

North Cumbria University Hospitals 
NHS Trust

**MINUTES OF THE GOVERNANCE &
QUALITY COMMITTEE HELD ON
14 MAY 2013 AT 1:15 PM
BOARDROOM, WCH & BOARDROOM, CIC**

Present: Vicki Bruce, Non Executive Director (VB)
Michael Bonner, Non Executive Director (MB)
Shirley Reveley, Non Executive Director (SR)
Chris Platton, Acting Director of Nursing & Quality (CP)
Clive Graham, AMD, Clinical Support (CG)
Ramona Duguid, Director of Governance/Company Secretary (RD) – for
part of the meeting only
Bill Glendinning, Head of Pharmacy (BG)
Jessica Riddle, Patient Panel (JR)
Carol Jordon, Patient Panel (CJ)

In Attendance: Lorna Garret, Northumbria NED
Stephanie Preston (SP)
Claire Moore (CM)
Deb Lee (DL)
Rachel Beck (RB)
Ann Yarnold (AY)
Louise Corlett (LC)
Patrick Armstrong (PA)
Richard Heaton (RH)
Barbara Monk (BM)
Denis Burke (DB)

GC34/13 WELCOME AND APOLOGIES FOR ABSENCE

VB noted that the Committee was quorate.

Apologies for absence were received from: Steve Shanahan, Stan Lightfoot, Alan Davidson, Damian Gallagher, Corinne Siddall, Anne Musgrave, Kathy Barnes, Lynn Anderson, Mike Walker

GC35/13 MINUTES OF THE LAST MEETING

The minutes were accepted as a true record.

GC36/13 MATTERS ARISING AND ACTION PLAN

GC23/13(a) – CG gave the Committee an update on this action. He explained that using the same population approach looking at all CDI cases across the Health Economy, since the first of April 2012 to date we have had 140 cases of CDI, 19 of these have been relapses so 121 patients in total. (These are all GDI + toxin positive)

There have been sixteen deaths at day fourteen in these 121 patients, death rate 13.2%; **mean** age = 80yrs

Three were pre and thirteen post, some had significant underlying conditions, usually malignancy so it is difficult to attribute.

Of those with ribotype data available, four were 14, two were 78, two were 2, and three were unassigned.

Five had CDI included on death certificate, a further two it was included on death certificate but death was > 14 days post specimen (but less than 30 days); the spread of CDI deaths is fairly constant but there was a peak in December (4), two of which were on part 2 of death certificate, this was also our peak month for apportioned cases.

These cases need to be more thoroughly investigated to ensure all lessons have been learnt as CG sure it is possible to improve on the above outcomes even if they are comparable to the Oxford group paper.

GC37/13 COMPLIANCE & REGULATIONS

(a) Policy Resume

RD presented the Policy Resume, to inform the Committee of the guidelines, the policies, the protocols and procedures which had been ratified by the Trust Policy Group since last reporting

Policies & Guidelines:

- DNAR Policy v4.3 – Clinical – Review – TPG Approved
- Equality Scheme v2.1 – Non-Clinical – Review – TPG Approved
- Nebuliser Policy v1.14 – Clinical – Review – TPB Approved
- Compensatory Rest – Operational Guidelines v1.0 – Non-Clinical – Review – TPG Approved
- Equality Impact Addressed – Guidance Notes v1.1 – Non-Clinical – Review – TPG Approved
- Employment References – Guidelines for Managers on Providing References v0.1 – Non-Clinical – Review – TPG Approved
- Joint Care Protocol – Clinical – Review – TPG Approved
- Redundancy Policy v2.9 – Non-Clinical – Review – TPG Approved
- Non-Medical Referrals – Clinical – Review – TPG Approved

- Norovirus Outbreak Policy v1.1 – Clinical – Review – TPG Approved with minor amendments.

RD presented the updated report on progress with addressing outstanding policies. Members of the Committee discussed the report and the assurances in place that everything was on track to ensure by September the backlog of policies would be addressed. SR queried whether the scope of practice for HCAs clinical support workers should be given higher priority and RD agreed to liaise with CP to clarify.

MB felt a bit disappointed that the Whistle Blowing Policy had not been approved in April. RD had checked what the position was and it was confirmed to the Committee that it was the right decision by TPG not to accept the policy as the monitoring section was unclear. As regards the Child Protection Policy, RD confirmed that this will be addressed before June and conversations had already taken place.

The Governance & Quality Committee **NOTED** the contents of this report and MB thanked RD for presenting it.

GC38/13 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 March 2013 to April 2013.

MRSA - 2 pre 48 hour cases
MSSA – 2 apportioned cases
Cdiff – 3 apportioned cases

With regards to Cdiff the Committee found the summary of cases to be very useful information and asked if, in future, all Cdiff deaths could be reported with a summary in this report.

CG informed the Committee that there is still more work to do around Cdiff; he is working closely with Gaynor from the TDA. She has completed checks on Honister ward at WCH, where she found a number of issues but on a second visit to the ward there was a significant improvement. She also had concerns around the Elm Pavillion but on her second visit to this area found no improvement at all.

JR queried if Interserve is still being scrutinised at CIC. AD to give an update on what actions they have been taking around the cleaning at CIC. CJ informed the Committee that the Patient Panel raised this problem last year and CJ had asked at the time if Interserve staff were trained around infection prevention. AD to update the Committee with regards to what training Interserve staff receive, as regards infection prevention.

CP explained that feedback from Gaynor with regards to both sites was around

cleaning and as part of PEAT inspections, they have taken some cubicles out of use and they are being refurbished from an infection prevention perspective. CP has also requested that if ward sisters are not satisfied with the cleaning of their wards and have escalated up but still nothing happening, then they must escalate to CP.

SR queried if Hand Hygiene was being taken over by the CCG. CG said he was not aware what the CCG were doing around infection prevention. He is aware that they have recently lost 2 Infection Prevention Nurses and are looking to recruit to these posts. She also asked if Committee was aware of the roles and responsibilities throughout the Trust, as regards infection prevention. CG explained that they are working with Gaynor to look at the Infection Prevention Team. Infection prevention will be looking at more statutory processes and calling people to action from outside the IP team rather than within it.

CP explained that with regards to Hand Hygiene and Saving Lives, the Infection Prevention Committee will be holding all areas to account. The Heads of Nursing will have to explain where they have areas who are not 100%. She also explained that with regards to Audits, wards will in future be moving towards auditing each other.

MB asked if audits are being carried out or are they not being carried out on some wards. CP not aware of this and RH confirmed that this is not the case.

MB also raised an issue with regards to bullet points in the Executive Summary, as 3 of the bullet points were not reflected within the body of the report. He asked that in future there should be an explanation within the report. VB confirmed that Executive summaries are useful provided there is a clear mapping of points from summary to the report so that people can use them to remind themselves of what was on what page.

CG had brought the new terms of reference for the Infection Prevention Committee for comments from this Committee. They found them to be very well-articulated. The Committee did ask if action plans and strategies would be moving forward from the previous Committee. CG explained that in the past the IP Committee had been very insular and based around the Infection Prevention & Control Team. Organisations have been more successful with a whole Trust responsibility rather than just IP team. It is about raising the profile of infection prevention and everyone being accountable. It is about the Infection Prevention team advising the Committee but not taking the lead on everything and trying to minimise patient harm from infection prevention perspective across the Trust. SR offered her support to the Committee if a Non-Executive required.

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

Action: Infection Prevention Report -

- 1 In future, all Cdiff deaths to be reported with a summary in this report.
- 2 AD to give an update in June 2013 on what actions they have been taking

- around the cleaning at CIC.
- 3 AD to update the Committee with regards to what training Interserve staff receive, as regards infection prevention.

5.2 Draft Terms of Reference for Area Team Quality Surveillance Group

RD explained to the Governance & Quality Committee the purpose of the Group, which has overall responsibility for quality surveillance of providers, which will bring together both hard and soft intelligence regarding the quality of care and is led by the NHS Commissioning Board Area team. The Chief Executive, Medical Director and Director of Nursing are required to attend the 'risk summit' meetings which feed into the quality surveillance groups.

GC39/13 BUSINESS UNIT REPORTS

(a) Paediatric Business Unit

DL, SP and CM attended the Committee to present the Paediatric Business Unit report to provide assurance to the Governance Committee by summarising the governance activities undertaken within the Unit for the period January-March 2013, using the Pillars of Governance framework.

DL explained that the Paediatric Business Unit has now started to have shadow Business Unit meetings, whereby the team from North Cumbria meet with their counterparts in Northumbria. The intention is to start on 1 October 2013 as a Coast to Coast Business Unit.

DL then went on to give a presentation (attached) of the key points in the report.

SR asked about the Children's Safeguarding team and why additional posts are required. DL explained that the posts are around training. At the present time for Safeguarding the Business Unit has a 0.4 WTE, 15 hour post, which means that CM spends a huge amount of time supporting Safeguarding. CM is currently working with CP to ensure they get the right resources in place. They are looking to employ 1WTE Band 7 and also a training post. The recommendation from the CQC was that we needed some succession planning and we need to move Safeguarding forward. It is important that all Business Units have responsibility for ensuring their own staff undergo the necessary Child Protection training.

SR asked about Safeguarding Training as regards the target of 80% and asked if it is planned to stretch this target. CM explained that the plan is to go to 95% compliant. The Business Unit were congratulated for getting such a high percentage of staff trained. CP informed the Committee that the Safeguarding training partnership are aiming for all staff to be 100% trained in Safeguarding; this was announced at the Executive Safeguarding Board on Monday, 13 April 2013.

There was a question in relation to discharge summaries and the number of discharge letters in case notes but also movement around that. DL explained that they are currently updating this through Governance and Business Unit meetings.

It is really important that GP's are kept up to date and there are plans to improve this. The target is 100% compliance and there is money attached to it, as part of CQUIN.

MB stated that all 4 Business Unit reports were excellent this quarter, this one in particular. It is a very good exception report. One of the questions being asked of NEDs by KPMG and Keogh is 'how do you triangulate'. MB having thought about this feels this means:

- Effectiveness
- Efficiency
- Economy

If you get these 3 in balance you have a safe patient in the middle.

The Governance and Quality Committee **NOTED** the report and VB thanked the Business Unit for their very informative presentation.

(b) Emergency Surgery and Elective Care Business Unit Report

PA, LC, RH & AY attended the Committee to present the Business Unit report which summarises governance and quality activities undertaken within the Emergency Surgery and Elective Care Business Unit from January-March 2013. The aim of the report is to provide assurance to the Governance & Quality Committee by describing service improvements, lessons learned, patient experience and risk issues using the pillars of governance model.

PA gave a presentation starting with the aims from the previous report and the status of these. The Committee found this very useful information. As regards VTE, PA explained that there is still work to be done in this area but emphasised that they do need better data coming back. He also commented with regards to Pressure areas that further training is required for people undertaking RCA's. He isn't sure why the increase is happening but they plan to get more information in order to address this.

With regards to the increase in the number of 'SUI's' and 'Never Events', PA went through these individually and explained each in detail.

MB queried the Central Alert System MDA/2013/016, as this is sitting at Red. He asked what the implication of this is. AY explained that they will continue to use the equipment but with caution. This came about when MHRA suggested that we needed a better standard of kit. Our supplier did not have the new kit in stock, so it was suggested we continue to use the original kit but with caution – this will be on the risk register next week.

VB asked about Pain Management and Discharge as there appears to be issues in both this Business Unit and the Medical Business Unit. PA explained that pain management and discharge are not doing very well. The Acute Pain service is not where it should be. Anaesthetics should have lead for Acute pain for the Trust, across both sites; at the current time there is no joined up thinking and a lack of

quality. PA explained that the way forward is to look for a lead. VB asked how this can be taken forward; it was suggested this should be discussed at the CPG. There needs to be a more focussed discussion at CPG from both nursing and medical sides. CP said that this comes back to documentation. There should be a set number of case notes audited per month. If not documented it does not exist. The other issue is 'Elimination'. RH explained that this is particular to one of the clinical areas, Beech B, around bowel movements. If patients have colostomy etc., bowel movements are not recorded in the same way, if not written down has not happened. There is a need to get these recording systems more fit for purpose.

SR asked where Workforce Governance sits in the Framework. LC explained that this should be down from the main Business Unit Board; it should have been included as should Finance.

MB suggested that there needs to be a short summary with regards to Finance, in the reports with just the key messages in there.

The Committee noted an issue around the Anaesthetics post. If this is so serious how is the Business Unit coping in the meantime. AY explained that Theatres are being creative and careful about where they putting trainees and consultants. A more detailed update was requested in the next report around Anaesthetic support.

Action: Emergency Surgery & Elective Care Report –

- 1 Updated Framework to be issued to members of the Committee to include Workforce Governance and Finance.
- 2 Short summary with regards to Finance in the next report.
- 3 Update to be provided around Anaesthetic support in the next report.
- 4 Discussion at CPG about Pain Management and Discharge
- 5 Safeguarding – need to see a clear set of trajectories to be achieved for Safeguarding training for each of the Business Units.

(c) Clinical Support and Cancer Services Business Unit Report

CG and SP presented this report to Governance & Quality Committee to provide assurance to the Committee by summarising the governance activities undertaken within the Clinical Support and Cancer Services Business Unit for the period January-March 2013 using the 'Pillars of Governance framework'.

CG gave a presentation on the key issues in the report.

As regards the Radiotherapy IR(ME)R Incidents, 3 in a six week period; there are real concerns within the business unit around this. VB asked if these incidents and the Radiology incidents were on the Risk Register. SP explained that the updated Risk Register for the next quarter would include these risks, and a full update would be given in the next Business Unit report.

SR queried with regard to Safeguarding training being in Red. SP explained that this is something which the Business Unit needs to pick up and it will be looked at in the next BU Board meeting. We need to capture everyone at once; Safeguarding is a bit issue and these people all need to train in Safeguarding. CP explained that with regards to Safeguarding training assurance is required when this group of staff will be trained and when it will improve.

MB was interested in the Staff Survey Improvement Plan, which seems to be a good idea and an example of good practice; he would like to see this shared with the other Business Units. It was explained that the other Business Units are already doing this. VB felt it was good that they were all doing regular Survey-Monkey' surveys to try and track improvements before next staff survey and these will be reported to the Workforce Committee.

The Governance and Quality Committee **NOTED** the report and VB thanked the Business Unit for presenting a very clear report.

Action: Clinical Support and Cancer Services Business Unit report –

- 1 SP to provide an update on the Radiotherapy & Radiology incidents in the next report.
- 2 Short summary on Finance in next report.
- 3 Safeguarding – need to see a clear set of trajectories to be achieved for Safeguarding training for each of the Business Units.

(d) Emergency Care and Medical Business Unit Report

DB, BM & RB attended the Governance & Quality Committee to present the Emergency Care and Medical Business Unit report. The report summarises the governance activities undertaken with the Business Unit from January-March 2013 and provides an end of year position. The aim of the report is to provide the Committee with assurance by identifying risk, risk mitigation through service improvements, lessons learned, patient experience set within the context of the pillars of governance framework.

DB gave a presentation (attached) on the key areas of note within the Business Unit. He informed the Committee that they had successfully appointed all their CD's and that their clinical organisation structure is now in place. They have also appointed to the Clinical Director of Patient Safety & Clinical Audit post.

SR commented that as regards the Clinical Indicators, she likes the arrows, as they show exactly where we are at a glance. She suggested it might be good if all the Business Units followed this line.

MB had a query around the update against NICE guidelines, where 1 audit had been abandoned, he wondered why there is significance attached to this. RB explained that an Auditor had left the organisation and this was not completed. SR asked if it is planned to re-audit this. BM explained that the Business Unit need to look at this and report back in the next report.

MB really happy with this report. All the reports are much improved and equipping everyone for 1 October 2013 and getting to Coast to Coast standard.

SR asked about the dip in Hand Hygiene on Larch C and wondered if there was an explanation for this, although she also noted that the following month they were up to 100%. The Business Unit to look at this.

The Governance & Quality Committee **NOTED** the report and MB thanked the Business Unit for presenting a very good report.

Action: Emergency Care & Medicine Business Unit Report –

- 1 Short summary on Finance in the next report.
- 2 Business to update the Committee on the Audit which had been abandoned.
- 3 Business Unit to explain the dip in Hand Hygiene results on Larch C.
- 4 Safeguarding – need to see a clear set of trajectories to be achieved for Safeguarding training for each of the Business Units.

GC40/13 ANY OTHER BUSINESS

At the end of the meeting there was a discussion around the Business Unit reports and the significant improvement in them. RD said that we now need to move from the Business Units just giving feedback and position statements about what they are doing, to them producing really clear outcomes relating to the work going on within their individual Units.

GC40/13 DATE & TIME OF NEXT MEETING

The next meeting will take place on Tuesday 11 June 2013 at 12 noon, using the Boardrooms at CIC (main venue) and WCH by video-link.

GOVERNANCE & QUALITY COMMITTEE ACTION LIST – MAY 2013

DATE OF MEETING: 11 June 2013

Minute Point Reference	Details of Action Agreed	Action by whom	Target Date	Progress
February 2013				
GC14/13(a)	Medical Divisional Report			
	1 Division to Benchmark around confused, frail patients. An update to be given in their next report.	B Monk	Sept 2013	Results in next Governance Committee report.
	2 Division to look at other Divisional reports before next report due.	B Monk	May 2013	COMPLETE
	3 BM & DB to look at Stroke Performance across both sites.	B Monk/D Burke	Sept 2013	Ongoing – update in next report
	4 In the next report an explanation to be given around how the decision was made re A & E clinical cover, against admissions, especially on a Saturday night.	B Monk	May 2013	COMPLETE – this is an ongoing issue around matching rotas with activity.
	5 Division to give more detailed report around Finance in the next report.	B Monk	Sept 2013	To be added to next report.
	6 Heat map to be looked at, around	B Monk	Sept 2013	Update in next report

Minute Point Reference	Details of Action Agreed	Action by whom	Target Date	Progress
	<p>inconsistencies.</p> <p>7 Division asked to put Safeguarding on the agendas for Business Unit meetings.</p> <p>8 Plan on a page to be incorporated into Divisional report or presentation.</p>	<p>B Monk</p> <p>B Monk</p>	<p>March 2013</p> <p>Sept 2013</p>	<p>COMPLETE</p> <p>To be added to next report</p>
GC14/13(b)	<p>Family/Clinical Support Division:</p> <p>1 EDS – SP to check December figures to see if error and report back.</p> <p>2 SP was asked if, before the next report, she could give an update to the Committee on the transfers between Business Units and especially around the Cancer agenda. There are serious concerns to be picked up, which is why this update is requested before the next report.</p> <p>3 Division to ensure that Audits around NICE are delivered as part of the 12/13 plan.</p> <p>4 “There is also a small group of doctors who do not appear to know how to access policies on the</p>	<p>S Preston</p> <p>S Preston</p> <p>S Preston</p> <p>S Preston</p>	<p>May 2013</p> <p>May 2013</p> <p>May 2013</p> <p>May 2013</p>	<p>COMPLETE</p> <p>COMPLETE</p> <p>COMPLETE</p> <p>COMPLETE</p>

Minute Point Reference	Details of Action Agreed	Action by whom	Target Date	Progress
	intranet". SP to check this statement with Claire Moore. 5 Plan on a page to be incorporated into the Divisional report or presentation.	S Preston	Sept 2013	To be added to the next report
GC14/13(c)	Surgical Division 1 Division to provide in next report an update on Productive Ward 2 Division to provide in next report a breakdown of trends around Slips, Trips & Falls 3 Division asked to put Safeguarding on the agendas for Business Unit meetings.	L Corlett L Corlett L Corlett	Sept 2013 May 2013 March 2013	Ongoing – report in next report LC to send out to members COMPLETE
March 2013				
GC23/13 (a)	Infection Prevention – CG to complete an audit around deaths relating to Cdiff and report back to the Committee next month.	CG	April 2013	COMPLETE – CG gave the Committee an update see minutes but there is still work to do.
April 2013				
GC 30/13 (a)	Draft Quality Account – 1 Members of Governance Committee to go back to RD with comments/issues regarding the Draft	Governance Committee members	April 2013	COMPLETE

Minute Point Reference	Details of Action Agreed	Action by whom	Target Date	Progress
	Quality Account. 2 JR to take report to the next Patient Panel meeting for comment.	JR	April 2013	COMPLETE
GC 30/13 (b)	Complaints regarding Treatment – Detailed report to be brought back to the Committee in June 2013.	RD	June 2013	
GC31/13 (a)	Infection Prevention Report – 1 RD and CG to discuss Cdiff SUI's. 2 CP to check on Hand Hygiene Policy	RD & CG CP	April 2013 April 2013	COMPLETE COMPLETE – going to TPG in May 2013.
May 2013				
GC38/13(a)	Infection Prevention Report 1 In future all Cdiff deaths to be reported with a summary in this report. 2 AD to give an update in June 2013 on what actions they have been taken around the cleaning at CIC. 3 AD to update the Committee with regards to what training Interserve staff receive, as regards Infection Prevention.	CG AD AD	June 2013 June 2013 June 2013	
GC39/13(b)	Emergency Surgery & Elective Care Report			

Minute Point Reference	Details of Action Agreed	Action by whom	Target Date	Progress
	<ol style="list-style-type: none"> 1 Updated Framework to be issued to members of the Committee to include Workforce Governance & Finance. 2 Short summary with regards to Finance in the next report. 3 Update to be provided around Anaesthetic support in the next report. 4 Discussion at CPG about Pain Management and Discharge 5 Safeguarding – need to see a clear set of trajectories to be achieved for Safeguarding training for each of the Business Units. 	<p>LC</p> <p>LC</p> <p>LC</p> <p>LC</p> <p>LC</p>	<p>Sept 2013</p> <p>Sept 2013</p> <p>Sept 2013</p> <p>June 2013</p> <p>Sept 2013</p>	
GC39/13(c)	<p>Clinical Support and Cancer Services Report</p> <ol style="list-style-type: none"> 1 SP to provide an update on the Radiotherapy & Radiology incidents in the next report. 2 Short summary on Finance in next report. 3 Safeguarding – need to see a clear set of trajectories to be achieved for Safeguarding training for each 	<p>SP</p> <p>SP</p> <p>SP</p>	<p>Sept 2013</p> <p>Sept 2013</p> <p>Sept 2013</p>	

Minute Point Reference	Details of Action Agreed	Action by whom	Target Date	Progress
	of the Business Units.			
GC39/13(d)	<p>Emergency Care & Medical Business Unit Report</p> <ol style="list-style-type: none"> 1 Short summary on Finance in the next report. 2 Business Unit to update the Committee on the Audit which had been abandoned. 3 Business Unit to explain the dip in Hand Hygiene results on Larch C. 4 Safeguarding – need to see a clear set of trajectories to be achieved for Safeguarding training for each of the Business Units. 	<p>BM</p> <p>BM</p> <p>BM</p> <p>BM</p>	<p>Sept 2013</p> <p>Sept 2013</p> <p>Sept 2013</p> <p>Sept 2013</p>	