



# Quality Governance Committee

Meeting held on 30<sup>th</sup> June 2022 at 9.00am to 11.15am  
via Microsoft Teams

## MINUTES OF MEETING

|          |                         |           |
|----------|-------------------------|-----------|
| Attended | Apologies / Deputy Sent | Apologies |
|----------|-------------------------|-----------|

| Members:   |    |  | A  | M  | J  | J | A | S | O | N | D | J | F | M |
|------------|----|--|----|----|----|---|---|---|---|---|---|---|---|---|
| ██████████ | AH | Associate Non-Executive Director (Chair)   |    |    |    |   |   |   |   |   |   |   |   |   |
| ██████████ | SB | Non-Executive Director                     |    |    |    |   |   |   |   |   |   |   |   |   |
| ██████████ | PB | Chief Operating Officer                    |    |    |    |   |   |   |   |   |   |   |   |   |
| ██████████ | SG | Associate Non-Executive Director           |    |    |    |   |   |   |   |   |   |   |   |   |
| ██████████ | ML | Medical Director                           |    |    |    |   |   |   |   |   |   |   |   |   |
| ██████████ | KM | Non-Executive Director                     |    |    |    |   |   |   |   |   |   |   |   |   |
| ██████████ | JM | Head of Quality, Safety & Compliance       |    |    |    |   |   |   |   |   |   |   |   |   |
| ██████████ | AR | Chief Nurse                                | SM | SM |    |   |   |   |   |   |   |   |   |   |
| ██████████ | CR | Associate Director of Corporate Governance | NH | NH | NH |   |   |   |   |   |   |   |   |   |
| ██████████ | RV | Chief People Officer                       |    |    |    |   |   |   |   |   |   |   |   |   |

### In Attendance:

|            |    |  |
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| ██████████ | JD | Corporate Governance Support Manager (Minutes)                     |
| ██████████ | NH | Deputy Associate Director of Corporate Governance                  |
| ██████████ | SK | Consultant in Palliative Care (Item 12)                            |
| ██████████ | DM | Director of Nursing – Quality & Safety (Items 10/13)               |
| ██████████ | VP | Bereavement Services Manager (Item 5)                              |
| ██████████ | ST | Clinical Director of Pharmacy and Medicines Optimisation (Item 11) |
| ██████████ | DW | Chairman (Item 1)  |

| No. | Agenda Item  | Action |
|-----|--|--------|
| 1.  | <b>Chair's Welcome, Apologies and Confirmation of Quoracy</b>  |        |
|     | Apologies were recorded as above and the meeting was confirmed to be quorate.<br><br>██████████ briefly joined the meeting to express his thanks to ██████████ as this was to be ██████████ last meeting with the Trust, and the Committee joined ██████████ in expressing their appreciation. |        |
| 2.  | <b>Declarations of Interest</b>  |        |
|     | No declarations of interest were noted.  |        |
| 3.  | <b>Minutes of the Meeting held 1<sup>st</sup> June 2022</b>  |        |
|     | The minutes of the meeting were approved as an accurate record.  |        |
| 4.  | <b>Matters Arising via the Post Meeting Action Log</b>   |        |

██████████: It was agreed to close this action as no benchmarking data was available.

██████████: It was agreed to keep this action open as a deep dive into Pneumonia was currently underway.

██████████: ██████████ confirmed that staff groups could now be reported. Action closed.

██████████: ██████████ stated that this was on-going and was expected to be completed for August's meeting.

██████████: ██████████ noted that an update on the action plan would be provided to the next meeting.

██████████: This was to be considered further in terms of satisfactory sampling strategy for regular review of VTE assessment. ██████████ to go back to VTE Steering Group.

██████████: ██████████ clarified that the action was to hold short, more frequent meetings, to discuss cases in more detail.

██████████: Absolute numbers were now included within the report.

██████████: ██████████ noted an update from Maternity whereby this was being led by the Local Maternity and Neonatal System who linked with Trusts. An update would be sought via the Maternity Quality Governance Committee.

#### 11. Medicines Optimisation Report Q4 2021-2022 and Q1 2022-23

██████████ presented the Q4/Q1 report and highlighted an increase in drug expenditure during 2021/22, a ██████████ and a deterioration in chemotherapy turnaround time by external suppliers. In addition, recruitment had commenced for additional pharmacy staffing in the Cancer Centre, and positive assurance had been received following an external radiopharmacy audit.

██████████ queried the increase in drug expenditure and ██████████ explained that the majority of drugs had longevity within contracts with assurance on price; however there had been supplier issues, meaning some had to be bought off contract. There was also a significant Integrated Care Board programme regarding medicines and managing drug budgets effectively.

██████████ sought further information on the increase in spend and the process to ensure this was managed as effectively as possible and ██████████ highlighted that a significant part of the budget was through Specialised Commissioning and the CCG. There had also been various advancements in new life changing drugs which had a high cost attached. Going forward, work would be undertaken with the Chief Finance Officer to develop a finance report for medicines.

██████████ requested for the further updates on the ██████████ to be provided.

**The Committee received and noted the report.**

██████████ *left the meeting.*

#### 5. UHNM Medical Examiner Service

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|    | <p>██████████ provided the update and summarised that 100% of deaths across both sites were being reviewed by the Medical Examiner's office and there had been an extension of reviews to include coroner's cases which was considered best practice as this would optimise the time frame for any learning, in addition to extending cover on Saturdays which in turn improved the service provided.</p> <p>██████████ queried the succession plan once the current Lead Medical Examiner had resigned and ██████████ responded that ██████████ was confident this post would be filled and there had already been a great deal of interest.</p> <p><b>The Committee welcomed the report and noted the progress made over two years on from the introduction of the service.</b></p>   |  |
| 6. | <p><b>Mortality Update</b></p>  |  |
|    | <p><b><u>Neonatal Intensive Care Unit Mortality Report</u></b></p> <p>██████████ informed the Committee that it had been agreed outside of the meeting to defer the report to July's meeting to allow it to be considered by the relevant Directorates/Divisions.</p> <p><b><u>Option Appraisal for Completion of Covid Mortality Reviews</u></b></p> <p>██████████ presented the proposal to undertake a full review of all Covid deaths within the next 4 months.</p> <p><b>The Committee approved the extended timescale.</b></p>  |  |
| 7. | <p><b>Q4 Nursing and Midwifery Staffing and Quality Report</b></p>  |  |
|    | <p>██████████ presented the report which demonstrated an increase in sickness and absence for Q4 and the Midwifery allocation of annual leave had exceeded the normal allowance. Additional work was to be undertaken to triangulate harm as a result of staffing issues. It was noted that this report was also provided to the Transformation and People Committee, focussing on the workforce aspects.</p> <p>██████████ queried any lessons learned around the midwifery annual leave exceeding headroom and ██████████ explained that this was an anomaly but would be monitored closely.</p> <p>██████████ expressed concern at the wards with low average fill rates which also had issues with falls and ██████████ stated that this linked to the piece of work to understand any correlation between staffing and harm. There was also evidence that suggested learning was not being embedded at a lower level in the organisation.</p> <p>██████████ queried the strategy to better implement SafeCare data and ██████████ confirmed that this would be refreshed to help plan the best use of resources.</p> <p><b>The Committee received the report and noted the further action to be taken to review the headroom allocation for wards and departments reflective of the consistent data relating to parenting leave.</b></p> |  |
| 8. | <p><b>M2 Quality &amp; Safety Report</b></p>  |  |
|    | <p>██████████ introduced the Month 2 report and highlighted that there had been 13 Serious Incidents during May. ██████████ noted a series of actions to review harm and themes as</p>  |  |

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|     | <p>part of the Quality Strategy.</p> <p>██████████ requested for some additional specialist input and review of the paediatric sepsis screening data to be provided to the Committee.</p> <p>██████████ queried the accuracy of reporting in relation to sepsis screening and ██████████ explained that the process was currently under review and an update on this would be provided at September's meeting.</p> <p><b>The Committee received and noted the report.</b></p>   | <p>██████████</p> <p>██████████</p> |
| 9.  | <p><b>2022 / 2023 Clinical Audit Programme</b></p>  |                                     |
|     | <p>██████████ presented the Clinical Audit Programme which would be monitored by the Clinical Effectiveness Group.</p> <p><b>The Committee approved the programme and confirmed it reflected the priorities and values of the organisation, and agreed for future updates on the plan to be provided by exception.</b></p> <p>██████████ <i>joined the meeting.</i></p>   |                                     |
| 10. | <p><b>CQC Action Plan</b></p>   |                                     |
|     | <p>██████████ provided the updated CQC Action Plan which demonstrated the individual actions to address the 9 'must do' and 19 'should do' actions, the majority of which had been completed or were on track, and the work underway to address and progress ██████████ 'problematic' actions.</p> <p>The Committee acknowledged that a response had not yet been received from the CQC following submission of evidence to support the actions completed.</p> <p>██████████ queried progress with the action relating to cubicle doors and ██████████ stated that a proportion of these had now been removed and patients were being assessed for suitability of these rooms. A feasibility study was now complete and a business case in development for glass doors.</p> <p><b>The Committee noted the contents of the CQC action plan and supported the proposed monthly review process to monitor progress against the actions and to enable escalation of problematic actions.</b></p> <p>██████████ <i>joined the meeting.</i></p> |                                     |
| 12. | <p><b>National Audit of Care at the End of Life (NACEL)</b></p>   |                                     |
|     | <p>██████████ presented the audit into care at the end of life which demonstrated positive results when compared to the national average. In terms of the freetext results, communication was by far the biggest theme.</p> <p>██████████ sought ██████████ views on the positive and negative aspects that required attention and ██████████ responded that documentation was good but patient and relative experience would require more focus in terms of communication, and it was noted that there were a number of factors relating to Covid within the data collection period.</p> <p>██████████ questioned if there were potential issues in late identification of dying patients and ██████████ agreed that this was a long-standing issue and was seen in other</p>  |                                     |

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|     | <p>hospitals. ██████ offered ██████ support regarding this and ██████ responded that ██████ would discuss this with the End of Life Group.</p> <p>████████ questioned if dignity and respects aspects were measured and ██████ explained that these were factored into the bereaved relative surveys.</p> <p>████████ inquired around paediatric palliative care and ██████ noted that an update on this would be included within the annual report which was expected to be presented in October.</p> <p><b>The Committee received and noted the report.</b></p> <p>████████ <i>left the meeting.</i></p>   |  |
| 13. | <p><b>Q4 Patient Experience Report 2021/2022</b></p>   |  |
|     | <p>████████ presented the Quarter 4 report which continued to demonstrate consistent top themes in relation to suitability of treatment and diagnosis and these were being considered further with the Medical Director. ██████ added that as part of the validation review of outcomes, the number of upheld complaints was likely to increase.</p> <p>████████ sought assurance that there was adequate knowledge and confidence in the complaints process, particularly within vulnerable groups, and that staff had the necessary skills to support. ██████ stated that a full review of the complaints process was underway which would look at equitable access, as well as aspects of timeliness of responses. In addition, a suite of patient priorities would be co-produced with patients as part of the Quality Strategy.</p> <p>████████ queried if there was a framework in place for co-production and ██████ highlighted the patient leaders in place, with plans to recruit patient safety partners. ██████ encouraged the Trust to reach out to local maternity partners and ██████ confirmed this involvement which could be discussed further at the Maternity Quality Governance Committee.</p> <p>████████ noted that responses to the Friends and Family Test were low and encouraged for further exploration nationally in terms of good practice.</p> <p>████████ acknowledged the positive compliments received and urged for these to be communicated to staff and patients and ██████ agreed that more could be done for this in terms of learning from excellence.</p> <p><b>The Committee received and noted the report and supported the initiatives to improve.</b></p> |  |
| 14. | <p><b>CQC – Safety, Equity and Engagement in Maternity Services</b></p>  |  |
|     | <p>████████ tabled the report for information and noted that the full report would be provided for discussion at the next Maternity Quality Governance Committee.</p>  |  |
| 15. | <p><b>Clinical Effectiveness Group Assurance Report</b></p>  |  |
|     | <p><b>The Committee received and noted the assurance report.</b></p>   |  |
| 16. | <p><b>Quality &amp; Safety Oversight Group (QSOG) Assurance Report</b></p>   |  |

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|            | <p>██████████ presented the report and highlighted an improved compliance in review of the risk register and a request from the Risk Management Panel for a thematic review of ECG related incidents in the Emergency Department.</p> <p>██████████ noted that a review was underway to assess harm for long waiters and an update would be provided to a future meeting.</p>  | ██████████ |
| <b>17.</b> | <b>Executive Groups Effectiveness Reviews / Terms of Reference</b>   |            |
|            | <p>██████████ presented the outcome of the effectiveness reviews and terms of reference for approval.</p> <p>██████████ noted the low attendance of Divisional chairs at QSOG and questioned if these were really required as members in view of the high attendance by divisional nursing leads. ██████████ responded that the organisational structure was currently being revised and would take into account specific reasonable days for clinicians to attend meetings. ██████████ added more medical representation was expected at the Clinical Effectiveness Group, with nursing representation at QSOG, and ██████████ agreed that the membership should reflect Divisional representation rather than specific roles.</p> <p><b>The Committee approved the Terms of Reference for the Quality Safety Oversight Group, which were to be amended to include the change to membership to reflect Divisional representation rather than specific roles, and the Clinical Effectiveness Group</b></p> | JD         |
| <b>18.</b> | <b>Quality Impact Assessment Report</b>  |            |
|            | The Committee received the report for information.   |            |
| <b>19.</b> | <b>Final Quality Account 2021/22</b>   |            |
|            | The Committee received the report for information.   |            |
| <b>20.</b> | <b>Review of Meeting Effectiveness &amp; Attendance</b>  |            |
|            | <p>The Committee felt the meeting went well and the items were discussed openly and sufficiently.</p> <p>██████████ commented that it would be welcomed going forward for the Committee's focus to be on use of data to identify concerns and to explore any gaps with curiosity and enthusiasm, and to focus attention on areas of greater concern. ██████████ agreed that there were some gaps in the data provided and there was more work to do to ensure constant improvements were being sought.</p> <p>██████████ referred to the Medicines Optimisation Report and emphasised the importance of escalating new risks through the appropriate governance process.</p>   |            |
| <b>21.</b> | <b>Review of Business Cycle</b>  |            |
|            | The updated cycle of business was noted.   |            |
| <b>22.</b> | <b>Summary of Actions and Items for Escalation to the Trust Board</b>  |            |
|            | The highlight report was to be circulated outside of the meeting for approval prior to   |            |

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|            | submission to the Trust Board.   |  |
| <b>23.</b> | <b>Issues Associated with Process, Procedures and Compliance for Escalation to Audit Committee</b> |  |
|            | No issues were raised for escalation.  |  |
| <b>24.</b> | <b>Any Other Business</b>  |  |
|            | The Committee re-iterated their thanks to [REDACTED] on her last day with the Trust.               |  |
| <b>25.</b> | <b>Date and Time of Next Meeting</b>   |  |
|            | Thursday 28 <sup>th</sup> July 2022, 9.00am, Trust Boardroom                                       |  |