



Quality Governance Committee

Meeting held on 21st May 2020 at 10.45am to 12.10pm
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:

Miss H Cartwright	HC	Business Apprentice (Observing)
Mrs L Dudley	LD	Quality & Risk Manager (Item 9)
Mr J Dutton	JD	Corporate Governance Officer (Minutes)
Dr G Heatlie	GH	Deputy Medical Director
Ms F Taylor	FT	Associate Non-Executive Director
Ms S Wallis	SW	Head of Midwifery / Lead Nurse for Gynaecology (Item 9)
Mrs L Whitehead	LW	Director of Estates, Facilities & PFI (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 22nd April 2020	
	Mr Maxwell referred to page 2 and noted that the number of reports was per 1,000 bed days, not per number of patients.	
	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 action log were noted.	

5. Executive Directors Update – COVID-19

Mr Bytheway provided the following verbal update:

- There were now fewer than 100 COVID-19 patients in the Trust; 86 at Royal Stoke and 6 at County.
- Some of the additional COVID-19 capacity wards had started to close; however the space could be used in the event of a surge.
- A plan was due to be formally agreed to zone the hospital; a 'blue' area for COVID positive patients, a 'green' zone for all planned care to go through, and a 'purple' zone for patients that would not fit into either. County would have no COVID patients and these would be transferred to Royal Stoke.
- The next part of the plan would be to consider how to zone workforce to ensure staff weren't moving between zones.
- The biggest risk continued to be the failure to deliver substantial improvement in urgent care.
- There were also emerging risks around shielding staff.
- The incident structure was to be stood down from the next week with a return to, where possible, business as usual (BAU).
- Restoration and Recovery (R&R) was currently in week 3 of a 6 week programme.
- An increase in patients attending the Emergency Department (ED) was seen.
- Operating sessions had increased from 20 to around 28 and a half.
- Activity had begun to slowly increase; though this was reliant on availability of Personal Protective Equipment (PPE) and drugs.

Mr Smith questioned what the BAU operating session number would be. Mr Bytheway replied that the Trust was currently undertaking about 10% of its BAU number.

Mrs Rhodes provided the following verbal update:

- Although the numbers of COVID-19 positive patients was reducing, the number of staff 'clusters' testing positive on wards had increased. This currently stood at 6 wards. The Infection Prevention Team was supporting and had reviewed practices and social distancing measures.

Ms Belfield acknowledged that the significant changes in behaviour required was a huge task and asked for the Non-Executive Directors to be kept informed on progress on safety of colleagues.

Ms Taylor queried the Trust's progress on testing new patients on arrival, and if they were put in a holding area. Mr Bytheway responded that every emergency patient was tested and for all planned work there were now processes to do this in a structured way based on guidance received. As the Trust had a large number of side rooms, the Trust had done this slightly differently, and it was being explored if this was the reason for ED performance not significantly improving. There wasn't a specific holding area; there were bays where patients were held together. Conversations were had around 'holding' wards and this was currently being reviewed.

Professor Hassell queried what the procedure was if ward staff tested positive. Mrs Rhodes explained that, on those 'cluster' wards, all staff were sent a letter, and the criteria for self-isolating was significantly reduced. If improvements weren't seen, then staff would be screened. In some areas, all patients would be screened as well.

Professor Hassell questioned how social distancing measures were being promoted. Mrs Rhodes responded that regular Facebook Live sessions were run to talk to staff openly about social distancing as well as issues with staff doffing incorrectly.

<p>6.</p>	<p>Q4 Quality & Safety Report</p> <p>Mrs Rhodes referred to the Q4 report and highlighted the following points:</p> <ul style="list-style-type: none"> • Generally there were positive trends; however the C Difficile target was not achieved, mainly due to an increase in December. • A Never Event had been reported during Q4 which was currently under investigation. • Consideration was being given to specific quality indicators associated with COVID-19, e.g. pressure ulcers that wouldn't normally be seen. <p>Professor Hassell referred to the C Diff 'target' and suggested for the wording to be altered to something more appropriate.</p> <p>Ms Belfield queried if there were any other concerns that would be coming through. Mrs Rhodes noted the different pressure ulcers being seen, an increase in MSRA bacteraemia and the clusters of C Diff.</p> <p><i>Mrs Whitehead joined the meeting.</i></p> <p>Ms Belfield expressed concern on the number of falls and urged for focus to be maintained on this as well as harm free care and medication incidents and the impact of these.</p> <p>Ms Belfield enquired how the Trust was managing Sepsis. Mrs Rhodes stated that screening compliance up to the end of March for adult inpatients was at 98.1% and performance for antibiotics given within 1 hour was at 100%. A&E performance had dropped and this would be reviewed; however Children's screening compliance was positive at 90%.</p> <p>The Committee:</p> <ul style="list-style-type: none"> • Noted the performance and information provided regarding improvements and actions being undertaken to improve performance where targets were not being met. • Approved the continued development of the report to include further quality indicators. 	<p>JM</p>
<p>7.</p>	<p>Q4 Serious Incident Summary</p> <p>Mr Maxwell presented the report and noted the following:</p> <ul style="list-style-type: none"> • A Never Event was reported during Q4 and was currently under investigation. • Learning was identified from the previously reported Never Event in relation to wrong site nerve block. <p>Ms Belfield requested for Serious Incidents to be separated out for those at County and those at Royal Stoke. Mr Maxwell agreed to distribute this information for inclusion in the minutes. He stated that there were 27 SI's reported in Q4. Of these, there were 4 reported at County Hospital, all in January 2020. These related to 2 falls and 2 pressure ulcers. Future reports would include site details.</p> <p>The Committee noted the following recommendations/actions/next steps.</p> <ul style="list-style-type: none"> • The number and categories of reported serious incidents (SI's) during Quarter 4 2019/20. • The positive reporting on STEIS from identification of SI. • The improving position regarding open and overdue SI's. • The continued joint working with the CCGs in reviewing the SI's along with 	<p>JM</p> <p>JM</p>

	<p>an open sharing and review process of the completed Root Cause Analyses.</p> <ul style="list-style-type: none"> • The key learning identified from the different SI's. • To identify any specific incidents that members required further detailed information at future meetings. 	
8.	<p>Q4 Fire Safety Group Report</p>	
	<p>Mrs Whitehead referred to the Q4 report and summarised the following:</p> <ul style="list-style-type: none"> • In response to the area of concern around the need to increase divisional input into fire management, a number of KPI's were proposed to form part of the Trust's formal Divisional Performance Reviews. • Fire safety training had maintained good compliance. E-learning was currently being enhanced to support staff training going forward. • Evacuation plans would now form part of KPI's. • The number of false fire alarms had reduced. • The Fire and Rescue Service had completed a number of routine inspections and no issues of concern were raised. <p>Mr Smith questioned what plans were in place to move COVID-19 patients in the event of a fire. Mrs Whitehead explained that all areas had evacuation plans in place; these would need to be reviewed for COVID-19 patients. This was an area that required increased focus, hence its inclusion within the KPI's. Mr Bytheway highlighted that the Fire Brigade had informed the Trust that COVID-19 patients just required an evacuation in line with any other patient.</p> <p>Ms Belfield acknowledged that the number of false fire alarms had reduced and sought further detail on the breakdown of the 10% caused by smoking by staff and patients. Mrs Whitehead agreed to include more information on this in the next report.</p> <p>The Committee noted:</p> <ul style="list-style-type: none"> • Progress in respect of the proposal to introduce Fire KPI's to form part of the Trust's formal Divisional Performance Review reporting process to further improve fire safety management across the Trust. • The introduction of the e-learning module on ESR, to support staff fire safety training, whilst face-to-face fire safety training had been paused during COVID-19. • Work to develop further methods of delivery of fire training to utilise social media and other technology available such as Microsoft Teams. <p><i>Mrs Whitehead left the meeting.</i></p>	LW
10.	<p>COVID-19 Mortality / outcomes versus regional/national data</p>	
	<p>Dr Heatlie presented and summarised the report with the following points:</p> <ul style="list-style-type: none"> • The crude mortality rate had increased but this was partly attributable to the decreased denominator as a result of reduced activity during the COVID-19 pandemic. • The mortality rate in COVID-19 positive patients for the Trust was 31% compared to the current Midlands rate of 20.27%; however patients admitted to the Trust were at the higher risk end of the spectrum. • The death rate equated to approximately 450 deaths per million; therefore the Trust was slightly above the regional average; however this reflected regional variation in incidence of COVID-19 and also the fact that the Trust had patients admitted from Black Country addresses due to greater pressures in their health care system. 	

- The Trust's bed occupancy for oxygen / ventilator support was in line with regional average.
- Profile deaths were similar to that of the Midlands and were on the decrease.

Mr Maxwell added that, once data was available, this would be reviewed to obtain more detail around peers and this would feed through the Mortality Review Group into the Committee.

Ms Wallis and Mrs Dudley joined the meeting.

Professor Hassell noted the higher figures at County and questioned if there were any concerns. Dr Heatlie explained that County tended to admit an older medical population. Going forward, all positive patients would be transferred to and managed at the Royal Stoke site.

The Committee:

- **Agreed to receive further updates on mortality outcomes at future meetings to receive assurance of Trust mortality.**
- **Agreed to receive regional / national benchmarks when available via national / regional sources and the Trust's HED Mortality system.**

9. Q4 Perinatal Mortality

Mrs Dudley presented the report and highlighted the following:

- 100% of Perinatal Mortality Review Tools (PMRT) commenced within 4 months of the death.
- 100% of parents were informed of the review processes.
- 100% of parents asked questions about the care provided.
- There were some delays in report writing, due to the requirement of peer reviews and input from neonatal colleagues.
- Guidance was received around COVID-19 and it was requested, where possible, for reports to continue, which the team was able to do.
- Of the 13 cases reviewed, the majority had no issues or minor issues. However, the findings of 2 cases were shared with the Committee which highlighted learning in respect of the care provided.

The Committee welcomed the fact that reporting was being maintained and note the contents of the report and action plan.

Ms Wallis and Mrs Dudley left the meeting.

11. Nurse Staffing Support Tool (COVID-19)

Mrs Rhodes introduced the report and highlighted the following:

- The staffing decision support tool was developed to ensure safe staffing during the pandemic. Principles were applied to all wards which provided a good indication of triggers.
- To date the tool hadn't been required to be put in place as the ratio had been maintained throughout COVID-19.
- Feedback was gained from staff and there would be further tweaks made.

Ms Taylor noted that it was encouraging how board the tool was and how it looked at skill mix.

Mrs Vaughan added that, from a Workforce Bureau perspective, this work was

	<p>essential in terms of a database of redeployed individuals and knowing points of escalation.</p> <p>The Committee welcomed and noted the report that showed the level of planning undertaken.</p>	
12.	Application made to the CQC to remove Section 31 conditions	
	<p>Mrs Rhodes presented the report and noted that the CQC were due to make a decision within the next few weeks. The Section 31 referral associated with the Emergency Department was expected to remain in place as these areas were not being reviewed at the moment as a result of the pandemic.</p> <p>The Committee noted and received the application made to the CQC to remove the Section 31 Conditions and received assurance that the actions put in place following the visit had been completed and continued to be monitored.</p>	
13.	Clinical Audit Programme 2020/21	
	<p>Mr Maxwell summarised the following:</p> <ul style="list-style-type: none"> • The Audit programme had been changed following the Internal Audit review. • The programme was discussed and approved at Quality & Safety Oversight Group (QSOG) and Divisions had signed it off. • The programme was developed in conjunction with members of senior clinical and non-clinical management. <p>Mr Smith enquired where audits were presented when complete. Mr Maxwell explained that they were presented to the Clinical Effectiveness Group as well as specialty forums. Outcomes and benchmarking fed through to QSOG and the Committee.</p> <p>Ms Taylor sought further information on the relationship between the clinical audits and the Care Excellence Framework (CEF) reviews. Mr Maxwell explained that CEF reviews were more of an internal assessment using CQC standards. If audits identified issues, these could inform CEF reviews and likewise, CEF reviews could inform ad hoc audits to pick up issues identified.</p> <p>The Committee:</p> <ul style="list-style-type: none"> • Considered and approved the Clinical Audit programme. • Confirmed the proposed projects reflected the priorities and values of the organisation, and provided sufficient assurance against on-going improvements in patient care and outcomes. 	
14.	Quality & Safety Oversight Group Highlight Report	
	<p>Ms Belfield requested an update on Structure Judgement Review (SJR) completion. Mr Maxwell stated that there had been an increase and improvement in SJR completion for a number of specialties that were previously lagging. Sessions were also run on how to complete SJRs. COVID-19 cases were now also one of the mandated categories and SJR's would be carried out on a sample of these.</p> <p>The Committee received and noted the report.</p>	
15.	Summary of Actions and Items for Escalation to the Trust Board	

	<ul style="list-style-type: none"> Increasing numbers of staff 'clusters' who had tested positive for COVID-19 which currently stood at 6 wards; Infection Prevention Team were supporting and reviewed practices and social distancing measures. The C Difficile target was not achieved at the end of the year and was being reviewed with an enhanced focus on antibiotic stewardship. A Never Event was reported during Quarter 4 2019/20 which was currently under investigation. The findings of 2 cases within the Perinatal Mortality Report were shared with the Committee which highlighted learning in respect of the care provided. Section 31 referral associated with Emergency Department expected to remain in place as a result of the pandemic. 	
16.	Review of Meeting Effectiveness and Business Cycle Forward Look	
	<p>The Committee felt the meeting had run better with additional time and with the additional verbal update from the Executive Team.</p> <p>Ms Belfield expressed her appreciation for all the on-going work and emphasised the importance of safety aspects on the agenda in full working alongside.</p>	
17.	Date and Time of Next Meeting	
	Wednesday 24 th June 2020, 9.00am, via Videoconference	

FOI REF 162