

QUALITY AND SAFETY COMMITTEE MINUTES

Venue Room 15, Education Centre, Sandwell

Date 27 July 2018, 10:45 – 12:15

Members attending:

Ms O Dutton Non-Executive Director & Chair
 Mr R Samuda Chairman (late)
 Mrs C Parker SWBH, CCG
 Mrs P Gardner Chief Nurse
 Mr D Baker Director of Partnerships and Innovation
 Miss K Dhami Director of Governance
 Ms R Barlow Chief Operating Officer (late)
 Dr D Carruthers Medical Director

In attendance:

Mrs P Massey Executive Assistant

| Minutes | Paper Reference |
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| 1. Welcome, apologies for absence and declarations of interest | Verbal |
| Apologies were received from Ms M Perry. The members present did not have any interests to declare. | |
| 2. Minutes of the previous meeting | SWBQS (07/18) 001 |
| The minutes of the previous meeting held on the 29 June 2018 were approved as a correct record. | |
| 3. Matters and actions arising from previous meetings | SWBQS (07/18) 002 |
| <p>Mrs Gardner informed members the Schwartz Round arranged had been more like a post mortem de-brief than a formal Schwartz Round. Mrs Gardner suggested in future these should be facilitated externally, perhaps by the Royal Free who do these well. She admitted that these can be costly. Ms. Dutton expressed her disappointment at not being invited to the Schwartz Round and that she would like to be made aware of other such events in advance.</p> <p>Miss Dhami advised that local CQC representatives would be attending the August Board meeting to observe.</p> | |
| 4. Patient story for the June Trust Board | Verbal |
| <p>Mrs Gardner advised members the patient story for the August Trust Board meeting would a story presented by a father and son on the death of their wife/mother. Mrs Gardner stressed the feedback would be very positive for the Trust although some minor issues will be raised at the Board meeting. In general, the father and son praised the Trust for their good treatment in particular the care provided by the anti-coagulation team and the palliative care team.</p> | |
| 5. Strategic Board Assurance Framework | Verbal |
| <p>Miss Dhami confirmed all BAF challenge meetings with Executive leads and Ms Perry had taken place with good feedback received. A status report on actions/next steps from these review meetings will be presented to the Trust Board in August 2018. Of note, the safety plan was a good news story with no outstanding checks 48 hours.</p> | |

Discussion took place regarding the Quality Plan, CQC inspection of BMEC 'must do' with particular regard to out of hours care for children which at present was not moving forward. Dr Carruthers confirmed a robust service agreement regarding on-call children is required and we are still trying to attract Consultant/Fellow for day-to-day. On-call is currently being managed through A&E with children's admissions to D19. There is an informal arrangement with BCH ophthalmology.

Ms Dutton asked if we were confident we are doing everything we can. Dr Carruthers advised, despite no on-call paediatrician, we are doing all we can; Dr Carruthers to report back further. Update from BAF due in September.

Ms Dutton asked if Dr Carruthers could quantify the risk, in all likelihood Dr Carruthers confirmed these to be between 10-12 patients per year. A short discussion took place around the need for a documentary process to be put in place.

Miss Dhami reported good news on the R&D Plan and advised that new personnel will be joining the Team. Also confirmed BAF potential risks are meeting targets with a broad range of specialties exceeding targets.

Ending on a positive, overall, we are the fifth best performing Trust in the region and our performance is above targets.

6. Integrated Quality and Persistent Reds

SWBQS (07/18) 003

Mr Baker highlighted sustained and improved performance across many indicators including positive achievement on cancellation; only 23 have been experienced in June. Regrettably another maternal death was reported in June with investigations ongoing across four different organisations. VTE assessments have recovered and although targets achieved, the Medical Director has requested further review with immediate improvement plans. Cancer 62 days on plan to deliver in June therefore overall Q1 position at required standard; July forecast is good. Re-admissions sharply increased last month and was reviewed by Groups with some manual corrections caused by error in PAS extract.

Mr Baker reported we now have a process around persistent reds with some reds now going green; some persistent greens will soon be removed e.g. A&E unplanned re-attendances having resolved in April have kept up performance in June. Some excellent progress was also reported against the WHO Safer Surgery indicators which recovered to 100% in May after a number of months and was sustained in June for a second month.

A number of new indicators have been incorporated since last month; measuring OP and IP appointment offers to patients with <3weeks notice and splitting out elective and non-elective theatre utilisation (separate from emergency theatres). Discussion regarding theatre utilisation followed which confirmed the current IQPR indicator accurately reflects elective activity between 9am-5pm, the absence of start and finish times makes it difficult to calculate utilisation for non-elective theatres.

Mrs Parker raised issue of waiting time for diagnostic imaging results. Ms Barlow advised there was a significant improvement from May and problems mainly due to Cardiac CT diagnostics. Improvement plan has been put in place which aligns cardiology and radiology rotas with strengthened schedule. Ms Barlow is confident targets will be met next month.

Ms Dutton raised concern over the dip in performance in June for stroke care. Ms Barlow is confident it will return to previous levels.

Mr Samuda asked whether pain scores were part of the IQPR; he queried how pain scores were being handled. Ms Gardner advised pain scores were not part of IQPR but were measured as part of consistency of care. Ms Gardner and Dr Carruthers agreed to look at this further and report.

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| 7. Speciality Support to ED | SWBQS (07/18) 004 |
| <p>Ms Barlow reported the Trust ED performance was featuring in bottom 20 Trusts nationally hence a rapid improvement plan has been initiated, specifically targeting the responsiveness of specialties to ED ensuring the patient seen by the right clinician as soon as possible. Clinical Group, Executive clinical and operational leaders are asked to commit, lead and participate in delivering safe and appropriate changes to patient pathways to avoid non-added value time in ED within the next 8 weeks. A number of recommendations (e.g. adopting consistent professional standards and radiology supporting pathway redesign) are being considered to support clinicians.</p> <p>Ms Barlow reported there is the opportunity to avoid 30 breaches a-day by reducing the 4-5 hour admitted waits and improve the quality of patient experience by seeing the specialist team they need early in their pathway. Speciality doctors responding to and ED referral within 30 minutes has been a long-standing internal professional standard however, responsiveness to this has been variable with ED staff becoming normalised to tolerate delays in speciality attendance and decision making. The Clinical Director for Emergency Care, with the support of the Medical Director, is working to rapidly reset the professional standards. In addition, senior clinical leadership is engaging the registrar workforce for solutions to ensure patients are seen by speciality doctor in a timely way by identifying workload and process challenges that get in the way of responsiveness.</p> <p>Surgical patients are spending an unnecessary amount of time in the ED due to GPs sending patients with 'Dear Doctor' letters. These patients, unless requiring resuscitation and ED expertise should be referred and sent directly to SAU. The surgical team are working to establish consistent pathways to surgery.</p> <p>The number of patients attending City ED on a Section 136 has dramatically increased this year. Recent Section 28 notices released nationally have included guidance to national police forces to apply a Section 136 under Mental Health Act to intoxicated patients with signs of mental health symptoms. This has the potential to significantly increase patient attendance to requiring formal mental health assessments in ED. Work is being carried out with mental health teams, police and social care partners to scope the potential demand and resource solutions. A brief discussion regarding mental health generally and the need for expanding support in the community via street triage and rapid response vehicles.</p> | |
| 8. Results Acknowledgement | SWBQS (07/18) 005 |
| <p>Dr Carruthers reported on the findings of the Results Acknowledgement audit which showed a variable approach to checking radiology/pathology reports. Many factors influence departmental behaviour in results acknowledgement; not all consultants use facility through CDA and a number of radiology reports go unacknowledged.</p> <p>A key part of the functionality of Unity will be results acknowledgement/endorsement which will extend beyond radiology and include all pathology reports. A more team-based approach will be required in the future and this will vary between clinical areas. There followed a short discussion of identified risk factors e.g. when consultants had left the Trust, or clinician was on holiday or off sick.</p> | |
| 9. Quality Plan Progress Report | SWBQS (07/18) 006 |
| <p>The Quality Plan was relaunched earlier this year, Dr Carruthers stated the initial focus of the plan was around six areas primarily identified from mortality data; sepsis, hospital acquired VTE, MI, stroke, fracture neck of femur and high risk abdominal surgical consent. All projects will build on work already being done in clinical areas in addition to specialist areas of cardiology, stroke and orthopaedics.</p> <p>Dr Carruthers presented progress on the sepsis project with initial focus on establishing accurate data collection before extending it as a quality improvement project. A similar framework will be used for other clinical based improvement projects. There followed a discussion on the difficulties of recruiting medical examiners, but options were being explored to fill the gaps.</p> | |

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| 10. National Audit In-Patient Survey | SWBQS (07/18) 007 |
| <p>Mrs Gardner presented the results of the National Adult In-patient survey 2017 advising the Trust scored in the lower 20% centile and was listed as one of eight Trusts with 'worse than expected results'. A large degree of improvement work has been undertaken by the Trust over the last year, resulting in positive results from the Safety Plan, Consistency of Care, Dementia and LD care and clinical documentation improvement. Further progress and successes will be captured in an improvement action plan and monitored via the Executive Quality Committee.</p> | |
| 11. Complaints Report: Q1 2018/19 | SWBQS (07/18) 008 |
| <p>Miss Dhami presented a summary of complaints received during Q4 2017/18 breaking down these complaints by Clinical Groups and Corporate Directorates. She confirmed a total of 214 formal complaints and 466 informal complaints were made against the Trust in Q1 2018/19 - 99% of complaints were responded to in time. A detailed report analysing the Purple Points initiative revealed the calls received and how they were managed. Miss Dhami advocated complaints from patients/visitors should be viewed positively, as an unsolicited form of feedback, which provides us with the opportunity to improve our service and the care we provide based on user experience. Examples of learning as a result of complaint investigations was provided from Medicine and Emergency care, Women and Child Health and imaging.</p> | |
| 12. Matters to raise to the Trust Board | |
| <p>The Committee wished to bring the following matters to Trust Board's attention:</p> <ul style="list-style-type: none"> • Presentation of BAF • Update to IQPR • ED • Progress on Mortality Data | |
| 13. Meeting Effectiveness | |
| <p>The committee agreed that the meeting discussions were useful and constructive.</p> | |
| 14. Date and time of the next meeting | |
| <p>The next meeting will be held on 31 August 2018 from 10:45 until 12:15 in Room 13, Education Centre, Sandwell General Hospital.</p> | |
| <p>Ms O Dutton Chair of Quality & Safety Committee</p> <p>Signed</p> <p>Date</p> | |