

QUALITY AND SAFETY COMMITTEE MINUTES

Venue Room 15, Education Centre,
Sandwell General Hospital

Date 26th October 2018, 11.45-13.15

Members attending:

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

In attendance:

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| Ms M Hamilton | Interim Executive Assistant |
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| Minutes | Paper Reference |
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| 1. Welcome, apologies for absence and declarations of interest | Verbal |
| No apologies were received. | |
| 2. Minutes of the previous meeting | QS (10/18) 001 |
| Accepted by all members as a true record of the last meeting on 28 th September 2018. | |
| 3. Matters and actions arising from previous meetings | QS (10/18) 002 |
| <p><u>Never Events</u></p> <p>Catheter Wire - A legacy event that began in 2017 relates to a catheter wire which was left in the patient's groin, and which may have led to weakness in the blood vessel wall. This is still under investigation and a further update will be provided by Dr Carruthers at the next meeting.</p> <p>Ophthalmology procedure to right eye - Patient had the same disease in both eyes. The procedure was to be carried out on the left eye first, followed by the right eye 2 weeks later. The patient attended clinic for treatment and told the doctor it was for treatment of the right. This is being looked into by the team as although the patient had the same disease in both eyes, the procedure was carried out on the wrong eye - the left. It is not thought to have been a clinical decision but checks are being made with the Clinical Director of Surgery to understand why the listed procedure was not carried out. Dr Carruthers will invite Mr Roy to attend the Trust Board meeting next week and will log the Never Event on the system once complete information is available.</p> | |
| <p>Action: Dr Carruthers to provide an update on the retained catheter wire incident to the next meeting.</p> <p>Action: Dr Carruthers to log the wrong site (eye procedure) and invite Mr Roy to Trust Board to present the information on 6 November 2018.</p> | |

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| 3.1 Safety Plan | Verbal |
| <p>An email from Heather Matthews on Safety Plan vs.CDA VTE discrepancies was read to the Committee by Mrs Gardner. In summary there are:</p> <ul style="list-style-type: none"> • timing differences between the Safety Plan recording window and the 24 hour complete date for VTE; • patients on eBMS (bed not allocated) are not counted in the return if in the bottom left hand window and with a VTE outstanding; • if auditing at only 75% of the ward which is 100% compliant, they will report at 100%, but there could be patients in the 25% that were not audited; and • if the Safety Plan is not returned for the day, this is not reported as a 'no return', which could result in non-compliant safety plan checks. <p>Although some VTEs are still not being completed it is not as many as was initially thought.</p> | |
| 3.2 Paediatric Ophthalmology Services | QS (10/18) 003 |
| <p>David Carruthers summarised the report submitted to the Committee. The discussion centred on the regional services provided by BMEC, most of which are provided for Adults, and the concerns that were raised following the CQC visit in 2017 addressing the planned care services of children presenting to BMEC. In summary:</p> <ul style="list-style-type: none"> • BMEC needs more Paediatric consultant time - applicants are being sourced; • The provision of Anaesthetics is planned for children in planned and acute care; in addition • It is essential that the current Paediatric Ophthalmology skills are built upon and the Anaesthetics skills within the critical care team for young children are maintained. | |
| 4. Patient story for the November Trust Board | Verbal |
| <p>Paul Gardner notified the Committee that a member of staff, who had been poorly for a while following complex and serious surgery, will tell the story of her journey.</p> <ul style="list-style-type: none"> • She was placed on the ward and was looked after very well, even though she was given an agency nurse. • She awoke from the anaesthetic, thinking that the surgery took all day and that she had cancer - no one seemed to want to tell her to the contrary. • She recovered well and back in work. | |
| 5. Strategic Board Assurance Framework | QS (10/18) 003 |
| <p>Miss Dhama notified the Committee that:</p> <ul style="list-style-type: none"> • The R&D presentation to the Board is scheduled for December 2018. • The internal review of the audit plan is in progress. • The Committee has been allocated the Care Home provision oversight - report to be presented. | |

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| 6. VTE Assessments : Recovery Plan | QS (10/18) 005 |
| <p>The VTE Assessment now forms part of the Quality Plan, with work progressing in 3 areas. The priority of the assessment is to:</p> <ul style="list-style-type: none"> • Fully understand the data and to learn why they are not being recorded as completed. • Identify systematic errors and individuals who are not completing the electronic assessment form. • Communication is going out from Dr Carruthers to junior staff informing them of the key areas they need working on. • The assessment will review all patients who have developed hospital acquired thrombosis. All patients who are not hospital acquired will be removed from the list and cross-referenced with the list from coding. • Review other groups to establish what is being told to patients and the actions taken. | |
| 7. Stroke Bed 4 Hour Target - Recovery Plan / Patient Impact | QS (10/18) 006 |
| <p>Action: Rachel Barlow to provide information requested regarding 4 hour targets of stroke at next meeting</p> | |
| 8. Mortality and Learning from Deaths Update | QS (10/18) 007 |
| <p>Dr Carruthers summarised the report submitted to the Committee.</p> <ul style="list-style-type: none"> • For 3 consecutive months VTE performance has failed. • Q4 sustainability plan is required - diagnostic performance remains at risk. • 7 of 25 patients with Neutropenic sepsis is lowest since December 2016 - 3 related to the delay in prescribing / 2 occurred from the delay in admission. • Persistent Reds have not fallen, which may be as a result of declaring early • Deaths from sepsis remains a priority - Sepsis Quality Plan developed for a better understanding. Patients must be encouraged to get their assessments done. • Currently there are 2 separate systems which need to be aligned - new system is not working quickly enough. | |
| <p>Action: Dr Carruthers to provide a report on the learnings from the Mortality Review.</p> | |
| 9. NHSE Quality Surveillance Peer Review Serious Concern Action Plan | QS (10/18) 008 |
| <p>Mrs Gardner presented the actions following the Neonatal Peer Review and the environmental changes planned for the Neonatal unit.</p> <ul style="list-style-type: none"> • There is a national shortage of vacancies within Neonatal. We are actively trying to recruit through a very robust recruitment campaign. Vacancies have led to increased sickness. • Following an infection breakout every precaution has been put in place to ensure the Neonatal Unit is thoroughly clean and suitable: <ul style="list-style-type: none"> ○ Ran tests to ensure nothing was in the environment. ○ Introduced single use water jugs for warming of baby bottles. ○ Nursing staff have to change into scrubs. ○ Considering moving the department to D16 in order to carry out a deep clean. ○ Based an Infection Control Nurse within the Neonatal Unit. ○ Infection control used to review the practices of parents, nurses and doctors. ○ Still awaiting the baby's post mortem report. | |

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| 10. Maternity Summit: Improvement Plan Progress Report | QS (10/18) 009 |
| The paper was taken as read. | |
| 11. Complaints Report: Q2 2018/19 | QS(10/18) 010 |
| Miss Dhami summarised the report submitted to the Committee: | |
| <ul style="list-style-type: none"> • 695 complaints in total were received in Q2, of which 233 were formal and 462 were informal. • 96 Purple Point contacts were made, of which 14 were compliments. • Mr Samuda suggested that the Committee send staff a ‘thank you card’ when they receive compliments from patients and/or relatives. | |
| Action: A note is to be sent from Ms Dutton to the 14 staff and/or teams complimented through Purple Point in Q2. | |
| 12. Inpatient Survey | QS(10/18) 011 |
| Mrs Paula Gardner summarised the report submitted to the Committee, which identified ‘staff communication’ as the number one factor for the patient “they talk about me as if I am not here”. | |
| Action: Share ‘Good Attitude’ DVD - a potential learning tool for staff | |
| Action: Follow the standards set by other hospitals - Warwick Hospital pro-actively contacts patients. | |
| <ul style="list-style-type: none"> • Proactively call patients when wards are closed • Reinforce the message to patients when communicating that the patient is/will be going home. | |
| 13. Unannounced Ward Visits | QS (10/18) 012 |
| Mrs Gardner advised the Committee that an unannounced ward visit is scheduled in November 2018 at 4am, with future visits to be planned to start at midnight to 3am, 6am and the weekends in December 2018. | |
| 14. Matters to raise to the Trust Board | Verbal |
| <ul style="list-style-type: none"> • IQPR • DTA • Complaints Report • Learnings | |
| 15. Date and time of the next meeting | |
| The next meeting will be held on 30 November, 10.45 – 12.15 in Room 13, Education Centre, Sandwell General Hospital. | |

Signed

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Date