

# QUALITY AND SAFETY COMMITTEE MINUTES

**Venue:** Room 13, Education Centre, Sandwell  
General Hospital

**Date:** 25 January 2019, 10:45am – 12:15pm

**Members Present:**

Olwen Dutton, Non-Executive Director & Chair (OD)  
 Richard Samuda, Non-Executive Director (RS)  
 Marie Perry, Non-Executive Director (MP)  
 Rachel Barlow, Chief Operating Officer (RB)  
 Kam Dhami, Director of Governance (KD)  
 Dave Baker, Director of Partnerships and Innovation (DB)  
 Paula Gardner, Chief Nurse (PG)  
 David Carruthers, Medical Director (DC)

**Committee Support:**

Ruby Stone, Exec. Assistant (RS)

Minutes	Reference
<b>1. Introductions and Apologies</b>	<b>Verbal</b>
There were no apologies received.	
<b>2. Summary note of previous meeting held on 21 December 2018</b>	<b>QS (01/19) 001</b>
The Chair called for any comments on the previous meeting. No comments were received.	
<b>3. Matters arising and actions from previous meetings</b>	<b>QS (01/19) 002</b>
<p>The following updates on the actions arising from the meeting held on 21 December 2018 were provided:</p> <ul style="list-style-type: none"> <li>• <i>Agenda Item 3 – Carry out a review of the clinical decision to discharge in the case of unplanned re-attendances to A&amp;E.</i> Rachel Barlow stated that due to ED focus improvement, they had requested for the review to be deferred to the February meeting.</li> <li>• <i>Agenda Item 3 – Modelling of the now and post-April 2019 look at Pressure Ulcer reporting to be presented at the next meeting to understand the impact.</i> Paula Gardener stated that this item was to be included in the February meeting agenda.</li> <li>• <i>Agenda Item 3 – Consider whether Mental Health Nurse Specialists and General Nurses can be swapped between the BCMHP and SWBH.</i> Rachel Barlow noted that they were currently in email contact and this item was in progress.</li> </ul>	

<b>4. Patient story for the February public Trust Board</b>	<b>Verbal</b>
<p>Paula Gardener noted that they would film the seal, the impact on the patient of that seal, and the interaction with the patient to demonstrate how it calms them down.</p>	
<b>MONTHLY FOCUS TOPICS</b>	
<b>5. Strategic Board Assurance Framework</b>	<b>Verbal</b>
<p>Not discussed.</p>	
<b>6. IQPR and Persistent Reds</b>	<b>QS (01/19) 003</b>
<p>David Carruthers provided a summary of the IQPR Report. He noted that the focus was on emergency care, diagnostics performance and mortality. The positives to note from the report were:</p> <ul style="list-style-type: none"> <li>• RTT delivered at 92.17%.</li> <li>• The project to reduce 21+ stranded patients was achieved for December.</li> <li>• Cancer standards were met in November and likely to be met in December, which would result in a successful Q3.</li> <li>• Mortality reviews continued to improve.</li> <li>• Persistent reds were resolved for the year.</li> <li>• Waiting lists had reduced.</li> </ul> <p>He noted that MSA reporting would commence with the exemption lifted from the next IQPR. He noted that there was one maternal death and one never event.</p> <p>Paula Gardener provided a summary of the maternal death case. The main case points were:</p> <ul style="list-style-type: none"> <li>• The mother arrived in cardiac arrest.</li> <li>• Surgery was performed to remove the baby in order to release the pressure from the mother, however the mother had passed away.</li> <li>• The baby also passed away.</li> <li>• Investigation findings were pending, but it appeared that she had had a pre-existing heart condition.</li> <li>• The father was distressed which impacted greatly on the staff.</li> <li>• She had been told that the staff were fine but found otherwise when she attended the ward. The ED and maternity staff were quite shocked. They were counselled immediately by RB and PG.</li> </ul> <p>The Chair questioned if there was a deadline for reporting in regard to the 52 weeks breaches in Cardiology and Rheumatology, the latter of which was not reported in time. It was confirmed that there were reporting timeframes. They had missed the deadline due to a pending internal review of one of the breaches to determine if it should be included. The Chair queried if there were any implications for not reporting on time. It was noted that the decision would be made by the PMC on Tuesday.</p> <p>David Baker noted that the persistent reds with January – March deadlines were unrealistic and pragmatic, such as ED and imaging. He provided examples of items with unrealistic deadlines which included:</p> <ul style="list-style-type: none"> <li>• Sickness absence rate to 3%, and</li> <li>• Nursing (qualified only) to 10.5%.</li> </ul> <p>Kam Dhami noted that the persistent reds would be discussed at the Board meeting on Tuesday. The Chair agreed that some of the persistent reds' targets would not be achieved and questioned the plan for achieving them. It was noted that the targets needed to be triangulated with other plans, such as the Financial Plan. The Chair questioned why mandatory training was not prioritised and that in the interest of operating a safe hospital, all staff required to have their mandatory training up-to-date. Rachel Barlow stated that every staff member receives a letter in their payslip informing them of their training status and the consequences of not</p>	

keeping it up-to-date. Paula Gardener stated that any nurse that did not keep their training up-to-date were deemed not-safe-to-work with pay suspended until it was updated.

Rachel Barlow noted that the Neck to Femur breaches were clinical. They were using their theatres well and the decision-making process was good. She recommended that they should eventually report on non-clinical breaches. Rachel Barlow stated that she would provide the Neck to Femur pathway plan to the Committee to assist with re-evaluation of the target dates.

David Carruthers noted that there was an external review of the orthopaedic fracture pathway that would be available in February. Rachel Barlow noted that diagnostics were on track.

Richard Samuda questioned the Neutropenic Sepsis as it was marked as TBC. Dave Baker commented that they had reached a point where it was only clinical breaches, however it had relapsed to include other breaches. It was noted that Neutropenic Sepsis was included in staff induction as a focus and that there was also catch-up training available.

David Carruthers noted that VTE assessments had increased to 95.01% and there was a daily reminder for staff to complete it. Breaches were more likely in the night assessments, even though procedures were in place. He noted that they would hold 95% for January.

The friends and family survey percentage response rate had increased since they included texting. They realised that there were some pockets within the Trust that were conducting their own friends and family text. They were collating that information in order to report on it. She also noted that they needed to focus on the four touch points in maternity as it had been quite low.

The Chair queried the clarity of clinical letters. Rachel Barlow noted that they would need good quality, clear clinical letters that patients could easily understand. The Chair noted that there had been prior discussion about writing to the patient rather than to their GP. It was commented that they send letters to the GP in hope that they receive referrals. David Carruthers suggested that there be a letter template.

Rachel Barlow noted that ED performance remained at under 80% which was an improvement. They had conducted a stocktake and determined that the staff by hour matched their patient flow. The NHSI visit concurred that data. She questioned why it was not more effective and suggested that the absence of the Director of Operations may be impacting on it.

Rachel Barlow noted that they focussed on coaching in ED and increased senior leadership during the day with the target of 90% clinical breaches only. There were consistent results for two-weeks utilising this process. It was noted that attendances remained as expected. They were focussing on the nursing charge overseeing the entire department and avoiding any ED avoidable delays in the pathway. She noted that the new GM and Lead Nurse were conducting the coaching and working closely with PG and herself and they were doing a great job. She noted that by simply fixing minors they could increase by 3-4%. The three focus points, running the department, more senior leadership and minors were working well.

Rachel Barlow noted that they had commenced the discharge work on the wards and 20% of discharges were completed by 10am, which was a good result. They were positioning the capacity team to focus on the finer details of the discharge. She noted that they had been completing more discharges on the weekend. The discharge planning was now planned 48 hours in advance with a focus on a greater level of detail in the discharge.

Paula Gardener acknowledged a MRSA bacteraemia incident. The details of the report were:

- Patient had been with them since 30 December.
- Patient had significant left articular dysfunction.
- The patient had recently returned from Arizona and Dubai.
- An essential line was put in on 18 January.
- Patient was Swine Flu positive and from that developed chest infection and ammonia.
- There were no concerns about infections with the line.
- MRSA screen was positive on 14 January.

- MRSA screening was not done on admission and in ITU he did not receive a MRSA screening every third day.

The case was under review and she confirmed that there was no impact on the patient and that he was still being treated for his other conditions.

## 7. Open Referrals

QS (01/18) 004

Rachel Barlow provided a summary of the open referrals issue. She noted that the ultimate fix would be the PAS upgrade to align with the UNITY system, which was yet to be installed. The proposal was for additional automated rules to be included to close down the administration pathways resulting in the reduction of the growth rate of open referrals. She noted that there were patients that they did not want to apply automatically close to.

It was questioned how to sustain the open referrals going forward. It was noted that Liam Kennedy had already implemented a planned care process. There was a review of open referrals weekly and monthly with the operational teams. It was noted that the upgraded PAS would include some automated prompts and auto close.

Rachel Barlow provided an explanation of each proposed rule with Committee. The Chair noted that for Rule 1D, that they would need to ensure that they were not auto-closing on patients that required a follow-up. Rachel Barlow noted that she would include any instances of patients enquiring about expected follow-ups on auto-close referrals in the Paper that would be presented to the Committee. She suggested that they could use that as a learning opportunity.

The Committee were happy with the proposal.

**Action: Rachel Barlow to include any instances of patient enquiries on expected follow-ups on auto-close referrals in the Paper to be presented to the Committee.**

## 8. Future agenda planning February to May 2019 meetings

Discussion

Kam Dhama called for ideas to include in future meetings to support the regular reports. Rachel Barlow noted that they do refer to the strategic map and align to that quite well. The Chair noted that they need to ensure that they were focused on the issues that relate to the risk to patient quality of care – some which were workforce issues, others that were financial. It was also suggested that they allocate appropriate time in the agenda to IQPR, and still have time to address other matters.

It was noted that in the past they used to refer to reports that were released in the public domain, and identify issues rising from those reports that should be investigated further. It was suggested that it would be useful to have a weekly bulletin of national issues.

Dave Baker suggested other data points, such as what the STPs were using to look at clinical consistency. Richard Samuda suggested that they identify what a great quality and safety organisation looks like. Therefore, they could identify what they were not reacting to and solving. The Chair questioned if their targets were the right targets to be assessing and that awareness was beneficial. Dave Baker suggested patient and staff satisfaction – if those were right, all other things fall in to line. Also, using predictive analytics for quality and safety issues. He noted that he would be implementing the new operating model with the information team on 12 February.

## 9. Feedback from the Executive Quality Committee and RMC

Verbal

Kam Dhama provided feedback from these two Committees.

David Carruthers noted that with services being provided by the clinical teams and UHB, in particular head and neck, that there were ongoing discussions with UHB clinicians about what the final model would be. They

were also looking at alternative pathways to manage the wait, which may mean a hybrid model between the two. The patients currently in the system were being seen in out of hours MDT with UHB clinicians. He noted that they were trying to balance with future plans and the current recruitment process.

Kam Dhama noted that they were able to clear the over-dues. They were starting to increase again and it was a reminder to all that it was really important to do that.

Kam Dhama noted that the Executive Quality Committee callouts included:

- Increased on-the-day cancellation of cancer patients.
- Ward D17 had a 40% gap in staffing. It was noted that if the staffing requirements were not met, then the ward should not be opened. It was noted that there was an ongoing issue with staffing in that ward.
- Implementation of the International Dysphagia Standardisation Initiative.

<b>10. Feedback from the NSHI Serious Incident Review visit</b>	<b>Verbal</b>
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In December in 2017 the NSHI review was conducted and had positive feedback from the NSHI Director.

<b>11. Complaints Report: Q3 2018/19</b>	<b>QS (01/18) 005</b>
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Kam Dhama noted that it was a disappointing quarter with regard to meeting targets. They were looking at the entire process from start to finish. She noted that they had a new head of department and it was the perfect time to implement changes in areas of need. The head of department had pulled all the complaints from 2018 and looked at what difference it had made. It was noted that they were investigating the complaint trends – particular ward, people etc.

It was noted that they had discussed inviting the patient in to discuss their complaint and what they had done to improve as a result from their complaint. The Chair queried if staff understood the positive affect of complaints, rather than viewing it as a negative. It was suggested that for staff to view complaints as a learning and improvement opportunity, that the culture would need to change. Paula Gardener stated that some staff take complaints personally and require coaching through the process.

**OTHER MATTERS**

<b>12. Matters to raise to the Trust Board</b>	<b>Verbal</b>
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The Chair noted this item.

<b>13. Meeting effectiveness</b>	<b>Verbal</b>
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Olwen noted that they had an effective meeting.

<b>14. Any other business</b>	<b>Verbal</b>
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No other business to note.

**Meeting Close**

The meeting was closed at 12:15pm.

**Details of the next meeting:** The next meeting will be held on Friday, 22 February 2019 from 10:45am to 12:15pm in the Room 13, Education Centre, Sandwell General Hospital.

Signed .....

Print .....

Date .....