

## QUALITY AND SAFETY COMMITTEE MINUTES

**Venue** Room 15, Education Centre, Sandwell

**Date** 31 August 2018, 10:45 – 12:15

**Members attending:**

Ms. O. Dutton	Non-Executive Director & Chair
Mr. R. Samuda	Chairman
Dr. D. Carruthers	Medical Director
Mrs. P. Gardner	Chief Nurse
Mr. D. Baker	Director of Partnerships and Innovation
Ms. R. Barlow	Chief Operating Officer

**In attendance:**

Mrs. S. Cattermole	Executive Assistant
Ms A Binns	Deputy Director of Governance
Ms Angharad MacGregor	Head of Clinical Effectiveness

Minutes	Paper Reference
<b>1. Welcome, apologies for absence and declarations of interest</b>	<b>Verbal</b>
Apologies were received from Ms. M. Perry, Miss K Dhami and Mrs. C. Parker. The members present did not have any interests to declare.	
<b>2. Minutes of the previous meeting</b>	<b>SWBQS (08/18) 001</b>
Following minor amendments, IPQR changed to IQPR, the minutes of the previous meeting held on the 27 July 2018 were approved as a correct record.	
<b>3. Matters and actions arising from previous meetings</b>	<b>SWBQS (08/18) 002</b>
<ul style="list-style-type: none"> <li>• <u>Maternal Death</u> : Mrs. Gardner confirmed that the investigation is still ongoing.</li> <li>• <u>Pain Scores</u> : The matter of Pain Scores were briefly discussed. Mr. Samuda asked whether pain scores were part of the IQPR; he queried how pain scores were being handled. Mrs. Gardner advised pain scores were not part of IQPR but were measured as part of consistency of care. Mrs. Gardner agreed to look at implementing PAINAD.</li> <li>• <u>Schwartz</u> rounds : Ms. Dutton said that she would like to be made aware of other such events in advance; dates to be provided to NEDS.</li> </ul>	
<b>4. Patient story for the June Trust Board</b>	<b>Verbal</b>
Mrs. Gardner advised members that the patient story for the September Trust Board meeting would a story presented by a gentleman with incontinence issues and who has a physical disability. He will be attending the Trust Board meeting to give his story on how he has been received and treated at SWBH and other hospitals. He will be giving information on how he supports the District Nursing Team by giving talks to other patients on incontinence issues.	
<b>5. Strategic Board Assurance Framework</b>	<b>SWBQS (08/18) 003</b>
Following the SBAF review and challenge meetings on 13 July 2018 between Executive Leads (Directors) and the Audit & Risk Committee Chair/Director of Governance, the SBAF has been refreshed throughout and will be presented in its entirety to the Trust Board in September 2018. The 4 refreshed SBAF risks owned by the Medical Director and Chief Nurse were briefly outlined.	

Dr. Carruthers tabled the flowchart and discussion took place on the proposal for Paediatric Ophthalmology cover. Members were informed that to help review the service for paediatric cases that are undertaken for those patients not requiring admission, acute care will be provided in A&E or by the on-call Consultant with a referral to an appropriate clinic after. There is a plan to develop allergy/conjunctivitis services as this is a large part of work load. Admitted patients to the paediatric ward (D19) for urgent surgery will be seen by a member of the on-call team or wait until next day for a paediatric opinion at BMEC or BCH. Anaesthetics will be covered from the on-call service, under 3 > 1 yr will be provided from Paediatric Anaesthetist (10 in trust) or the Critical Care Consultant or transfer to BCH and the Ophthalmology 4<sup>th</sup> on-call goes to BCH to operate. This process is the same for < 1 year old. Cases presenting to BCH out of hours are referred to BMEC for care. Routine care will be covered via paediatric, subspecialist or combined clinics. Recruitment to fellow post is on-going while looking for substantive consultant (hard to recruit specialty). Support is being provided from senior SpR on training rotation.

Following a query from Ms. Dutton, Dr. Carruthers gave assurance that everything was in place to address the situation to enable us to manage the service safely. Regular CCG meetings take place and information is shared with them. It was suggested that BAF 4 be changed to amber as work is being done to reduce the risk.

#### **6. Integrated Quality and Persistent Reds**

**SWBQS (08/18) 004**

Mr. Baker confirmed that in July the Trust continued to perform across many indicators with another material improvement on elective cancellations in the month. Positive delivery, improvements and focus are evident in several other areas including the 'persistent reds' action plan. We are continuing to focus to stabilise diagnostic and VTE performance. IQPR Persistent Red indicators are progressing well as we manage to resolve some, and further deliver others, for 2 months running. We need to focus now on identifying the remaining improvement trajectories for all of the indicators. One indicator, Neutropenic sepsis is at risk of failing projected resolution date but work is being done to improve this.

Mr. Baker highlighted that the emergency care waits are below our improvement trajectory in July at 84.14% versus 87.3% (and August performance worsened). We are implementing changes in late September to drive improvement. Our 6 week diagnostic waits (DM01) are below the standard of 99% each month this fiscal year. A recovery plan is in place with recovery expected by September. VTE assessments were at 94.5% in July, missing 412 assessments. Committee members suggested that these could be considered as part of the quality plan improvement project. Our RTT patient waiting list has again grown in July to ~35,000 patients, which is well above the static position we projected and NHSI have instructed. The DCOO for Planned Care is overseeing delivery and Ms. Barlow agreed to provide Ms. Dutton with an update outside of the meeting.

Ms. Barlow informed Committee members that the Acute Diagnostics (DM01) reporting was at 98.78% in July, and marginally failed to deliver the 99% target for a fifth month running. 113 breaches in July challenged mainly in CTx49 and MRIx51 diagnostics. Improvement plans have been put in place, which needs to be robustly implemented and sustained; these will quantify demand and capacity profiles for the moderate term, aligning cardiology and radiology rotas with strengthened scheduling. The DCOO for Planned Care is overseeing delivery of an urgent 10 week program for business intelligence framework to make improvements. Update to be brought back in October 2018. The Trust has also seen its waiting list increase again in July to 34,594 (33,669 in June, 32,847 in May). New referrals fell in July to June by 1.5% compared to June. The Waiting list last year same period was at 32,982 and NHSI has got expectations that waiting lists are static to previous year. Patient bed moves were briefly discussed and members were informed that a week by week planner is picked up in the weekly Consistency of Care meetings.

Mrs. Gardner raised concerns about the inaccuracy with the C.Diff figures "year to date we have 5 cases vs target of 9 so tracking well below to the target." Mr. Baker confirmed that this should have read "Year to date we have 5 cases which is 4 below the phasing set by the infection control team which anticipated 9 after the first 4 months against a ceiling of 29 for the year."

<b>7. Quality Plan Progress Report</b>	<b>SWBQS (08/18) 005</b>
<p>Dr. Carruthers informed the Committee members that the development of the two initial projects of the Quality Plan, Sepsis and VTE, are taking shape. The approach outlined is to commence and then embed the QI projects in each Group. This includes the development of Gantt charts to monitor project progress. Baseline data collection for quality metrics (sepsis CQUIN targets and VTE assessment compliance) is reflected in project aims. Group leads are presenting their progress and thoughts at private board on 'Big 6' and little rocks proposed by specialties after leadership conference and recent QIHD meetings.</p> <p>Dr. Carruthers confirmed that by reviewing and discussing progress within the Groups, of the Quality Plan, will allow learning to be shared and a structured approach confirmed. This can be agreed by all Groups so that the QI teams can understand the work already undertaken and focus on those areas where improvement is needed. This will link in with the planned sepsis and VTE quality improvement projects that will show identified and established improvements by December. Smaller specialty based projects will be progressed by the same time period so that meaningful outcomes are defined from analysis of disease specific pathway data.</p> <p>Ms. Dutton asked for an update at the September meeting to see progress, especially on mortality and sepsis.</p>	
<b>8.1 Safeguarding Adults Report</b>	<b>SWBQS (08/18) 006</b>
<p>A review of progress within Adult Safeguarding for Q1 was briefly outlined by Mrs. Gardner. The internal and external structure for safeguarding vulnerable adult and breakdown in activity of referrals and significance was outlined to Committee members. An update was given on a couple of incidents and the work that has been done around focused care, SARs and Deprivation of Liberty. Members were also informed that the incident involving West Midlands Ambulance staff has been investigated with the help of the Director of Clinical Commissioning &amp; Service Development/Executive Nurse and is now closed.</p>	
<b>8.2 Safeguarding Children Report</b>	<b>SWBQS (08/18) 007</b>
<p>Members were informed by Mrs. Gardner that the Female Genital Mutilation Information Sharing Project went live in maternity in April 2018 with midwives adding an indicator to the Summary Care Record (SCR). As with the Child Protection information sharing project this relies on staff accessing the SCR via their smartcards; information not integrated into electronic record systems so if a child accesses other departments in the trust information not readily viewable. No plans at this stage for Unity to integrate this information. There has also been an increase in numbers of children coming into care &gt;800. A business case has been submitted to Sandwell and West Birmingham Clinical Commissioning Group for additional nursing and administrative resource. Wider learning from one case focused on ensuring all children within a family are considered within assessments. Work is also taking place regarding domestic violence within families.</p> <p>Mr. Samuda raised a query regarding the comment on the cover sheet about the issues of poor communication escalated by the safeguarding children lead through to directors of operations in the Children's Trust by Sandwell Children's Social Care under Children's Trust arrangements; Mrs. Gardner said she will investigate the matter and get back to him.</p>	
<b>9. Infection, Prevention and Control Update</b>	<b>SWBQS (07/18) 007</b>
<p>Mrs. Gardner gave an update on the Pseudomonas Outbreak in the Neonatal Unit. A number of meetings have taken place with staff, CCG and Public Health members and actions have been completed. Everything has been tested including all water outages, milk, fridges, incubators and equipment but the source of the outbreak is yet to be found.</p>	

Members were informed that a Post 48 hour MRSA bacteraemia has been identified on one of the wards. An investigation is taking place.	
<b>10. Matters to raise to the Trust Board</b>	<b>Verbal</b>
<p>The Committee wished to bring the following matters to Trust Board’s attention;</p> <ul style="list-style-type: none"> <li>• BAF discussions</li> <li>• Update on IQPR</li> <li>• Quality Plan Progress report including Mortality</li> </ul>	
<b>11. Meeting Effectiveness</b>	<b>Verbal</b>
The Committee agreed that the meeting discussions were useful and constructive.	
<b>12. Any Other Business</b>	
<p>Ms. Dutton advised members to watch an iPlayer video on the increase in male suicide in men &gt;50 years. America are working to reduce their figures dramatically. Questions were raised how it is dealt with in the UK and it was agreed that we need to look at signing up to a suicide reduction pledge working with the Mental Health teams as part of the Public Health agenda.</p>	
<b>13. Date and time of the next meeting</b>	
The next meeting will be held on 28 September 2018 from 10:45 until 12:15 in Room 13, Education Centre, Sandwell General Hospital.	

Signed .....

Print .....

Date .....