



Quality Governance Committee

Meeting held on 22nd April 2020 at 9.00am to 10.05am
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
Professor A Hassell	AH	Non-Executive Director (Chair)												
Ms S Belfield	SB	Non-Executive Director												
Mr P Bytheway	PB	Chief Operating Officer												
Mr J Maxwell	JM	Head of Quality, Safety & Compliance												
Dr J Oxtoby	JO	Medical Director												
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 R Bowler	RB	Quality Assurance Manager (Item 9)
Mrs L Carlisle	LC	Deputy Head of Quality, Safety & Compliance / Data Protection Officer (Item 10)
Mr J Dutton	JD	Corporate Governance Officer (Minutes)
Mr E Phillips	EP	Deputy Director of Infection Prevention (Item 5)
Ms F Taylor	FT	Associate Non-Executive Director
Mrs T Taylor	TT	Associate Chief Nurse – Children’s Women’s & Diagnostics (Item 8)

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 March 2020	
	The Committee approved the minutes, noting that the meeting was conducted via email and no comments were received on papers.	
4.	Matters Arising via the Post Meeting Action Log	
	The Committee noted the updates to the action log.	
8.	Review of Clinical Incidents in the Neonatal Unit	

A written report was provided. Mrs T Taylor summarised the following:

- Following recognition of a spike in medication incidents in January 2020, work commenced with Quality, Safety and Compliance to pull together in-depth data and trend analysis.
- Clinicians and nursing staff had rationalised incidents as being due to acuity of patients and staffing levels. There was also a noted absence of robust leadership.
- Since January, processes were strengthened. A system was put in place to review every medication related incident. In addition changes were made to the leadership team.
- Regular governance meetings were now being held to set detailed actions; staff involved in errors were being managed appropriately.
- Since January, there had been a consistent reduction in medication incidents.
- There were challenges with actions identified to review Gentamycin prescribing and administration. A new prescription chart was due to be finalised.
- Environments and practices of prescribing were reviewed to ensure reduced interruptions, as this was cited as a problem in some areas.
- The number of Datix trained senior nursing staff and consultants had now been increased.

Dr Oxtoby noted that there had been long standing issues with relationships within the team, for which a mediation process was established. Further support would also be given to the new leadership team to ensure it worked effectively.

Mrs Carlisle joined the meeting.

Mr Smith queried how the errors were flagged and if there was confidence that these were the only errors. Mrs T Taylor explained that medication errors were flagged either by individual members of staff or internally via the Datix system. It wasn't completely clear if everything had been captured up until January 2020; however following January a deep dive was undertaken to ensure near misses were being captured.

Mr Maxwell noted that Datix had been reviewed to identify trends in other areas looking at the same period. There weren't any other areas with a significant increase in reporting with the exception of the Acute Rehabilitation Trauma Unit (ARTU). Information had been requested to establish if this was due to the service changes that had been made in this area. Mr Maxwell noted that, following COVID-19, there was a reduction in the number of incidents being reported generally in the Trust but these would continue to be monitored. He noted that the number of reports per 1,000 bed days had not reduced.

Mrs F Taylor sought assurance that staff felt able to report errors without any negative repercussions. Mrs T Taylor responded that the importance of following the Trust's Just and Learning culture was emphasised to the team. Since improved capturing of near misses, staff were responding positively as they recognised they were preventing incidents from occurring.

Professor Hassell highlighted staffing issues and queried how this would be escalated to the Committee in future. Mrs Rhodes responded that the Trust Board received information on consultant and nursing vacancies. It was felt that the main issues were the lack of robust leadership as opposed to the lack of staff. She noted that the discussion at this Committee formed part of the process for taking forward a proposal for an investment requirement in 10.4wte neonatal nursing. Dr Oxtoby agreed that there were cultural issues rather than staff shortages.

Professor Hassell questioned how updates on actions and future assurance would be

	<p>provided to the Committee and asked about timelines. Mrs Rhodes stated that an update on actions and a timeline for further actions would be brought to the Committee in June, recognising that some actions may not be complete due to the impact of COVID-19.</p> <p>Mrs Vaughan added that it was intended to establish a summit approach to look at quality concerns and raising concerns issues in a triangulated way. The Freedom to Speak Up Guardian was looking at terms of reference for this currently.</p> <p>The Committee reviewed the contents of the report and the recommendations made.</p> <p><i>Mrs T Taylor left the meeting.</i></p>	MR/TT
5. Infection Prevention Quarterly HAI Report Q4		
	<p>Mr Phillips highlighted the following points:</p> <ul style="list-style-type: none"> • There had been one MRSA bacteremia in quarter 4 associated with which there had been no lapses of care identified. • In terms of Sepsis, in quarter 4, inpatient areas achieved the required 90% for 3 of the 4 requirements. • The annual staff flu vaccination campaign was now complete with 8,373 staff having been vaccinated by the end of Q4. • There was a spike in C.Diff cases in December and January. From April 2019, there were changes in definition which increased cases over and above the target, which was consistent across other trusts. In the light of the new definition, NHS England were due to bring in new targets for this financial year; however these had not yet been received due to COVID-19. <p>The Committee noted the action taken to prevent and control health care associated infections within the Trust and wider health economy.</p> <p><i>Mr Phillips left the meeting.</i></p>	
6. Mortality Report		
	<p>Professor Hassell highlighted the low number of reports completed within Upper and Lower GI Surgery. Mr Maxwell responded that work had commenced with the mortality lead and clinical chair for Surgery and these reports were now being completed and uploaded.</p> <p>Professor Hassell queried what the Committee could expect in terms of data around mortality and COVID-19. Dr Oxtoby responded that a briefing paper had been circulated, looking at outcomes when compared with peers, and there were no major concerns; however the data would continue to be reviewed and further analysis would be provided to the next Committee.</p> <p>The Committee noted the following updates/recommendations:</p> <ul style="list-style-type: none"> • The improved HSMR and SHMI indicators. • The increase in the completion rate of the online mortality proforma and the positive outcomes being reported but the need to complete outstanding reviews from the previous report submitted to the Committee. • The outcomes of the completed SJRs were reported and continued to escalate low performance at Divisional Governance / Board meetings. Division Boards to agree local improvement plans with Clinical Directors and Mortality Leads. 	JO

	<ul style="list-style-type: none"> • To share and disseminate outcomes from completed reviews within directorates and wider across the Trust. • To receive further information when available for COVID-19 related deaths via HED system for diagnosis codes and also monitor crude death rate during the COVID-19 pandemic. 	
7.	<p>Trust Processes for Identifying and Managing Concerns about the Performance of Medical Staff</p> <p>Dr Oxtoby presented the paper for assurance that there were a wide range of measures in place to support and manage the identification of concerns about the performance of medical staff.</p> <p>The Committee noted the current arrangements for ensuring the appropriate performance of medical staff, including the processes in place to encourage identification and review of concerns.</p>	
9.	<p>Research and Innovation Quality Update</p> <p>Mr Bowler noted the following:</p> <ul style="list-style-type: none"> • Implementation of the MHRA action plan remains underway with just two actions delayed due to staff redeployment. • Some studies had now been paused, with prioritisation given to COVID-19 research studies. <p>Professor Hassell questioned how significant the two outstanding actions were. Mr Bowler responded that these related to development of procedures but these were not relevant to the studies currently underway.</p> <p>The Committee received and noted the report.</p> <p><i>Mr Bowler left the meeting.</i></p>	
10.	<p>Data Security & Protection Training Update</p> <p>Mrs Carlisle highlighted the following:</p> <ul style="list-style-type: none"> • As at March, 91% compliance was achieved with training for Data Security and Protection. • NHS Digital had extended the timeframe for completion of the toolkit to 30th September 2020. <p>Mrs Vaughan noted that statutory and mandatory training would be a challenge going forward given the national pause as a result of COVID-19. There was a deferral of around 3 months at present. Staff currently at home were being encouraged to complete training where possible.</p> <p>The Committee noted the following recommendations once COVID-19 lockdown had been lifted and return to normal working practices resumed:</p> <ul style="list-style-type: none"> • The Associate Directors were asked to take the lead in managing DSP training. • The Executive Team to undertake confirm and challenge at the Divisional Performance Review meetings. <p><i>Mrs Carlisle left the meeting.</i></p>	

11.	Clinical Ethics Forum Highlight Report	
	<p>Dr Oxtoby informed the Committee that the Clinical Ethics Forum had held a series of ad hoc meetings in response to the COVID-19 situation. It had developed decision-making frameworks on triage for ITU admission and management, communication with families and other aspects of decision-making around COVID-19. Fortunately the levels of demand for beds and critical care had been manageable without necessitating instigating the above decision-making framework. Mrs F Taylor would now be joining future meetings as Non-Executive Director presence.</p> <p>The Committee received and noted the report.</p>	
12.	Executive Health & Safety Group Highlight Report	
	The Committee received and noted the report.	
13.	Quality & Safety Oversight Group Highlight Report	
	<p>Mrs Rhodes stated that the last meeting was conducted via email and the next meeting would be held virtually via Microsoft Teams.</p> <p>The Committee received and noted the report.</p>	
14.	Committee Effectiveness 2019/20 including Revised Committee Governance Pack	
	<p>Miss Rylands presented the report, noting that the full committee effectiveness process was postponed until October 2020 due to the impact of COVID-19. The Terms of Reference had been updated to take into account governance changes, and these would be submitted to the Trust Board for approval as part of the Rules of Procedure.</p> <p>The Committee agreed the committee annual report and proposed Committee governance pack for submission to the Trust Board.</p>	
15.	Summary of Actions and Items for Escalation to the Trust Board	
	<ul style="list-style-type: none"> • Review of Clinical Incidents in the Neonatal Unit • Review of COVID-19 related matters requested, including Personal Protective Equipment, Mortality, and End of Life Care 	
16.	Review of Meeting Effectiveness and Business Cycle Forward Look	
	<p>Professor Hassell requested for consideration to be given as to what would come to future Committees in respect of COVID-19, including Personal Protective Equipment (PPE), Mortality and End of Life Care. Dr Oxtoby suggested that some cases could be specifically targeted for Structured Judgement Reviews to provide an audit on decision-making on End of Life, as well as focus on management of non-COVID patients. Mrs Rhodes also suggested a review of how PPE was managed internally.</p>	JO/MR/ PB
17.	Date and Time of Next Meeting	
	Thursday 21 st May 2020, 12.00pm, via Videoconference	

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FOI REF 162-2021