



Quality Governance Committee

Meeting held on 27th February 2020 at 9.00am to 11.05am
Trust Boardroom, Springfield, Royal Stoke

MINUTES OF MEETING

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| Attended | Apologies / Deputy Sent | Apologies |
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| Members: | | | A | M | J | J | A | S | O | N | D | J | F | M |
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| Ms S Belfield | SB | Non-Executive Director (Chair) | | | | | | | | | | | | |
| Dr L Griffin | LG | Non-Executive Director | | | | | | | | | | | | |
| Mr P Bytheway | PB | Chief Operating Officer | | | | | | | | | | | | |
| Professor A Hassell | AH | Non-Executive Director | | | | | | | | | | | | |
| Mr J Maxwell | JM | Head of Quality, Safety & Compliance | | | | | | | | | | | | |
| Dr J Oxtoby | JO | Medical Director | | | | | | | | | | | | |
| Mrs M Rhodes | MR | Chief Nurse | LR | LR | TR | TR | TR | | | | | | | |
| Mrs T Rowson | TR | Director of Nursing – Quality and Safety | | | | | | | | | | | | |
| Miss C Rylands | CR | Associate Director of Corporate Governance | | | | | | | | | | | | |
| Mr I Smith | IS | Non-Executive Director | | | | | | | | | | | | |
| Mrs R Vaughan | RV | Director of Human Resources | | | | | | | | | | | | |

In Attendance:

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| Mrs L Carlisle | LC | Deputy Head of Quality, Safety & Compliance / Data Protection Officer (Item 14) |
| Mrs L Dudley | LD | Quality & Risk Manager (Item 10) |
| Mr J Dutton | JD | Corporate Governance Officer (Minutes) |
| Dr R Matsa | RM | Critical Care Consultant / Acute Physician & Sepsis Clinical Lead (Item 8) |
| Mr E Phillips | EP | Deputy Director of Infection Prevention (Items 7 and 8) |
| Mrs V Poole | VP | Senior Contracts & Planning Manager (Item 15) |
| Ms F Taylor | FT | Associate Non-Executive Director |
| Mrs S Thomson | ST | Clinical Director of Pharmacy and Medicines Optimisation (Item 16) |
| Ms S Wallis | SW | Head of Midwifery / Lead Nurse for Gynaecology (Items 10 and 11) |
| Mrs L Whitehead | LW | Director of Estates, Facilities & PFI (Item 17) |

| No. | Agenda Item | Action |
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| 1. | Chair's Welcome, Apologies and Confirmation of Quoracy | |
| | Apologies were recorded as above and the meeting was confirmed to be quorate. | |
| 2. | Declarations of Interest | |
| | There were no declarations of interest noted. | |
| 3. | Minutes of the Meeting held 23rd January 2020 | |
| | It was noted that the references to the outbreak in Australia was related to flu and not norovirus. | |

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| | With the exception of the above, the minutes were approved as an accurate record. | |
| 4. | Matters Arising via the Post Meeting Action Log | |
| | Updates to the post-meeting action log were noted. | |
| 17. | Annual PLACE Inspection Scores 2019 | |
| | <p>Mrs Whitehead noted the following:</p> <ul style="list-style-type: none"> • The Trust achieved above the national average across all domains. • Feedback from patient assessors was positive with regards to care and compassion patients received on site. • External validators provided positive feedback. • The inspection showed that there was a good partnership between clinical and non-clinical teams in ensuring the environment was right for patients. <p>The Committee considered the contents of the report and noted the very positive scores achieved.</p> <p><i>Mrs Whitehead left the meeting.</i></p> | |
| 5. | Q3 Quality & Safety Report | |
| | <p>Mr Maxwell highlighted the following:</p> <ul style="list-style-type: none"> • The Trust standard for Friends & Family for A&E was below target. • C-Diff cases were over target during December 2019. • VTE Risk Assessment compliant was 92.1% against the 95% standard. • A Never Event occurred during December and there were two during the quarter. • 78% of duty of candour notification letters were sent out within the 10 working day target during December. All letters were sent out but two were sent after the target date. <p>Mrs Rhodes noted that all the proposed quality indicators would be presented in future reports. At the moment, select indicators were presented.</p> <p>Professor Hassell welcomed the revised format of the report and queried if it was correct that the Trust was above the national average for complaints. Mrs Rhodes replied that she did not believe this was correct and agreed to verify this.</p> <p>Ms Belfield sought further information on Emergency Readmissions. Mr Maxwell responded that he would get in touch with Operations regarding further information on this.</p> <p>The Committee:</p> <ul style="list-style-type: none"> • Welcomed the new format of the report • Noted the assurances provided regarding improvements and actions being undertaken to improve performance where targets were not being met. | <p>MR</p> <p>JM</p> |
| 6. | Q3 Serious Incident Summary | |
| | <p>Mr Maxwell summarised the following points:</p> <ul style="list-style-type: none"> • The rate of SI's per 1000 bed days was the same as in Quarter 3 2018/19. • The longer term trend for reported SI's had reduced over time. | |

- The largest category of SI's continues to be Patient Falls followed by Treatment Delay and Surgical Invasive procedure related.
- There were currently 39 open active incidents.

Professor Hassell welcomed the learning from incidents demonstrated and questioned if a re-audit was planned to monitor this. Mr Maxwell responded that a Standard Operating Procedure (SOP) had been drafted and was awaiting approval. Once complete, this would be used for monitoring.

Professor Hassell requested further information on the Incorrect Lens Implant Never Event. Dr Oxtoby explained that this had happened due to an error with forms. Mr Maxwell confirmed that duty of candour was delivered and there had been no harm to the patient.

Ms Belfield requested further information on the Wrong site nerve block Never Event. Dr Oxtoby stated that this was a result of failed checking systems. Mr Maxwell noted that the RCA was due to be presented to the Risk Management Panel.

Mr Maxwell informed the Committee that another Never Event had been recently logged and would be included in the next report.

The Committee considered the following recommendations/actions/next steps.

- **The number and categories of reported serious incidents during Quarter 3 2019/20.**
- **The positive reporting on STEIS from identification of SI's.**
- **The improving position regarding open and overdue SI's.**
- **The continued joint working with the CCGs in reviewing the Serious Incidents along with an open sharing and review process of the completed Root Cause Analyses.**
- **The key learning identified from the different serious incidents.**
- **To identify any specific incidents that members require further detailed information at future meetings.**

7. Infection Prevention Update

Mr Phillips highlighted the following:

- There had been one MRSA bacteremia in January – a PIR meeting was yet to be arranged, and an investigation had commenced.
- In terms of Clostridium difficile, the Trust was above trajectory as at the end of January with 95 cases versus 77 trajectory. There was a reduction in the number of cases in January 2020 compared to December 2019.
- The staff flu vaccination campaign had now ended and the Trust achieved its highest ever rate.
- In terms of Covid-19, the Trust had established a strategic oversight group, operational planning group and contingency plans were in place. Updates were provided to staff via the intranet. So far, there had been no cases at the Trust.

Mr Smith queried how labour intensive the Covid-19 testing procedure was. Mr Phillips explained that there was usually a 48 hour turnaround. The Trust had expressed interest to Public Health England in becoming a testing site. Ms Taylor asked if this would benefit the local population. Mr Phillips confirmed that it would as there were other sites across the country. He added that the Trust had been recognised as being well prepared and were requested to share practices.

Professor Hassell queried how updates on Covid-19 could be shared with the student population. It was agreed for updates to be shared with Professor Hassell in the first

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| | <p>instance, who would then disseminate as appropriate.</p> <p>Mrs Vaughan noted some of the activity that had taken place in relation to Covid-19 and policies were being adapted as appropriate. The team were currently receiving a high number of queries in relation to this.</p> <p>The Committee received the report and noted the work undertaken to prevent and control health care associated infections within the Trust and wider health economy.</p> | |
| 8. | Sepsis Update | |
| | <p>Dr Matsa noted the following:</p> <ul style="list-style-type: none"> • In January, the Trust achieved the required 90% for treatment within an hour and the 90% screening target in all inpatient areas and emergency portals • Focus was now on staff engagement. • Antibiotics given within 2 hours was almost at 100%. The median missed time was 15 to 18 minutes. • The education strategy was revised, including organisation of a champions' day and teaching of screening. <p>Mr Phillips noted that the data was from a sample of patient noted. VitalPacs were now in place which would provide more live data and a much larger sample.</p> <p>Mrs Rhodes stated that Sepsis performance would be a focus in Divisional Performance Management Reviews and queried if any triangulation was undertaken with SI's where patients weren't screened or given antibiotics in time. Dr Matsa responded that once VitalPacs were in use, this would allow for the patient data to be followed through more easily. Mr Phillips added that a Datix was raised where patients had not been given antibiotics or been screened. Mrs Rhodes requested for a review of Datix incidents to be undertaken to establish any related to Sepsis.</p> <p>Ms Wallis highlighted some of the Sepsis challenges in Maternity and noted that the Sepsis tool was due to be included in the K2 system from May.</p> <p>The Committee received and noted the report and the continued work of the Sepsis team.</p> <p><i>Mr Phillips and Dr Matsa left the meeting.</i></p> | EP |
| 9. | Complex Patients Readmissions Audit | |
| | <p>Dr Oxtoby summarised the following points:</p> <ul style="list-style-type: none"> • The audit was undertaken by the STP, partly to look at whether readmission rates were being measured accurately. • 70 patient readmissions were reviewed. • There was an approximate 10% overestimate due to Haywood Hospital data being included with the Trust's. • The vast majority of readmissions were following 111 and 999 calls as there was a reduced chance of intervention with these. • The majority of patients had been readmitted from their homes. • 56% of the readmissions were considered by the review team to be genuine i.e. appropriate in the clinical circumstances. Of those 56%, 43% were deemed preventable by the review team in that an intervention could have taken place outside the acute setting. Further clarification and analysis of these was required. | |

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| | <p>Mrs Rhodes asked if the audit had been shared with the Crisis Rapid Intervention Service (CRIS) team. Dr Oxtoby confirmed that they were aware of it.</p> <p>Ms Taylor queried if 111 calls were a separate issue and if the operators had local knowledge of the services available. Dr Oxtoby stated that there were more opportunities for intervention with 111 calls and confirmed that they provided localised responses.</p> <p>The Committee noted the findings and supported the work with local health and care partners to lower pre-admission rates in complex patients.</p> | |
| 10. | Q3 Perinatal Mortality | |
| | <p>Mrs Dudley noted the following:</p> <ul style="list-style-type: none"> • There were ■ neonatal deaths, ■ late fetal losses and ■ stillbirths during the period. • Of the ■ cases, there were no breaches in care identified that would have affected outcomes. • 95% of parents had been informed of the review process and were asked if they had any questions relating to the care provided. • The Trust achieved the requirement of completion of 50% of reports using the Perinatal Mortality Review Tool (PMRT) within four months of each death. <p>Professor Hassell questioned if all cases had reports completed. Mrs Dudley confirmed that all cases had reports completed, but 50% needed to be completed within four months to comply with the PMRT. Mrs Rhodes suggested that this be articulated in future reports to provide assurance.</p> <p>The Committee noted the contents of the report and action plan.</p> | LD |
| 11. | Quarterly Maternity Dashboard | |
| | <p>Ms Wallis highlighted the following:</p> <ul style="list-style-type: none"> • This was the first iteration of the report and would develop over time. • Benchmarking against other trusts was difficult as information was not shared live. However, the Trust had performed well against other similar trusts. • Reducing smoking was the biggest challenge for the pregnant population. • The emergency caesarean section rate remained constant at 20%. <p><i>Mrs Carlisle joined the meeting.</i></p> <p>Ms Taylor questioned if caesarean figures for County Hospital were not included as they were not carried out there. Ms Wallis confirmed that this was correct and explained that births took place on the Freestanding Midwifery Birth Unit.</p> <p>The Committee noted and received the maternity dashboard for assurance and information.</p> <p><i>Ms Wallis and Mrs Dudley left the meeting.</i></p> | |
| 14. | Data, Security & Protection Progress Report | |
| | <p>Mrs Carlisle noted the following:</p> <ul style="list-style-type: none"> • As at 31st January 2020, 91% of staff had undertaken DSP training. | |

- The Trust was not on target to achieve 95% by 31st March 2020.
- All Divisions improved on last month's performance.
- A letter addressed to members of staff who were out of date for more than 18 months was circulated. 25% of these had responded and undertaken training.

Ms Belfield expressed her disappointment that Central Functions had not achieved the 95% target and queried what needed to happen to address this. Mrs Vaughan responded that disciplinary action would be the ultimate penalty and management needed to be having face to face conversations with staff.

Mr Smith questioned if non-compliance would affect staff pay scales. Mrs Vaughan replied that this would come into effect; however some staff were already at the top of their pay scale and therefore there would be no impact.

Ms Poole joined the meeting.

Professor Hassell noted that training completion was a strong theme in the recent CQC report and urged for focus to be given to Divisions not performing well.

Mrs Rhodes noted that some areas may not achieve 95% completion as they had higher levels of staff long term sickness or maternity leave.

Dr Oxtoby suggested that the 75% of staff with training out of date for more than 18 months needed to be looked into in more detail. Professor Hassell asked if the line manager received the letter. Mrs Carlisle stated that only the individual had received it so far and the next stage would be to send it to the line manager. Ms Belfield commented that it was unacceptable for staff to ignore this.

The Committee noted the following recommendations:

- **The Associate Directors were asked to take the lead in managing IG training.**
- **The Executive Team to undertake confirm and challenge at the Divisional Performance Review meetings with agreed actions to achieve 95% by March 2020.**
- **The DSP Team to monitor completion of the workbooks.**

Mrs Carlisle left the meeting.

15. CQUIN Achievement Forecast

Ms Poole highlighted the following:

- 89% of frontline clinical staff had received the flu vaccination.
- The Alcohol & Tobacco CQUIN was consistently over 90% in terms of giving advice and making referrals.
- There had been no change to the schemes assessed with a high risk of not achieving the requirements.
- In terms of Falls, Quarter 3 achievement had reduced to 29%. The team had now updated self-assessments in order to get more real time results.
- With regards to Enabling Thrombectomy, the first trainee was in post; however the Trust was forecast to lose the £150k for the second post as it had not been recruited to.
- A summary for the 2020/21 scheme would be presented in the next report.

The Committee received the report as assurance of the monitoring and delivery of the CQUIN schemes.

Ms Poole left the meeting.

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| 12. | Q3 Compliance and Effectiveness Report | |
| | <p>Mr Maxwell highlighted the following:</p> <ul style="list-style-type: none"> • 91% of all alerts were actioned within the required timeframe. Updates were requested for the alerts currently off track. • Since the report, a further 6 had been closed off. • The audit report reflected that the Trust participated in the national audits with the exception of the National Cardiac Arrest Audit (NCAA) which was being undertaken locally. • A new Quality Assurance Advisor had been recruited for local safety standards for invasive procedures (LocSSIP). • In terms of Quality Systems, there were key achievements around the adoption of different systems including SharePoint for NICE guidance and DSP training monitoring and utilisation of Datix to build a cardiac arrest form. • The Health and Safety team had developed a gap analysis to determine compliance with legislation. <p>Mrs Rhodes queried why the Trust did not participate in the NCAA. Mr Maxwell explained that more data was gained from the local audit. This was discussed at the Resuscitation Committee and it was noted that there were other organisations that did not participate either. It was agreed that the rationale behind this decision would be discussed at the Quality & Safety Oversight Group (QSOG).</p> <p>Ms Belfield sought further assurance on the status of alerts that were off track. Mr Maxwell explained that the Trust was compliant with the alerts but they remained open as not all of the actions had been completed yet.</p> <p><i>Mrs Thomson joined the meeting.</i></p> <p>Ms Belfield asked for confirmation that audits classed as “not started” were not due to be started. Mr Maxwell confirmed this.</p> <p>Ms Belfield noted that outcomes from the audits were not included in the report. Mr Maxwell responded that the more detailed audit report that came to the Committee would include this.</p> <p>Ms Belfield queried which Committee issues would be escalated to. Mr Maxwell stated that it would go through Clinical Effectiveness, followed by QSOG and the Quality Governance Committee.</p> <p>Ms Belfield sought confirmation that the audits due for completion by January 2020 had been undertaken. Mr Maxwell agreed to confirm this.</p> <p>Ms Belfield queried progress with the Greatix system. Mrs Rhodes responded that a Task & Finish Group was being set up to decide on next steps with the system.</p> <p>Ms Belfield highlighted that there was a spike in ‘Dangerous Occurrences’ and requested further information on these.</p> <p>Ms Belfield queried if near misses were under reported. Mr Maxwell replied that reporting of these was emphasised at training sessions.</p> <p>The Committee:</p> <ul style="list-style-type: none"> • Acknowledged the work on-going to improve performance with the audit and effectiveness portfolio. | <p>JM</p> <p>JM</p> <p>JM</p> |

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| | <ul style="list-style-type: none"> • Acknowledged the current IG training figure and plans in place to achieve 95%. • Acknowledged the work underway to review and improve upon the current Health & Safety assurance framework. • Supported the team with the roll out of Power BI; to enable identification and monitoring key quality indicators; working with Divisions to identify areas for improvement. | |
| 13. | CQC Inspection Report | |
| | <p>Mrs Rhodes noted the following:</p> <ul style="list-style-type: none"> • The CQC rated the Trust as 'requires improvement'. • The Urgent Care assessment was disappointing. • Good practice with Children's services and Outpatients was outlined. • A Task & Finish Group was established to pull together actions which would be managed via performance management reviews. • An Urgent Care improvement programme was already in place and would be refreshed as well as internal and system delivery groups. • The Trust would be writing to CQC to apply for removal of the Section 31 notices. <p>The Committee received the report for information.</p> | |
| 16. | Medicines Optimisation Report Q3 | |
| | <p>Mrs Thomson highlighted the following points:</p> <ul style="list-style-type: none"> • Work continued in relation to implementation of the HPTP and digital medicines optimisation timeline with the aim to increase the percentage clinical pharmacy time from the current position of 73% to the target of over 80%. • National benchmarking data for 2018/19 was released in November. The Trust's turnaround time of discharge prescriptions was on average 63 minutes against the national average of 79 minutes. • In terms of stockholding of medicines, the Trust was not currently aiming to achieve the Carter metric target of 15 days due to the risks associated with the national medicines supply chain and the EU Exit. • The standardisation of dose banding of chemotherapy was at 99% versus 93% nationally. • In terms of clinical time on emergency portals on a Sunday, the Trust performed well. • The Trust was above the national average in terms of numbers of pharmacy prescribers. • Areas for improvement included percentage of digitalised in-patient beds and dispensing error rate. • The Falsified Medicines Directive was now written into UK law which had significant implications for the Pharmacy Team in terms of implementation. • The CQC report was being reviewed to pick out any medicines related feedback. • The risk around Outpatient dispensing had now been de-escalated as capital plans were in place. • There was successful attainment of the medicines CQUIN. The antimicrobial stewardship CQUIN was off track with plans in place to achieve in Quarter 4. <p>Mrs Rhodes noted that there had been some incidents on the neonatal unit and a broader report on neonatal quality issues would be brought to the next Committee.</p> <p>Mr Smith queried if digital dispensing would impact on errors and dispensing time. Mrs Thomson responded that national moneys were made available on the basis that it</p> | |

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| | <p>would improve safety.</p> <p>Ms Belfield noted that total medicines costs per 100 beds were significantly different to the national position. Mrs Thomson explained that the Trust had some significant drug costs and it was expected that these would continue to grow.</p> <p>The Committee received and noted the report.</p> <p><i>Mrs Thomson left the meeting.</i></p> | |
| 18. | Q3 Patient Experience Report | |
| | <p>Mrs Rhodes presented the report.</p> <p>Ms Belfield welcomed the improvement in the quality of the report.</p> <p>Mrs Rhodes noted that there were a high number of complaints relating to outpatients which she would highlight to the Outpatient Transformation Programme. Dr Oxtoby commented that outpatients had a large number of patients and so it was expected that the number of complaints would be higher.</p> <p>The Committee:</p> <ul style="list-style-type: none"> • Approved the monitoring and progress of the improvement considerations highlighted in the report • Supported an internal FFT target of at least 30% across all areas of the Trust. | |
| 19. | Outputs from the review into areas where CEF results have reduced | |
| | <p>Mrs Rhodes summarised the following:</p> <ul style="list-style-type: none"> • There were a number of areas that were visited 3 years apart. Some data could not be compared as some teams and patient sets had completely changed. • It was agreed to reaffirm how often wards were visited and to ensure they were visited every year. <p>Ms Taylor queried if visits were conducted by staff outside of the area. Mrs Rhodes confirmed that they were but patients were not involved. Consideration was required to how this could be linked with the PLACE inspections.</p> <p>The Committee approved the contents of the report and recommendations made.</p> | |
| 20. | Mental Health Act Policy | |
| | <p>Mrs Rhodes presented the policy which was developed in response to CQC recommendations.</p> <p>Ms Belfield asked how the policy was disseminated. Mrs Rhodes responded that it was published on the intranet and communicated to relevant staff.</p> <p>Miss Rylands noted that the policy stated that a clinical audit would take place and queried if the team was aware. Mr Maxwell confirmed that it would be included on the annual audit programme.</p> <p>The Committee received the policy for information.</p> | |

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| 21. | Quality Impact Assessment Report | |
| | <p>Mrs Rhodes noted the following:</p> <ul style="list-style-type: none"> • Some schemes were not reviewed as there was no divisional representation at the panel. • A new QIA policy was in development along with a new QIA template. <p>The Committee received the report and noted the impact on quality of the Trust's Cost Improvement Programme.</p> | |
| 22. | Quality & Safety Oversight Group Highlight Report | |
| | <p>Mr Maxwell presented the report to the Committee.</p> <p>Professor Hassell sought further information on the Ward Boarding Assessment. Mrs Rhodes stated that a risk assessment would be completed for every ward to see if they could safely sit extra patients. The assessment had been presented to QSOG but wasn't satisfactory and so would be brought back once revised.</p> <p>The Committee received and noted the report.</p> | |
| 23. | Summary of Actions and Items for Escalation to the Trust Board | |
| | <ul style="list-style-type: none"> • 15 confirmed cases of Coronavirus in the UK to date although none confirmed at UHNM – a number of measures were in place to ensure preparedness. • A review of readmissions identified that 43% were deemed to be preventable by the review team and an intervention could have taken place outside the acute setting although further clarification / analysis was needed. • Continued concerns with regard to levels of compliance with Statutory and Mandatory training. • There remained a number of CQUIN areas which remained a risk and work continued to focus on improvement. • Assessment for urgent care within the CQC report; the urgent care improvement programme would be refreshed to incorporate concerns identified. • Falsified medicines directive now written into UK law which had significant implications for the Pharmacy Team in terms of implementation. | |
| 24. | Review of Meeting Effectiveness and Business Cycle Forward Look | |
| | <ul style="list-style-type: none"> • All items in the Business Cycle for February had been covered. • Improved papers as a result of the use of SPC charts and more analysis by Division. | |
| 25. | Date and Time of Next Meeting | |
| | Thursday 26th March 2020, 9.00am, Trust Boardroom | |