

North Cumbria University Hospitals   
NHS Trust

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

**Present:** Vicki Bruce, Non Executive Director (VB)  
Michael Bonner, Non Executive Director (MB)  
Shirley Reveley, Non Executive Director (SR)  
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)  
Corinne Siddall, Director of Operations (CS)  
Isla Edgar, Deputy Director of HR (IE)  
Bill Glendinning, Head of Pharmacy (BG)  
Jessica Riddle, Patient Panel (JR)  
Anne Musgrave, Head of Midwifery (AM)

**In Attendance:** David Thompson, Non Executive Director, Northumbria

**GC27/13 WELCOME AND APOLOGIES FOR ABSENCE**

VB noted that the Committee was quorate. Vicki Bruce informed the Committee that she would now be assuming the chair of Governance & Quality Committee, previously herself and Michael Bonner had shared the role.

Apologies for absence were received from: Steve Shanahan, Cec Thompson, Carol Jordon, Stan Lightfoot, Alan Davidson, Damian Gallagher

**GC28/13 MINUTES OF THE LAST MEETING**

The minutes were accepted as a true record following Alan Davidson being added as in attendance at the last meeting.

**GC29/13 MATTERS ARISING AND ACTION PLAN**

- (a) VB asked if the future Divisional reports coming through would be referred to as Business Units. RD said that not all services have transferred over to the new Business Units; Paediatrics is still being managed by clinical support. CS explained that this is part of a long term reorganisation and it won't fully happen until after the Acquisition.

- (b) VB discussed today's agenda and noted that it is a relatively short agenda and more things will have to come to May's meeting. The Committee will try to focus on the Divisional reports, where appropriate, but not at the expense of having the key information to reflect on.

There were no matters arising from the minutes.

## **GC30/13 COMPLIANCE & REGULATIONS**

### **(a) DRAFT QUALITY ACCOUNT**

RD presented the draft Quality Account to Governance & Quality Committee; she explained that following the Francis report, there is a need for us to be more transparent in the Quality Account around where our key challenges are.

She went through the report, outlining the key areas and asked for comments from the Committee. There were a number of comments noted, in particular around some of the wording used and grammar. Detailed discussions took place with regards to pages 7, 8, 9, 11, 48, 62.

In relation to the safety and quality priorities for 13/14 members of the committee made some suggested changes which RD agreed to review.

VB explained that with regards to page 51, it would be helpful to see what we said we would do last year and what we have done; we have the answers here but not the questions from last year.

JR queried page 55, Patient Experience; she suggested that monitoring of this is not mentioned and it is a really important part of patient experience. CP suggested that a column on Spray & Glow could be added as this shows standard of clinical summaries on our cleaning and what we have identified we need to take forward for next year.

VB asked if somewhere in the report there could be a heading regarding our hospital infrastructure re:

- Interserve and things they do on CIC site
- Paragraph on the New Hospital Build, WCH

JR felt that Interserve is an integral part of how we deliver our care. RD agreed and suggested this could be tied in with information around PEAT.

RD requested that members of the Committee send more detailed comments/issues regarding the report through to her. JR **AGREED** to take the draft Quality Account to the next Patient Panel meeting for their comments.

The Governance & Quality Committee **NOTED** the report and thanked RD for bringing it to the Committee

**Action: DRAFT Quality Account**

- 1 Member of Governance & Quality Committee to go back to RD with comments/issues regarding the Draft Quality Account.
- 2 JR to take report to the next Patient Panel meeting for comment.

**(b) Complaints regarding Treatment**

RD gave a verbal update on Complaints regarding Treatment. She explained that at the last Trust Board meeting, the Board discussed the highest categories of complaints which were:

- Treatment
- Delay in diagnosis
- Delay in treatment

There are 120 complaints which fall into these categories. She explained that following Trust Board these complaints are being reviewed in terms of whether this complaint was upheld, whether the category of the complaint is correct and the seriousness of the complaint.

VB requested whether work could be done to include:

- Need to look at average timescales for dealing with complaints and how they have changed over the last 12 months;
- Patterns of complaints over the quarters in accordance with the service challenges we have been facing.

RD suggested that feedback on the review of complaints is reported to the Board in April with a more detailed report on timeliness of responses and themes to the Governance and Quality Committee in June 2013. RD commented that this would ensure an annual report on complaints is reviewed by the committee in accordance the complaints regulations.

VB thanked RD for her verbal report.

**Action: Complaints regarding Treatment – Detailed report to be brought back to the Committee in June 2013.**

**GC31/13 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 February 2013 to March 2013.

MRSA - 0

MSSA – remain below trajectory

Cdiff – 4 cases in March 2013 – the target for 2013/14 is 29.

CG explained that regular weekly meetings to discuss Cdiff have been set up. They are re-looking at the antibiotic guidelines and working to harmonise our guidelines with those in Northumbria. A TDA Infection Prevention nurse had spent 2 days on the CIC site at the beginning of April. One of the days was spent going round the site and speaking to staff about their understanding around Cdiff. CG said they have had some verbal feedback, it is quite clear she wants to be involved in a supportive way. She has raised a couple of issues which need to be resolved in the Trust and within the team. She will be back on site this week to see how the Infection Prevention Committee works. This is a really proactive support process.

VB asked if it was felt it would be helpful to have another detailed report on Cdiff next month or month after, reflecting all of last year. CG explained that the CEO wants something for Trust Board in April. CG would expect to see some things being implemented by the time the Committee meets in May.

As regards Pseudomonas, CG confirmed that all areas have now been sampled. He also confirmed that because of the persistent problem a new tap has been looked at, it has been fitted to a number of outlets but no further sampling has yet taken place.

VB asked for an explanation around Pseudomonas aeruginosa infection at West Cumberland Hospital. CG explained that there are a number of reasons for this infection, though there are no water issues at WCH, on the ward there are a number of things which can cause this problem. CG explained that it is an infection which is taken very seriously as it can potentially be life threatening. RD and CG to discuss.

RD queried when the Legionella Policy would be complete. CG suggested she speak to AD with regards to this. RD also requested for clarity regarding the Hand Hygiene Policy as she understood this was out of date, CP agreed to check this.

With regards to SUIs around Cdiff, RD commented that the Governance Scrutiny Group have requested to review the RCAs from the SUIs to ensure the process of learning and feedback is robust, including how these SUI reports are submitted to the CCG for sign off. CP suggested that the outputs from this will also be presented at CPG.

MB had a couple queries as regards the cover sheet, although an action plan is mentioned here, it is not in the text of the actual report regarding staff survey concerns on hand washing. CG explained that essentially this relates to the staff survey which identified concern around availability of hand hygiene facilities in the organisation. IP teams are in the process of doing an audit on both sites. MB's other query was around number of Cdiff cases which is different in the text and requested for this to be updated.

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

**Action: Infection Prevention Report -**

- 1 RD and CG to discuss Cdiff SUI's.
- 2 CP to check on Hand Hygiene Policy

**GC32/13 ANY OTHER BUSINESS**

There was no other Business.

**GC33/13 DATE & TIME OF NEXT MEETING**

The next meeting will take place on **Tuesday, 14 May 2013 at 1.30 pm using the Boardroom WCH. This is the Divisional Meeting.**

## GOVERNANCE & QUALITY COMMITTEE ACTION LIST – APRIL 2013

DATE OF MEETING: 14 May 2013

Minute Point Reference	Details of Action Agreed	Action by whom	Target Date	Progress
<b>February 2013</b>				
<b>GC12/13(a)</b>	<b>Policy Resume</b>			
	1 Sense check to be completed on policies, to make sure these are prioritised.	<b>R Duguid</b>	April 2013	<b>COMPLETE – RD confirmed policies going to TPG</b>
	2 Policies to be looked at to see if possibly could be Guidelines or whether they are still required.	<b>R Duguid</b>	March 2013	<b>COMPLETE</b>
<b>GC13/13(a)</b>	<b>IP report –</b>			
	1 Full report to be given to the Trust Board in March from the Water Safety Group around Pseudomonas.	<b>C Graham</b>	March 2013	<b>COMPLETE – Verbal update given to TB</b>
	2 Cdif and MRSA charts to be redrafted in the next report.	<b>C Graham</b>	March 2013	<b>COMPLETE – Agenda item</b>
	3 March report to describe the issues around what is happening already	<b>C Graham</b>	March 2013	<b>COMPLETE</b>

Minute Point Reference	Details of Action Agreed	Action by whom	Target Date	Progress
	and what is planned to happen next.			
<b>GC14/13(a)</b>	<b>Medical Divisional Report</b>			
	1 Division to Benchmark around confused, frail patients. An update to be given in their next report.	<b>B Monk</b>	May 2013	
	2 Division to look at other Divisional reports before next report due.	<b>B Monk</b>	May 2013	
	3 BM & DB to look at Stroke Performance across both sites.	<b>B Monk/D Burke</b>	May 2013	
	4 Rule 43 Action Plan to be submitted to MAW, CP & RD for sign off.	<b>B Monk</b>	Feb 2013	<b>COMPLETE</b>
	5 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>B Monk</b>	May 2013	
	6 Division to give more detailed report around Finance in the next report.	<b>B Monk</b>	May 2013	
	7 Heat map to be looked at, around inconsistencies.	<b>B Monk</b>	May 2013	
	8 Division asked to put Safeguarding on the agendas for Business Unit meetings.	<b>B Monk</b>	March 2013	Waiting for confirmation from Division.

Minute Point Reference	Details of Action Agreed	Action by whom	Target Date	Progress
	<p><b>9</b> Plan on a page to be incorporated into Divisional report or presentation.</p>	<p><b>B Monk</b></p>	<p>May 2013</p>	
<p><b>GC14/13(b)</b></p>	<p><b>Family/Clinical Support Division:</b></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 intranet”. SP to check this statement with Claire Moore.</p> <p>5 Plan on a page to be incorporated</p>	<p><b>S Preston</b></p> <p><b>S Preston</b></p> <p><b>S Preston</b></p> <p><b>S Preston</b></p> <p><b>S Preston</b></p>	<p>May 2013</p> <p>May 2013</p> <p>May 2013</p> <p>May 2013</p> <p>May 2013</p>	



Minute Point Reference	Details of Action Agreed	Action by whom	Target Date	Progress
	into the Divisional report or presentation.			
<b>GC14/13(c)</b>	<b>Surgical Division</b>  <ol style="list-style-type: none"> <li>1 Division to provide in next report an update on Productive Ward</li> <li>2 Division to provide in next report a breakdown of trends around Slips, Trips &amp; Falls</li> <li>3 Division asked to put Safeguarding on the agendas for Business Unit meetings.</li> </ol>	<b>L Corlett</b>  <b>L Corlett</b>  <b>L Corlett</b>	May 2013  May 2013  March 2013	Waiting for confirmation from Division
<b>March 2013</b>				
<b>GC21/13</b>	<b>CQC Compliance –</b>  <ol style="list-style-type: none"> <li>1 AD to provide end of year forecast to RD on outcomes 10 &amp; 11 by 15 March 2013.</li> <li>2 DG to provide end of year forecast to RD on outcome 14 by 15 March 2013.</li> </ol>	<b>AD</b>  <b>AD</b>	March 2013  March 2013	<b>COMPLETE</b>  <b>COMPLETE</b>
<b>GC23/13 (a)</b>	<b>Infection Prevention –</b> CG to complete an audit around deaths relating to Cdiff and report back to the Committee next month.	<b>CG</b>	April 2013	<b>COMPLETE ??</b>

Minute Point Reference	Details of Action Agreed	Action by whom	Target Date	Progress
<b>April 2013</b>				
<b>GC 30/13 (a)</b>	<p><b>Draft Quality Account –</b></p> <ol style="list-style-type: none"> <li>Members of Governance Committee to go back to RD with comments/issues regarding the Draft Quality Account.</li> <li>JR to take report to the next Patient Panel meeting for comment.</li> </ol>	<p><b>Governance Committee members</b></p> <p><b>JR</b></p>	<p>April 2013</p> <p>April 2013</p>	
<b>GC 30/13 (b)</b>	<p><b>Complaints regarding Treatment –</b> Detailed report to be brought back to the Committee in June 2013.</p>	<b>RD</b>	June 2013	
<b>GC31/13 (a)</b>	<p><b>Infection Prevention Report –</b></p> <ol style="list-style-type: none"> <li>RD and CG to discuss Cdiff SUI's.</li> <li>CP to check on Hand Hygiene Policy</li> </ol>	<p><b>RD &amp; CG</b></p> <p><b>CP</b></p>	<p>April 2013</p> <p>April 2013</p>	