



Quality Governance Committee

Meeting held on 25th June 2020 at 10.00am to 11.50am
via Microsoft Teams

MINUTES OF MEETING

Attended	Apologies / Deputy Sent	Apologies
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Members:			A	M	J	J	A	S	O	N	D	J	F	M
Ms S Belfield	SB	Non-Executive Director (Chair)												
Mr P Bytheway	PB	Chief Operating Officer												
Prof A Hassell	AH	Non-Executive Director												
Mr J Maxwell	JM	Head of Quality, Safety & Compliance												
Dr J Oxtoby	JO	Medical Director		GH										
Mrs M Rhodes	MR	Chief Nurse												
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:

Mr J Dutton	JD	Corporate Governance Officer (Minutes)
Ms J Hagan	JH	Senior Matron, Child Health (Item 9)
Mr E Phillips	EP	Associate Chief Nurse / Deputy Director - Infection Prevention & Sepsis (Item 8)
Ms V Poole	VP	Senior Contracts and Planning Manager (Item 11)
Ms T Taylor	TT	Associate Chief Nurse – Children’s Women’s & Diagnostics (Item 9)
Mrs S Thomson	ST	Clinical Director of Pharmacy and Medicines Optimisation (Item 12)
Ms S Wallis	SW	Head of Midwifery / Lead Nurse for Gynaecology (Item 9)

No.	Agenda Item	Action
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 20th May 2020	
	The minutes were approved as an accurate record.	
4.	Matters Arising via the Post Meeting Action Log	
	Updates to the action log were noted.	
8.	Infection Prevention Board Assurance Framework Covid-19	

Mr Phillips presented the report and noted that there were some gaps within the document as evidence was still being collected.

Miss Rylands highlighted that further work would be undertaken around the assurance descriptions, action plan and tracking of movements in risk level.

Mrs Rhodes queried where the document would be presented going forward. Miss Rylands stated that it would be taken to the Trust Board in August and through the Quality & Safety Oversight Group and Quality Governance Committee quarterly with escalation to the Board thereafter through the highlight report.

The Committee received the report and noted the Trust position against self-assessment compliance framework with Public Health England and other COVID-19 related infection prevention guidance.

Mr Phillips left the meeting.

5. Executive Directors Update including Covid-19

Mr Bytheway provided the following verbal update:

- There were currently 46 Covid-19 inpatients, 40 at Royal Stoke and 6 at County.
- Work continued on zoning, with 'blue' Covid zones and 'green' zones to increase operating to 80% of capacity and 70-75% of total activity.
- Restoration and Recovery (R&R) of services was underway in a safe and timely manner; a report would come back to the Committee regarding waiting times and the work being undertaken when available – this was being done alongside a harm review.

Mrs Rhodes highlighted that twice weekly outbreak meetings were taking place with NHSE/I in relation to nosocomial infections.

Mr Smith questioned if there was any evidence of staff to patient transfer of Covid-19. Mrs Rhodes confirmed that there had been cases of this and test and trace arrangements were in place to establish the index case. The Infection Prevention team were also providing training and undertaking observational visits, including night shift observations.

Mrs Vaughan re-iterated that the Trust was undertaking test and trace internally, as well as receiving notifications externally. Where notifications were received, work was undertaken with line managers to follow these up, and staff were being tested in areas of outbreak.

Ms Belfield asked if movements of staff were being restricted. Mrs Rhodes confirmed this.

Dr Oxtoby informed the Committee that mortality data associated with Covid-19 demonstrated that the Trust was not an outlier and relatively low rates were being seen. Further information would be shared with the Mortality Review Group.

6. M1 Quality & Safety Report

Mr Maxwell referred to the Month 1 report and summarised the following:

- During April, there were zero never events, zero MRSA Bacteraemia infections and C-Diff cases were within target.
- HSMR and SHMI continued to be within expected ranges.

- The Trust did not meet the 100% target for Written Duty of Candour.
- Patient Falls rate per 1000 bed days was above the 5.6 target at 5.9.

Ms Wallis joined the meeting.

Mrs Rhodes added the following points:

- The target for VTE was achieved. It was noted that there had been some challenges with the transfer of information over to the Ward Information System (WIS) Board which impacted on previous scores.
- In terms of Sepsis screening, some improvements were seen with Adult inpatient areas, achieving 100% for antibiotics given within an hour.
- Harm Free Care exceeded the national target but had dropped slightly. This reflected the increase in the number of falls and pressure ulcers, largely relating to ITU and some Covid patients.

Ms Belfield expressed concern at the number of patient falls. Mrs Rhodes noted that weekly reviews of wards were undertaken to establish any trends. More detail would be provided in the next report.

MR/JM

Ms Belfield referred to the increased rate in reported patient safety incidents during Covid-19 and challenged if ordinarily reporting was not sufficient. Mr Maxwell responded that the level of reporting was consistent despite Covid and reduced activity and the profile was similar to peers. Dr Oxtoby noted that it was the number of patients that had driven the rate up. Mrs Vaughan added that the Speaking Up and reporting mechanisms continued to be promoted throughout the Covid outbreak.

Ms Belfield referred to patient falls and suggested for consideration to be given to processes and procedures to ensure they were clear and succinct so staff were not being overburdened.

MR

Ms Belfield challenged why Paediatric Sepsis screening performance was behind that of Adult performance. Mr Maxwell agreed to establish the reasons for this.

JM

The Committee:

- **Noted the performance and information provided regarding improvements and actions being undertaken to improve performance where targets were not being met.**
- **Supported the continued development of the report to include further quality indicators.**

7. Q4 Maternity Dashboard

Ms Wallis presented the report and highlighted the following:

- Reducing smoking was the biggest challenge for the pregnant population.
- The Trust was a slight outlier for emergency caesarean sections with a rate of 20% although there were some categorisation challenges associated.
- It was hoped to obtain funding for elective C-sections which would improve on emergency C-section figures.

Ms Hagan and Ms Taylor joined the meeting.

Mr Bytheway challenged if more C-section time was required or if it was just a categorisation issue. Ms Wallis responded that there were more electives than capacity and the additional support was required. Mr Bytheway noted he would pick this up with the Associate Director of the Division.

	<p>The Committee accepted the maternity dashboard for assurance and information.</p> <p><i>Ms Wallis left the meeting.</i></p>	
9.	<p>Review of Clinical Incidents in the Neonatal Unit – Actions Update</p>	
	<p>Ms Taylor presented the report and highlighted the following:</p> <ul style="list-style-type: none"> • Improvements were seen since introduction of the multidisciplinary action plan with a reduction in clinical incidents reported. • The change in senior management was working well and the team were now more empowered about implementing change and reviewing practices. • All registrants in the team had now completed the online medicines management modules. • There were now three remaining outstanding serious and high risk incident investigations to be completed. • A business case was in progress to provide more resource to the Pharmacy in the unit. • A Task and Finish Group was in place to undertake work on Gentamycin guidelines and prescription charts. • The OD team had undertaken work on team building and cultural and behavioural changes. <p><i>Ms Poole joined the meeting.</i></p> <p><i>Dr Oxtoby left the meeting.</i></p> <p>Mrs Vaughan acknowledged the positive work undertaken and noted that HR would continue to support on the cultural and development activities.</p> <p>Mr Smith expressed concern that issues within the department were not known earlier. Mrs Rhodes explained that the issues did not come to light until January 2020 following review of a number of incidents where it was clear that learning had not been embedded. It was also noted that the issues had not been escalated up. As part of the review, systems were examined to ensure earlier escalation should issues arise again.</p> <p>Ms Belfield challenged how the Trust could be assured that there were not similar issues in other departments. Mrs Rhodes explained that Datix was reviewed to identify any trends in other areas and none were found.</p> <p>Mrs Vaughan added that there had been previous discussions about triangulating issues to identify other areas and establishing this through the Freedom To Speak Up (FTSU) route.</p> <p>The Committee received the report as assurance of positive outcomes of the multidisciplinary action plan initiated on the NNU in April 2020.</p> <p><i>Ms Taylor, Ms Hagan and Mrs Vaughan left the meeting.</i></p>	
10.	<p>CQC Actions Update</p>	
	<p>Mrs Rhodes provided the following verbal update:</p> <ul style="list-style-type: none"> • A number of actions had now been completed and further detail would be brought to the next meeting. • The Trust had still not received a response regarding the removal of the Section 31 notices. 	

11.	CQUIN Achievement 2019/20 & Overview 2020/21	
	<p>Ms Poole presented the report and noted the following:</p> <ul style="list-style-type: none"> • Alcohol & Tobacco was not fully achieved; however there had been positive movement made in staff awareness. • Improvement was required for Falls and the team was working with ward staff to promote awareness. • Embedding the Armed Forces Covenant was fully achieved and increased awareness was noted. • It was still unclear how new schemes for 2020/21 would be progressed as Commissioning Contract discussions had been suspended and the process was put on hold. <p>The Committee welcomed the positive achievements made and received the report as assurance of the monitoring and delivery of the CQUIN schemes.</p> <p><i>Ms Poole left the meeting.</i></p> <p><i>Mrs Thomson joined the meeting.</i></p>	
12.	Medicines Optimisation Quarter 4 2019/20 Report (including COVID related initiatives)	
	<p>Mrs Thomson referred to the Quarter 4 report and summarised the following:</p> <ul style="list-style-type: none"> • In 2019/20, £78.1m was spent on medicines compared with £69.1m in the previous financial year. • The report highlighted the responses undertaken in relation to the Covid-19 pandemic. • Governance processes had to be flexible and adapt at pace. Policies would be reviewed to build in contingency arrangements in the event of a pandemic. • A number of medicines related clinical trials for COVID-19 had been commenced. • Management of oxygen in Trusts had come under focus due to the high requirements of Covid-19 patients requiring ventilation and respiratory support. There had been an increase in the knowledge base as a result. • An extreme risk during Covid was the challenge had around supply of critical care medicines. • In terms of medicines safety, there was one serious untoward incident reported in Q4. A Root Cause Analysis was undertaken and discussed at the Risk Management Panel and a safety notice was issued. • There had been some slippage in some projects associated with the Hospital pharmacy Transformation Plan. • R&R plans were currently being finalised. <p>Mr Smith queried the level of concern regarding a potential 'no deal' EU Exit. Mrs Thomson responded that concern remained with regard to pharmacy supplies as many of the supplies had been used for the Pandemic. This was included on the risk register.</p> <p>The Committee noted the following:</p> <ul style="list-style-type: none"> • The innovative practices that were adopted by the pharmacy and wider Trust regarding safe medicines practice and minimisation of risk during the Covid pandemic. • There had been slippage in some projects associated with the Hospital pharmacy Transformation Plan but this would be picked up in 2020/21. • As part of the Trust Recovery and Restoration plans, focus would continue 	

	<p>to be given to the safe and timely supply of medicines as surgical and theatres activity was restored.</p> <ul style="list-style-type: none"> • The Electronic prescribing and administration project continued and clinician workshops were being arranged for Q1-2 2020/21. <p><i>Mrs Thomson left the meeting.</i></p>	
13.	Patient Experience Report Q4 2019/20	
	<p>Mrs Rhodes presented the report and noted that there was further triangulation work to be undertaken.</p> <p>Ms Belfield referred to the number of complaints and requested for a ratio to be articulated to demonstrate volume of complaints and area usage.</p> <p>Ms Belfield noted the low completion rate of complaints. Mrs Rhodes replied that a lot of complaints had been paused due to the impact of Covid-19 and patients were written to regarding this. Major complaints were continued where possible. Divisions had fed back that it was helpful to have the Corporate team supporting and this would be considered going forward.</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. 	JM
14.	Board Assurance Framework (Q1 2020/21)	
	<p>Miss Rylands presented the Q1 Board Assurance Framework (BAF) and noted the following:</p> <ul style="list-style-type: none"> • The BAF had been revised to reference Covid-19 throughout the risks. A strategic risk around R&R was also added and this was the most significant risk to all objectives. • Following feedback from CQC, each risk was now mapped to objectives and changes were made to the heat map to provide a clearer visual aid. • The Audit Committee had noted that the risk associated with Infrastructure included much more detail when compared to others and this would be revised prior to submission to the Board. <p>Ms Belfield requested for action statuses to be clarified, given that some of the due dates were considerably far away.</p>	CR
15.	Quality & Safety Oversight Group Highlight Report / Terms of Reference	
	<p>Mr Maxwell noted the following:</p> <ul style="list-style-type: none"> • Mortality, Sepsis screening and Falls were discussed. • There was good divisional representation at the meeting. • The Terms of Reference were appended for approval by the Committee. It was noted that the business cycle was still being finalised. <p>The Committee approved the Terms of Reference and noted the report.</p>	
16.	Quality Impact Assessment Report	

	The Committee received the report and noted the impact on quality of the Trust's response to Covid-19.	
17.	Summary of Actions and Items for Escalation to the Trust Board	
	The highlight report was circulated outside of the meeting for approval prior to submission to the Trust Board.	
18.	Review of Business Cycle	
	The Committee noted the business cycle.	
19.	Review of Meeting Effectiveness	
	<ul style="list-style-type: none"> • The meeting worked better with individuals sat in their own offices joining via Teams. • It was helpful to receive a verbal update from Executive Directors at the beginning of the meeting, in particular in relation to Covid-19 and Restoration and Recovery. 	
20.	Date and Time of Next Meeting	
	Wednesday 22 nd July 2020, 9.00am, via Videoconference	

FOI REF 1622002