

## DRAFT MINUTES, AMENDMENTS REQUIRED

Sandwell and West Birmingham Hospitals



NHS Trust

## QUALITY AND SAFETY COMMITTEE MINUTES

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

**Date** 30<sup>th</sup> November 2018, 10.45-12.15

**Members attending:**

Ms O Dutton Non-Executive Director (**Chair**)  
 Mr R Samuda Chairman  
 Mrs M Perry Non-Executive Director  
 Ms R Barlow Chief Operating Office  
 Mrs P Gardner Chief Nurse  
 Mr D Baker Director of Partnerships and Innovation  
 Mr D Carruthers Medical Director  
 Miss K Dhami Director of Governance  
 Mrs P Gardner Chief Nurse

**In attendance:**

Ms M Hamilton Interim Executive Assistant

Minutes	Paper Reference
<b>1. Welcome, apologies for absence and declarations of interest.</b>	<b>Verbal</b>
No apologies were received.	
<b>2. Minutes of the previous meeting</b>	<b>QS (11/18) 001</b>
Outstanding actions reviewed and updated.	
Changes to minutes of 26 <sup>th</sup> October 2018:  First 4 bullet points under item 8, Mortality & Learning from Deaths Update, moved to 6a IQPR - verbal report from Dave Baker.	
<b>3. Matters and actions arising from previous meetings</b>	<b>QS (11/18) 002</b>
<b>3.1 Never Events: Investigation Update</b>	<b>Verbal</b>
<p><b>Legacy event - Catheter Wire</b>            A discussion was had around the possible cause and outcome. Dr Carruthers informed the meeting that the final report was expected next week and that upon receipt of which, training and relevant changes would be put in place.</p> <p><b>Ophthalmology procedure to right eye</b>            There were discussions around the potential underlying cause and possible changes to the existing processes.</p> <p>Dr Carruthers informed the meeting that the table top review had been carried out and the eye hospital was instructed to reinforce the existing procedures.</p>	

<b>4. Patient story for the November Trust Board</b>	<b>Verbal</b>
<p>Mrs Gardner advised that the patient received a fracture whilst playing football and wanted to share his experience from a trauma and orthopaedics perspective. Mrs Gardner had arranged to join the patient in the restaurant for a 30 minute 'meet and greet' prior to him joining the Board meeting to share his story.</p>	
<b>5. Strategic Board Assurance Framework</b>	<b>QS (11/18) 004</b>
<p>Mr Kennedy informed the meeting that progress had been made in terms of quality checks. In addition, internal audits were commissioned and would commence on Monday, 17<sup>th</sup> December 2018.</p> <p>BMEC Risk - CQC was reassured that the process put in place was adequate.</p> <p><b>R&amp;D</b> Mr Samuda informed the meeting that Professor Raza presented at the Private Board and that the appointment process was ongoing for his successor. A new manager for R&amp;D was appointed and due to start on 2<sup>nd</sup> January 2019. There was concern that there would be a void in the Clinical Lead when Karim finishes in December as no one had yet been appointed to his role.</p> <p><b>BAF16</b> Ms Barlow informed the meeting that a lot of work was going on over the winter in terms of the current nursing homes. Patients are followed up by Pathways and there are opportunities for the localisation of additional nursing homes.</p>	
<b>6. IQPR &amp; Persistent Reds</b>	<b>QS (11/18) 005</b>
<p>Mr Baker summarised the report submitted to the committee</p> <p>Ms Barlow advised that A&amp;E had improved by 15 breaches a day</p> <p>Mr Samuda requested time to be spent at the Board on the winter plan, which he would find to be very useful.</p> <p><b>DM01</b> Mr Baker informed the meeting that a sustainability plan was being progressed by Imaging, together with proposals for outsourcing to clear the backlog by the end of January. The sustainability plan for Imaging will be sent to Mr Lewis when completed.</p> <p><b>Falls</b> Mrs Gardner informed the meeting that she would be carrying out a deep dive of actual and near falls with Dave Baker and that wards with higher risks needed to be assessed.</p> <p>Mr Baker is reviewing the correlation between October and the months previously, as October appears to be the worst month for falls with harm this year.</p>	

<b>6.1. Stroke Bed 4 Hour Target - Recovery Plan / Patient Impact</b>	<b>QS (11/18) 006</b>
<p>Ms Barlow informed the meeting that since the start of the financial year, the 80% target admission to the stroke ward within 4 hours of arrival was not met. Bed capacity is deemed to be the main cause of the underperformance. If patients are not admitted within the 4 hour target there is a risk they may not receive the right care in a timely fashion. A couple of breaches that occurred were not due to admin error but were avoidable breaches - the Pathway was not adequately affected by staff - staff performed their roles adequately, which is now considered a performance issue.</p> <p>Ms Barlow informed the meeting that stroke admissions were fairly predictable - half the bed days were not taken up by patients presenting with stroke symptoms, therefore there should be capacity on the stroke ward to admit those patients.</p> <p>Specialist beds are not to be used for general patients - only stroke patients should be allocated stroke beds. Use by non-stroke patients will require Ms Barlow's approval.</p> <p><b>Mimic</b> There are currently hot clinics 5 days a week for patients who may present stroke symptoms.</p> <p>Ms Perry asked if there was a risk of patients who presented stroke symptoms going to the wrong place. Mrs Barlow advised that an alert is placed on the stroke system. Patients who go to diagnostic assessment will still be seen by a specialist team.</p> <p><b>National Audit</b> Mr Samuda enquired of the Trusts' position with regard to the national audit. Ms Barlow advised that we were currently rated 'B' and in addition, monthly returns are produced and the data is continuously reviewed.</p> <p>Dr Carruthers advised that the stroke data for 2017 would be available soon.</p>	
<b>6.2. Unplanned A&amp;E Re-attendances</b>	<b>QS (11/18) 007</b>
<p>Ms Barlow informed the meeting that the unplanned re-attendance rate remains above the 5% target. There was a recent audit of 50 cases which were randomly selected from each site - the aim is to improve activities to achieve the re-attendance target by February 2019.</p> <p>There was discussion around the 'left without being seen' group - these are patients who register their attendance at the reception desk but later leave without being seen by a nurse.</p> <p>Mr Samuda wanted to understand what the Trusts' obligations were for someone in our care who left the hospital without being seen.</p> <p>Ms Barlow advised that the Trust had no obligations as there was nothing we could do and in addition, due to patient confidentiality, there is no obligation to family either.</p> <p>Ms Barlow informed the meeting that some exciting work was happening with regard to supporting the alcohol and homeless services for specialist care outside of ED and extending services beyond 9-5pm, in addition to speaking to the council about a breakfast club for the homeless. The commitment is to be aligned by February.</p>	
<p>Ms Dhimi informed the meeting that the Trust should be concerned if a patient discharged them self from ED and later returned with harm done - what contingencies are in place should this occur?</p> <p><b>Action: Ms Barlow will follow up with PMC</b></p>	

Mr Samuda asked what the natural channels were and if there was a mechanism to capture data on those patients who self-discharge and return harm.

Mr Baker informed the meeting that a GP dashboard had been created in order that GPs could see who their repeat offenders were.

**Action: Dashboard of integrated services to be sent to Mr Samuda (DB)**

**6.3. Neutropenic Sepsis Report**

**QS (11/18) 008**

Ms Barlow informed the meeting that there were marked improvements this year. Route causes, however, had reverted back to complex clinical cases.

Mr Samuda asked if everyone had received relevant training.

Mrs Gardner advised that nurses would now be undergoing training before completing their standards.

**7. Quality Plan / Mortality improvement results**

**QS (11/18) 009**

Dr Carruthers informed the meeting that understanding of the mortality position focusses on processes that may affect the data, such as:

- Improved documentation to assist with coding;
- Exploring the effect on mortality ratios of service development that reduce hospital admissions;
- The improvement in reviews once medical examiner roles become established; and
- Focus on sepsis and the VTE quality plan

**Documentation accuracy**

The report submitted was taken as read and not fully discussed in the meeting.

**Action: Dr Carruthers to present the report in full to the next Trust Board**

**8. CQC Annual Inspection: Improvement Plan**

**QS (11/18) 010**

Miss Dhami summarised the report submitted to the Committee:

Ms Dhami informed the Committee that more core services were visited by the CQC. 48 headline improvements are being made. They will not be tabled until the areas inform Ms Dhami that this had happened and were measureable.

In-house CQC sessions will be carried out later in the year.

**Concerns:**

- Paeds cover at night; and
- Mixed sex wards

**Action: Table at next meeting (KD)**

<b>9. 12 Hour Decision</b>	<b>QS (11/18) 011</b>
<p>Ms Barlow informed the Committee of the learnings from a '12 hour decision to admit' breach, in which a patient waited more than 12 hours to be discharged to mental health for admission. This could have been avoided if:</p> <ul style="list-style-type: none"> <li>• the admission to a mental health bed had been managed in a timely fashion;</li> <li>• SWBH's escalation procedures were followed appropriately;</li> <li>• AMP were available to complete the mental health assessment and section; and</li> <li>• if the escalation process between Trusts were adequately aligned.</li> </ul> <p><b>Action:</b> Investigate whether we need mental health nurse specialists as part of the team (RB)</p>	
<b>10. Matters to raise to the Trust Board</b>	<b>Verbal</b>
<ul style="list-style-type: none"> <li>• Mortality Improvement Results</li> </ul>	
<b>11. Date and time of the next meeting</b>	
<p>The next meeting will be held on Friday, 21<sup>st</sup> December, 10.45 - 12.15 in Room 13, Education Centre, Sandwell General Hospital.</p>	

Signed .....

Print .....

Date .....