Quality Governance Committee

Meeting held on 23rd January 2020 at 9.00am to 10.40am
Trust Boardroom, Springfield, Royal Stoke

MINUTES OF MEETING

Attended | **Apologies / Deputy Sent** | **Apologies**

Members:			A	M	J	J	A	S	O	N	D	J	F	M
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			GH									
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				NH	NH	NH	NH	NH				
Mr I Smith	IS	Non-Executive Director												
Mrs R Vaughan	RV	Director of Human Resources			EO				JH					

In Attendance:		
Mrs L Carlisle	LC	Deputy Head of Quality, Safety & Compliance / Data Protection Officer (Item 15)
Mr J Dutton	JD	Corporate Governance Officer (Minutes)
Ms D Meehan	DM	Acting Director of Nursing – Quality & Safety
Mr E Phillips	EP	Deputy Director of Infection Prevention
Dr A Saied	AS	FY3 Doctor
Mr G Tibbs	GT	Fire Safety Manager
Ms D Tomlinson	DT	Acting Antenatal Clinic Manager
Ms I Turner	IT	KPMG
Ms S Wallis	SW	Head of Midwifery / Lead Nurse for Gynaecology
Ms H Watkiss	HW	Health & Safety Manager

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 19th December 2019**	
	The minutes of the meeting were approved as a true and accurate record.	
4.	**Matters Arising via the Post Meeting Action Log**	

	Updates to the post-meeting action log were noted.	
5.	**Q3 Infection Prevention HAI Report**	
	Mr Phillips presented the Q3 report and highlighted the following: • There had been one case of MRSA bacteremia in quarter 3 which did not have any lapses of care associated with the case. • For Clostridium difficile, the Trust was above trajectory as at quarter 3 with 83 cases versus the trajectory of 70. • In terms of Sepsis, in quarter 3, inpatient areas achieved the required 90% for treatment within an hour (95.5%) but failed to achieve the 90% screening target whilst emergency portals had failed to achieve the required 90% for screening and treatment within an hour. It was noted that a Sepsis report was due to be presented at the next Committee. • There was a significant amount of flu cases seen, particularly in Child Health. The majority of cases were the H3N2 strain; however cases of Influenza B had now been reported elsewhere in the country, for which the Trust had contingency plans for. • To date, 86% of staff had now been given the flu vaccination and the campaign was still on-going. Mr Smith suggested that a monthly update should be provided to the Committee, given the cases of C.Diff and influenza seen. Ms Belfield queried if there were any lessons learned from the MRSA case. Mr Phillips confirmed that there weren't any lapses in case identified during the patient journey. Ms Belfield sought further information on the flu and norovirus cases and questioned if the appropriate processes were in place. Mr Phillips noted that the flu outbreak followed the pattern seen in Australia and was a particularly virulent strain which spread rapidly. He confirmed that all areas were reviewed twice daily. Mrs Rhodes added that there had been particular focus on the West Building, and it was clear from ward visits that the correct processes were being followed. Mr Smith queried if the ward closures would have a knock on effect. Mr Phillips agreed that it would as patients could not be discharged into other wards or into nursing homes. Mrs Rhodes highlighted the detail provided on E.Coli cases. Mr Phillips noted that the Trust was forecast to achieve a 14% reduction in E.Coli. Work was on-going in the health economy around Gram Negative infections and a reduction target was expected in April. Mr Bytheway referred to the recent outbreak of Coronavirus in China and noted that the Trust would need to plan as per previous similar outbreaks. Mrs Rhodes stated that this had been discussed at the Trust Executive Committee and information had been sent out to staff to help identify any cases. Mr Phillips added that a paper regarding this was due to be presented to the Infection Prevention Committee. **The Committee received the report and noted the on-going work to prevent and control health case associated infections within the Trust and wider health economy.** *Mrs Vaughan and Professor Hassell joined the meeting.* *Mr Phillips left the meeting.*	**EP**

6.	**Mortality Report**	
	Mr Maxwell presented the report and summarised the following points: • There were positive results for the Summary Hospital-level Mortality Indicator (SHMI) which had a value of 1.00 for July 2018 to June 2019 and was assigned the banding 'as expected'. • The Hospital Standardised Mortality Ratio (HSMR) was at 97.48 for September 2018 to August 2019 which was slightly better than what was expected. When split between Royal Stoke and County sites, both areas were within the expected range. • The Septicaemia Diagnosis Group, for which the Trust was a slight outlier, had shown improvement. • The Pneumonia Diagnosis Group had shown improvement and was within the expected range and there was currently no outlier alert. • The Trust was currently investigating Chronic Renal Failure and Therapeutic Operations of the Jejunum and/or Ileum after receiving CuSum alert notifications. Formal responses would be presented at Trust Mortality Review Group and through the Quality Governance Committee. • In terms of Mortality reviews, improvements in reporting and reviewing of deaths had been seen but further improvements were still required. • Specialties had shown improvements for completion of Structured Judgement Reviews (SJRs) but there remained backlogs, particularly with Upper GI and Colorectal. Resource was identified to address this. • In total there had been 220 SJRs completed for deaths from 1st January 2019 to 31st August 2019 from a requested 484. This compared to 134 completed SJRs for same period previously reported. • 9 specialties were now achieving above 70% SJR completion rates. 15 of the specialties had improved their completion rate but 4 had seen deterioration and 7 had not changed. • The Medical Examiner role had now commenced. At present, no further inquiries were identified by the Medical Examiner team. • Additional training sessions had been organised and advertised to staff. Dr Oxtoby highlighted the progress made with SJR completion and the change in the structure of teams to ensure that more people were involved in the process. He noted that the Medical Examiner role would provide another route into identifying deaths that required further investigation and further assurance that processes were being followed correctly. Miss Rylands noted that the Medical Examiner had delivered a presentation to the Executive Team and would be interested in presenting to the Board. Mrs Rhodes stated that she had recently met with the Stroke team and expressed her disappointment that SJRs were not highlighted within their strategy as an issue. Mr Bytheway agreed to discuss this with the team. Miss Rylands urged for more focus on the quality aspect of SJRs and what could be drawn from them rather than focussing solely on the quantity completed. Mr Maxwell responded that, following CQC feedback, particular questions were stressed in the SJR process around standards of documentation and more comments were now coming through on this. Mrs Rhodes commented that this level of detail was discussed through the Mortality Review Group. Dr Oxtoby stated that he believed the reviews were completed with care and that they also needed to deliver on regulator requirements. Professor Hassell welcomed the positive direction of travel and queried family involvement in the SJR process. Mr Maxwell responded that families were involved	**CR** **PB**

	and had opportunities to raise any questions and concerns. As part of duty of candour, any issues identified were shared. **The Committee noted the following recommendations:** • **The improved HSMR and SHMI indicators and further analysis being undertaken to review potential reasons for the increase based on the diagnosis codes and treatment specialties.** • **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.** • **To share and disseminate outcomes from completed reviews within directorates and wider across the Trust.** • **To support the review of internal timeframes for completing and submitting SJRs.**	
7.	**Health and Safety Delivery Plan**	
	Ms Watkiss referred to the report and highlighted the following points: • The report demonstrated that, following a gap analysis, there were actions being taken to bring the Trust up to a good assurance level. • The first two years of the plan were dedicated to developing the framework to be more streamlined to enable teams to achieve compliance. The third year would be dedicated to internal and external auditing. Ms Belfield welcomed the comprehensive plan and urged consideration that the actions due for completion in March and April were practicable. The RAG status also needed to be clarified to show the current progress. Miss Rylands noted that work would also be undertaken to translate into a strategy which aligned with the new governance structure groups. **The Committee received the report and noted the action being taken following identification of lack of compliance.** *Ms Watkiss left the meeting.*	**HW**
9.	**Results from Audit of Transfers**	

	Dr Oxtoby presented the report and highlighted the following:
	• The review looked at transfers from County Hospital to Royal Stoke Hospital over the period of one month. Consultants were asked to report delays in accepting patients or refusals to transfer.
	• No such episodes were recorded; however some concerns were expressed:
	  ○ There was a group of patients who need to be stabilised in County prior to transfer and there were concerns that current arrangements in Resusc in A/E were suboptimal for this purpose.
	  ○ Concern that low threshold for transfer now meant that patients were transferred too rapidly to Royal Stoke and could potentially have been cared for in Stafford.
	• It was reported that there was an acceptance from County clinicians that the position regarding care of deteriorating patients at County had greatly improved	

	and they understood that if there were problems, they could escalate these to senior management. • The review would be run again this year. *Mr Tibbs joined the meeting.* Mr Smith questioned if discussions for transfer were on a consultant basis. Dr Oxtoby confirmed that it was consultant to consultant. He added that he was readily available in the event of any problems with transfers. Professor Hassell queried if the details of the audit were presented anywhere. Dr Oxtoby responded that there was little detail available and the audit would be repeated to gain more granularity. Mr Bytheway suggested that the audit needed to be widened out to Site and Nurse teams as length of time taken was more of a challenge. *Ms Wallis and Ms Tomlinson joined the meeting* Miss Rylands noted that this was included within the Board Assurance Framework and highlighted that this work needed to be cited in the assurances. **The Committee noted the following recommendations:** • **The need to review arrangements in county A&E to ensure that facilities for safe management prior to transfer were optimised.** • **To accept that low threshold for transfer was the right approach but would inevitably lead to some inappropriate transfers.** • **To repeat the review after three months to ensure improvement was sustained.**	**JO**
8.	**Quarterly Fire Safety Sub-Committee Report**	
	Mr Tibbs referred to the report and summarised the following points: • The main concern from the Fire Safety Sub-Committee was the lack of consistent Divisional representation. • There was concern that the momentum of improvement was slowing since the fire enforcement notice was lifted. • There still remained some housekeeping issues across both sites. Miss Rylands suggested that the lack of Divisional representation needed to be discussed at Performance Reviews. Mrs Vaughan agreed and it was decided to discuss this through the Executive Team. Mrs Rhodes requested for further detail from the Fire Safety team prior to discussion at the Executive Team. Miss Rylands noted that the report should link to the Board Assurance Framework as a source of assurance. Ms Belfield suggested that there was a perception of a lack of consequence now that the fire enforcement notice had been lifted and it was agreed to highlight the issue to the Trust Board. Mr Bytheway commented that there should have been appropriate escalation prior to it coming to a Board Sub-Committee. Miss Rylands commented that the new governance structures that were in process would allow for this. Professor Hassell suggested it would be useful to see attendance matrices for the meetings. He queried if the e-learning package had now been removed. Mr Tibbs confirmed that it had been removed and training was now done solely face to face.	**RV/MR GT**

	Mandatory guidance and legislation advised that e-learning should not be used to deliver fire training. He noted that fire training expiration dates had been transferred over from the date staff previously undertook either e-learning or face to face training. **The Committee noted the following recommendations:** • **Better, consistent engagement from divisions, at all levels, to keep the forward momentum for improvement of fire safety management.** • **Support of the Committee in encouraging Divisions to engage with the fire safety sub-committee & the housekeeping group, to ensure the momentum for fire safety improvement was maintained across the Trust.** *Mr Tibbs left the meeting.*	
10.	**Antenatal and Newborn Quality Assurance Report**	
	Ms Wallis and Ms Tomlinson presented the report and highlighted the following: • Feedback from the Quality Assurance visit in July 2019 was very positive with no immediate concerns identified with any programmes. • The team were impressed with engagement with women including an active Maternity Voices Partnership (MVP) group and 'What matters to you?' events. • Three high priority findings were identified around developing Standard Operating Procedures, screening guidelines and developing an audit schedule. • In total, 15 recommendations were made and it was felt that all of these were achievable. • A 12 month equity audit would be undertaken with Public Health England. Mrs Rhodes congratulated the team on the positive results. Mr Smith sought further detail on the equity audit. Ms Tomlinson explained that it had been developed by Public Health England and looked at identify and address any inequalities preventing women from accessing screening. Professor Hassell asked for further information on the 'red' rated actions related to Hearing Screening. Ms Tomlinson explained that this was managed slightly differently and individual action plans had been developed. She noted that there may be some changes to the screening coming soon. Ms Belfield requested for the action plan to be transferred onto the new Trust template and appropriate dates applied. **The Committee noted the action plan and that completed actions would be presented later in the year.** *Ms Wallis and Ms Tomlinson left the meeting.*	**SW/DT**
11.	**Emergency Department Assurance Report**	
	Mrs Rhodes referred to the report and summarised the following: • There had been 322 12 hour breaches reported during December 2019, for which 69 harm reviews were carried out. • Cases were highlighted that would be reviewed by the 12 hour breach panel to identify if there were any lapses in care. • There was an on-going process to review Datix to pick up where any long waits were identified. • As a benchmark, harm was deemed Trust-apportioned if the patient had not been	

	assessed for more than six hours; though it was agreed this was an arbitrary figure and needed to be decided if this was appropriate. • There was an immediate action to review the quality of mattresses used on the A&E trolleys. Professor Hassell urged for consideration to be given to any particular case mix that was consistently seen in A&E. Mrs Rhodes agreed that the Trust needed to consider what to do for these groups of patients to ensure they were in the appropriate place. Professor Hassell suggested that the Executive Summary needed to include more of the headline figures. Mrs Rhodes agreed; though it was hoped there would be no further 12 hour breaches. **The Committee supported the current harm review process adopted by the Trust as means of assurance that any patient harm as a result of long ED waits was identified, fully investigated and that learning was shared.**	
12.	**CQC Inspection Update**	
	Mrs Rhodes informed the Committee that there were no further updates at this current time.	
13.	**Clinical Audit Progress Report**	
	Mrs Rhodes referred to the report and noted the following: • It was anticipated that the vast majority of audits would be completed by the end of Quarter 1 2020. • Audits where there was partial assurance and improvements required were highlighted. • A database of actions was in place but needed to be strengthened further. • Once the new governance structures were in place, this report would feed into the Clinical Effectiveness Group. Ms Belfield requested further detail on the 8 projects that had been removed from the programme. Mrs Rhodes agreed to provide this. Ms Belfield noted that some actions were due for completion by the end of January 2020 and queried where audits with improvements required were escalated. Mrs Rhodes responded that these went through the Divisions. In future, the Clinical Effectiveness Group would oversee these and would come to the Committee via the Executive Quality and Safety Oversight Group. Miss Rylands added that Internal Auditors were currently undertaking an advisory review on Clinical Audit which would come to this Committee also. **The Committee reviewed and noted the progress of the Clinical Audit Programme 2019 / 2020.**	**MR**
14.	**Get it Right First Time Update**	
	Dr Oxtoby provided the update to the Committee and highlighted the following: • The report summarised the regional external assessment of the Trust's responses by specialty to GIRFT reviews. • 21 reviews had taken place. • Overall the regional view of GIRFT responses was positive. • An update was outstanding for Oral and Maxillofacial and a plan for Neurology was	

	in development. **The Committee noted the content of the report and the governance arrangements in place.**	
16.	**Q3 Board Assurance Framework**	
	Miss Rylands presented the Q3 Board Assurance Framework (BAF) and highlighted the following: • Previously the complete BAF was presented to Committees. Following a recommendation from the NHS Improvement Supportive Governance review, en extract relevant to the Committee was now presented. • There would be a focus on strategic risks at the upcoming Executive Team Away Day in February which would be shared with the Board. • Each risk was owned by an Executive lead. Mrs Rhodes noted that the Executive leads for some of the risks didn't sit on the Committee and queried how assurance could be sought. Miss Rylands suggested that the BAF should be presented by the accountable Executive; therefore stripping out what came to the Committee. Mrs Rhodes commented that there needed to be discussions on the agenda and identifying mitigations to what was included on the BAF. Miss Rylands agreed that this was where the BAF needed to evolve going forward. Ms Belfield stated that, given the discussions earlier, fire safety needed to be reviewed. Miss Rylands agreed that the assurances needed to be better articulated and this would be discussed further at the Executive Away Day. Ms Belfield re-iterated that responsibility on issues such as this should not be delegated down. **The Committee noted that further consideration would be given to the appropriateness of items on the BAF following the Executive Away Day session.**	
17.	**Quality and Safety Form Highlight Report**	
	Mr Maxwell highlighted the following points from the report: • A review of information and confirmation of methodology and reported compliance results within the VTE Monthly report was underway. • An action was underway to receive more assurance on the actions identified within the Clinical Audit Progress report. • There was a positive trend for mortality indicators. • There was positive assurance from the Preoperative Fasting Audit and the actions being taken to improve awareness and compliance with guidelines to improve the patients' experience. • Positive improvements within the Research & Innovation report and positive outcomes following the MHRA Inspection. • The Health & Safety Delivery Plan and the agreed Annual Plan to identify all the areas for improvement incorporating overarching improvements to the framework for Health and Safety Work. • The format of the group would be updated and changed to reflect the new clinical governance arrangements. **The Committee received and noted the report.**	
18.	**Effective Nursing and Midwifery Staff Utilisation – November 2019**	

	Mrs Rhodes presented the report and summarised the following: • The report provided more information than previous iterations and focussed on the current position of Care Hours Per Patient Day (CHPPD). • Wards that fell below the 15% threshold were identified in this report and quality metrics were used to triangulate staffing levels with harm. Miss Rylands suggested that safe staffing should be included on the BAF, both for this Committee and the Transformation and People Committee as there was a dual aspect of both People and safety issues to it. She added that this report would also be a source of assurance. Mrs Vaughan noted that risks around workforce supply and retention were included on the BAF but may require revision of language used. *Mrs Carlisle joined the meeting.* Ms Belfield requested an update on the Ward Establishment review. Mrs Rhodes responded that it was due to be presented to the Trust Board in March and a draft could be presented to this Committee or the Transformation and People Committee. She noted that the review had identified with skill mix. **The Committee received and noted the report.**	
15.	**Data Security and Protection Training Update**	
	Mrs Carlisle provided the following update: • The Trust was currently at 90% compliance. • Divisions had improved with the exception of Medicine who remained static and Estates who had dropped slightly. • A letter was sent out to individuals whose training had been out of date for more than 18 months. This would be monitored to see if the number of these reduced. • It was confirmed that training compliance was discussed at Divisional performance reviews. **The Committee noted the following recommendations:** • **The Associate Directors were asked to take the lead in managing IG training, with immediate focus on those departments listed.** • **The Executive Team to undertake confirm and challenge at the Divisional Performance Review meeting for those departments that were currently reporting less than 85%.** • **The IG team to monitor training undertaken for staff 18+ months out of date.** *Mrs Carlisle left the meeting.*	
19.	**Summary of Actions and Items for Escalation to the Trust Board**	
	• High volumes of Flu and RSV cases being seen; Committee requested monthly Infection Prevention updates rather than quarterly. • Executive Directors will pick up through Performance Review Process the levels of expected engagement from Divisions regarding fire safety. • The harm review process focussing on 12 hour breaches had identified 3 cases which have been escalated for further follow up.	
20.	**Review of Meeting Effectiveness and Business Cycle Forward Look**	
	Miss Rylands highlighted the helpful discussion had around escalation routes and the role of the soon to be formed Executive groups sitting under the Committee.	

	Mr Maxwell noted that it was agreed for the Patient Safety report to be moved back by a month on the business cycle as it was to be presented to the Quality & Safety Forum first.	
21.	**Date and Time of Next Meeting**	
	Thursday 27th February 2020, 9:00am, Trust Boardroom	