by March 2013.

GC86/12 INFORMATION GOVERNANCE

(a) IG Report

PW presented the IG Update for December 2012, in order to update the Governance & Quality Committee with regard to the actions being taken to ensure compliance with the achievement of Level 2, for submission in March 2013.

With regards to IG112, PW confirmed that there has been progress in the last month and he is confident that we will reach the target by March 2013. We are

currently sitting at 56.5% and need to get to 96% by March 2013.

VB queried if staff aware that if they do not complete mandatory training, this could have an impact on the Acquisition. BG said he was not aware of this. RD explained that there is a need to be clear with regards to the importance of being a suitable organisation to acquire. She does not think this is as explicit as it needs to be.

SS explained that most organisation have a brief going out to staff based on what the Board agreed; we do not have this in place. SS briefs his staff after Trust Board but accepts that people are missing the message. He feels we need to improve on this and this could happen in weeks rather than months. We have a very good Communications team but this message needs to get out in the next few weeks.

VB suggested that at the Board next week they need to look at getting a message out to staff about things which need to happen before the Acquisition.

PW said there is still a lot of work to do but very different from one month ago.

The Governance & Quality Committee **NOTED** the report and VB thanked PW for presenting what was a much more uplifting report.

GC87/12 STANDING ITEMS

Minutes/Action Plans of Meetings

VB had general comments with regards to the minutes/actions received. She noted that some of the action lists are very long with lots of unresolved actions and her overall impression of some of the minutes is that they need to be smartened up. One other issue is that the minutes are still not coming to the Committee in a timely manner.

- **Health & Safety Committee (17 July 2012)** – It was noted that there was nothing in these minutes with regards to manual handling. AD said this was because Jacqui Mounsey (Manual Handling Co-ordinator) was not present at the meeting. There was a meeting on 19 September and it was noted that the Committee should have been sent these minutes also. The Committee **NOTED** the minutes.
- **Drugs & Therapeutics Committee (17 September 2012)** – A number of issues were discussed. JC noted that these were very long minutes and she wondered how concerns and issues get disseminated to people who need to know. BG confirmed that CP takes any major issues to the SMT. RD asked if the issues around guidelines, particularly overdosing had been resolved. BG explained that there are still training issues which they need to address. He **AGREED** to give an update to the next Governance & Quality Committee. The Committee **NOTED** the minutes.
- **Drugs & Therapeutics Committee (5 November 2012)** – VB raised an issue with regards to F1 safe prescribing. BG confirmed that he had just

response to this and **AGREED** for forward this response to VB. The Committee **NOTED** the minutes.

- **Terms of Reference – Drugs & Therapeutics Committee** – The Committee requested that another point be added to Duties and Responsibilities to say “To disseminate issues concerning decisions to all relevant areas”. The only other issue was that the Committee were not clear if the Membership of the Terms of Reference use the Business Unit model.
- **Acute Informatics Steering Group (1 October 2012)** - The Committee **NOTED** the minutes.
- **UNRATIFIED Emergency Preparedness Steering Group (3 December 2012)** - The Committee **NOTED** the minutes.
- **UNRATIFIED Infection Prevention Committee (18 September 2012)** - The Committee **NOTED** the minutes.
- **Safeguarding Board (21 September 2012)** - The Committee **NOTED** the minutes.
- **Trust Partnership Forum (18 September 2012)** - The Committee **NOTED** the minutes.
- **Joint Local Negotiating Committee (18 September 2012)** - The Committee **NOTED** the minutes.
- **Equality & Diversity Steering Group (27 June 2012)** - The Committee **NOTED** the minutes.

Action:

- 1 **Drugs & Therapeutics Committee** – BG asked to update the Committee in January on unresolved issues around guidelines, particularly overdosing.
- 2 **Drugs & Therapeutics Committee** – BG to send information to VB regarding F1 prescribing.

GC88/12 ANY OTHER BUSINESS

- RD informed the Committee that there are some significant pieces of work being taken forward as part of the governance work stream with colleagues from Northumbria, specifically the plan to address the gaps in the Quality Governance Assessment, RD agreed to bring a report back to the February meeting.
- AM informed the Committee that there is to be a CNST Away Day on Thursday, 13 December with colleagues from Northumbria.

Action: Self Assessment & Quality – RD to bring an update to the February 2013 Governance & Quality Committee

GC89/12 DATE & TIME OF NEXT MEETING

The next meeting will take place on **Tuesday, 8 January 2013 at 1.30 pm via vc using Boardrooms WCH & CIC. The main body of the meeting would be at WCH**

GOVERNANCE & QUALITY COMMITTEE ACTION LIST – DECEMBER 2012

DATE OF MEETING: 8 January 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 brought to the December Governance Committee.
May 2012				
GC40/12(a)	Staff Survey Report – 1 For the next report, IE to ensure that the information be even more broken down into units not just sites. 2 ID to provide commentary on the 156 points in the next report.	I Edgar I Edgar	Dec 2012 Dec 2012	Agenda item – COMPLETE Agenda item - COMPLETE
June 2012				
GC49/12(a)	Equality & Diversity Report – Update to be brought to the Committee in December 2012.	D Gallagher	Dec 2012	Agenda item - COMPLETE
Sept 2012				

Minute Point Reference	Details of Action Agreed	Action by whom	Target Date	Progress
GC65/12(b)	Revalidation – SAR to update the Committee in 3 months' time.	S Raimes	Jan 2013	
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. 2 AD to investigate why the Estates department is sitting at 13% for Manual Handling training. 3 LM to speak to Gail Ferrier regarding who is being trained and who is doing the training.	L Moloney A Davidson L Moloney	Jan 2013 Nov 2012 Jan 2013	COMPLETE – Considerable progress 80% by end of this year and 100% in January 2013.
GC67/12(b)	Medical Devices – Regulation 16 1 AD to meet with CG and MAW to discuss Medical staff input into Medical Devices.	A Davidson	Nov 2012	COMPLETE – see minutes
GC67/12(e)	Clinical Audit Plan – KB to contact staff current doing Master's with a view to sharing information.	K Barnes	Nov 2012	COMPLETE - 2 member of staff in the Trust undertaking Masters – neither linked with clinical audit to date.
November 2012				
GC74/12	Out of Date Policies – KB to provide a	K Barnes	Dec 2012	Agenda item – Risk assessments are being

Minute Point Reference	Details of Action Agreed	Action by whom	Target Date	Progress
	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			undertaken – RD to catch up with KB re: Risk Assessment
GC76/12(a)	Surgical Divisional Report – 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 L Corlett L Corlett	Feb 2013 Feb 2013 Feb 2013	
GC76/12(b)	Family & Clinical Support Division – 1 Plans for the next quarter – Updates to be given in the next Divisional report. 2 CQC/Ofsted Action Plan – To be	S Preston S Preston	Feb 2013 Feb 2013	

Minute Point Reference	Details of Action Agreed	Action by whom	Target Date	Progress
	<p>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>Feb 2013</p>	
<p>GC76/12(c)</p>	<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 & Morbidity figures.</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>GC77/12</p>	<p>IG Report –</p>			

Minute Point Reference	Details of Action Agreed	Action by whom	Target Date	Progress
	<p>1 In Appendix 1 where progress was noted at 'not progress'. It was AGREED that this is not enough information for the Committee, they need to know the information behind this and what the plans are to progress this</p> <p>2 MAW and CP to report to SMT that the Governance & Quality Committee disturbed by report which is being presented to them on a monthly basis and which appears to be different to what is being said SMT.</p>	<p>P Wiggins</p> <p>M A Walker & C Platton</p>	<p>Dec 2012</p> <p>Dec 2012</p>	<p>Agenda item – COMPLETE</p> <p>COMPLETE</p>
<p>December 2012</p>				
<p>GC83/12(a)</p>	<p>Policy Resume – The next report to include more detail regarding how out of date policies are and the potential risks associated with this.</p>	<p>K Barnes</p>	<p>Jan 2013</p>	
<p>GC84/12(a)</p>	<p>Staff Survey Report –</p> <p>1 Future responses to be in tabular form and a summary by Division, also to include gender and % of respondents.</p>	<p>D Gallagher</p>	<p>Feb 2013</p>	

Minute Point Reference	Details of Action Agreed	Action by whom	Target Date	Progress
	2 Report from Workforce Committee to be brought back to March 2013 Governance & Quality Committee.	D Gallagher	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	
GC85/12(b)	Annual Report on Resilience – 1 AD to review Fire Safety Risk Assessment for both sites and report back to the Committee on the plan to improve fire safety across both sites. 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.	A Davidson J Wharton	March 2013 Jan 2013	
GC87/12	Drugs & Therapeutics – 1 BG to update the Committee in	B		

Minute Point Reference	Details of Action Agreed	Action by whom	Target Date	Progress
	January on unresolved issues around guidelines, particularly overdosing. 2 BG to send information to VB regarding F1 prescribing.	Glendinning B Glendinning	Jan 2013 Jan 2013	 COMPLETE
GC88/12	Self Assessment & Quality – RD to bring an update to the February 2013 Governance Committee	R Duguid	Feb 2013	