

**Minutes of the Clinical Quality and Governance Committee (CQuaC)
Thursday 8th August 2008
1200 – 1400hrs Executive Meeting Room, Trust Offices HHGH**

Present:

Jan Filochowski	Chief Executive	JF
Prof. Graham Ramsay	Medical Director	GR
Mark Jarvis	Associate Director Integrated Governance	MJ
Gary Etheridge	Director of Nursing	GE
Martin Keble	Chief Pharmacist	MK
Sarah Childerstone	Director of Workforce	SC
Emmanuel Quisttherson	Paediatric Consultant	EQ
Paul Mosley	Acting Director of Estates & Facilities	PM
Alfa Saadu	Consultant Physician	AS
Susan Black	Quality Assurance Manager	SB
Colin Johnston	Associate Director of Clinical Governance	CJ

In Attendance

Nick Egginton	Clinical Governance Manager	NE
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1. Apologies:

Gerard Felix	Pathology Services Manager	GF
Paul Hart	Consultant Anaesthetist	PH

2. Introduction

GR gave a brief introduction to the committee's function. The committee was informed that earlier in the day a separate meeting had been held to discuss current governance/meeting structures and actions had been agreed that would seek to clarify some uncertainties that had been raised regarding the process of policy approval. GE expressed concern that this issue needed to be resolved quickly as colleagues working on policies needed clarification on the process. It was noted that MJ and David McNeil would be issuing a document in the near future outlining these changes.

GR raised concern that, without further thought, the committee could revert back to the style of the previous clinical governance committee, which focussed much of its attention on policy review and ratification. He emphasised that the remit of CQuaC was to review and discuss areas of governance and patient safety that were raised as concerns either by the sub committee's or which came through the review of information and reports coming into the Trust.

JF emphasised the need for a strong clinical input into the group. Further consideration should be given to whether or not clinician's deputies should attend.

It was agreed that in future all papers should have the agenda number stated on the actual paper and include a cover paper stating the points for discussion.

Action NE.

It was agreed that the chair of the committee would act as a filter for the papers to be presented at future meetings to enable an open and pragmatic discussion of issues.

3. Minutes of the 3rd June 2008 (GR)

The committee minutes needed to be amended, giving the correct name of the committee i.e. the Clinical Quality and Governance Committee (CQuaC).

The minutes were agreed as a correct record.

4. Matters Arising

4.1 Terms of Reference (MJ)

MJ reported that the TOR had been amended following the last meeting. Membership had been amended to include an anaesthetist, obstetrician and Chair of the Drugs and Therapeutics Committee. Section 1.1 now reflected the wording in the Board report in which the CQuaC was originally described.

The following further amendments were agreed:

- Associate Medical Director, Clinical Governance to be added to membership list. **Action MJ.**
- Quorum to identify explicitly the number of clinicians to be present. **Action MJ.**
- Margaret Cronin, the new head of midwifery to be invited to future meetings. **Action GE.**

4.2 Reports received into the Trust (MJ)

Following the discussion at the last meeting on the report in the Sunday People newspaper on environmental control issues MJ had compiled a list of the external reports that were known to be received by the Trust; it also set out the current process for dealing with them. He said that this would need to be reviewed by the committee to ensure that the right mechanisms were in place to deal with them appropriately. **Action, MJ to circulate to members.**

4.3 Meetings Map

Action, MJ to present the meetings map at the next committee for discussion .

4.4 Infection Control Ward Changes

GR reported that MRSA and C-Diff infection control wards had now been combined with appropriate separation between the teams to prevent cross contamination. He said that the arrangements put in place enabled the Trust to achieve compliance on single sex accommodation. It was noted that an operational policy had been written which needed to be signed off by GE and GR.

JF suggested that, whilst there had been significant improvement in the overall position with hospital acquired infection, GR should give some consideration to those issues that the Trust needed to consider for the future in respect of

infection control. It was agreed that the Infection Control Committee should consider this in the first instance and report back to CQuaC. **Action GR/GE**

It was noted that the Healthcare Commission (HCC) unannounced inspection visit had not yet taken place and that this was expected anytime before the end of the month.

GE informed the committee that random inspections on the wards were ongoing, using the “mystery shopper” concept, to identify any infection control/cleanliness issues.

AS highlighted that it would be important to ensure that the new junior doctors who had recently started in the Trust were fully aware of the Trust's infection control policies in advance of the inspection visit.

Infection Control Screening at WGH (following the opening of AAU)

GR reported that the Trust had decided not to introduce Point of Care Testing (POCT) for MRSA screening in the AAU when it opened as the system that was to be used would not be available in time. He said that it had been agreed to increase the current laboratory staff to enable tests to be carried out on Saturday's and Sunday's. They would focus on identifying those patients who were MRSA negative (which took 12 hours to determine) in order that any in that group who needed to be admitted could be moved from AAU to the wards. It was noted that costs for this were currently being finalised.

5. Matters for Discussion

5.1 Standards for Better Health

5.1.1 07/08 Revised Declaration

MJ reported that following the Trust's declared submission to the HCC in May errors had been identified in some of the dates for achieving compliance on those standards which the Trust declared as non compliant. He said that this related to the following standards and that the revised dates had been agreed with relevant colleagues:

Core Standard	Previous Declaration Date	Revised Declaration Date
C4c Decontamination	31/03/08	31/03/09
C20a Health and Safety	31/03/08	31/03/09
C20b Patient Privacy and Confidentiality	31/03/08	31/08/08
C23 Public Health	31/03/08	31/08/08

5.1.2 Inspection of 07/08 Declaration

MJ informed the committee that the HCC had visited the Trust and undertaken an inspection of a number of standards. He said that the Trust had reviewed the narratives following the visit and made appropriate factual adjustments and submitted additional evidence where necessary. He indicated that, although the reports did not provide detailed conclusions, they did not given any indication of potential non-compliance issues. It was noted that the Trust would only get a few days notice of the results of the outcome of the visit, which would be incorporated into the final results issued by the HCC on the Annual Health Check.

5.1.3 Board Reports

GR suggested that the committee should routinely review the Board reports on Standards For Better Health, focussing on those issues that raised concerns with regard to compliance. NE introduced the draft domain reports for the August Board meeting. He indicated that in most cases it was considered that there was sufficient assurance that compliance would be delivered. However, during discussion the following issues were highlighted:

Core Standard C18 – Patient Access and Choice

NE expressed some concern over choose and book and that for patients whose referrals were being dealt with under manual systems they were not always offered a choice. The committee recognised the concern but felt that on balance patients were offered choice and therefore considered that the Board should be advised of sufficient assurance on this. However, it was agreed that MJ would contact the HCC to seek advice on this standard. **Action MJ.**

Core Standard C20a – Health and Safety

The HCC had been informed that the Trust would be compliant by 31.03.09. SC noted that within the In-Patient survey results the issue of a safe place for patients to keep their belongings had been highlighted and she felt that this still needed to be kept under review in relation to this standard. She commented that the new junior doctors had asked for lockers to be provided.

Core Standard C20b – Patient Privacy and Confidentiality

The HCC had been informed that the Trust would be compliant with this standard as of 31.08.08 following confirmation that the new arrangements for single sex accommodation for MRSA and Cdiff infected patients were working effectively.

Core Standard C23 – Public Health

The HCC had been informed that the Trust would be compliant with this standard from 31.08.08.

SC informed the committee that the Trust now had a moving and handling coordinator who had been charged with the responsibility of looking into the Trust's bariatric policy and any cost implications. It was noted that this policy would need to be reviewed in line with the arrangements being discussed on the process for policy ratification given that it was likely to have revenue consequences.

Core Standard C24 – Emergency Planning

It was noted that in order to give the Board the appropriate level of assurance further work was needed on this standard to deliver compliance by 31.03.09

On a general note, MJ commented that during the recent inspection visit the HCC had been looking for evidence that discussions and decisions had been taken at Board level on practically everything. It was noted that this was impractical and therefore it was essential to make sure that the governance arrangements being considered by MJ and Dave McNeil addressed this issue. **Action MJ/Dave McNeil.**

5.2 CLIP

5.2.1 Revised Complaints Process

MJ reported that a meeting had taken place earlier in the day to review the current concerns with regard to complaints. He said that actions agreed following the meeting were the appointment of an additional complaints advisor, that the

advisors would work more directly with the Divisions to support the process of drafting responses, that there would be a short term appointment to help clear the current backlog. It was noted that with immediate effect the department would be renamed the Complaints Department.

5.2.2 Changes to Complaints Regulations

This was not discussed.

5.2.3 Annual Report

The committee noted the report

5.2.4 CLIP Report

There was a general discussion on the data presented in the report. It was felt that, whilst the data was appropriate the CLIP meeting needed to ensure that it got beneath the data and considered more in-depth analysis, especially concerning the complaints by subject. It was felt that CLIP could then bring issues of concern from this analysis to the committee for discussion and comment where necessary.

SC noted that there seemed to be considerable synergy between the information presented on the complaint themes and the outcomes of the In Patient Survey and that there needed to be a way of ensuring these were addressed as part of the work being undertaken on the survey.

It was agreed that the CLIP report should routinely include near miss data.

Action NE.

JF recommended that Mardi Hassan be invited to become a member of the CLIP group.

5.3 NLSA Risk Management Standards

Due to a lack of time it was agreed that this would be discussed at an additional CQuaC meeting to be arranged in September, together with the CNST/NHSLA maternity standards

6. Infection control Annual Report

GR expressed his apologies to GE that presentation of the annual report to the Board had been delayed as he felt that it needed to be discussed by the committee in the first instance. It was agreed that it should now be presented to the Board even though there had been insufficient time to discuss it at the meeting. **Action MJ**

7. A.O.B

It was agreed that an additional meeting is to be arranged in September. **Action NE**

8. Date of meetings for 2008:

Tuesday 14th October 08 12-2 HHGH Trust Offices Room 1

Friday 12th December 08 12-2 WGH Terrace Meeting Room