

QUALITY AND SAFETY COMMITTEE MINUTES

Venue Room 13, Education Centre,
Sandwell General Hospital

Date 22nd February 2019, 10:45-12:15

Members Present:

Olwen Dutton, Non-Executive Director & Chair (OD)
Richard Samuda, Chairman (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)

In attendance:

Committee Support:

Ruby Stone, Exec. Assistant (RS)

1. Introductions and Apologies	Verbal
Introductions were given. There were no apologies received.	
2. Summary note of previous meeting held on 25 January 2019	QS (02/19) 001
The Chair called for any comments on the previous meeting. It was noted that, in some instances, the minutes incorrectly attributed comments made by Mr Baker to Dr Carruthers.	
3. Matters and actions arising from previous meetings	QS (02/19) 002
<p>The following updates on the actions arising from the meeting held on 25th January 2019 were provided:</p> <ul style="list-style-type: none"> • <i>Agenda item 3: Carry out a review of the clinical decision to discharge in the case of unplanned re-attendances to A&E.</i> <ul style="list-style-type: none"> - RB to provide verbal update. • <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> <ul style="list-style-type: none"> - To be reported under item 15 of this meeting. • <i>Agenda item 3: Consider whether Mental Health Nurse Specialists and General Nurses can be swapped between the BCMHP and SWBH.</i> <ul style="list-style-type: none"> - It was noted that this item remains ongoing. • <i>Agenda item 7: Include any instances of patient enquiries on expected follow-ups on auto-close referrals in the Paper to be presented to the Committee.</i> <ul style="list-style-type: none"> - RB to provide verbal update. 	
3.1 Feedback from the Executive Quality Committee and RMC	Verbal
KD gave a brief overview of the meetings. She advised that, with regard to risk management, a	

session had been arranged with CLE on Tuesday to test if mitigating action was being taken.	
4. Patient story for the March public Trust Board	Verbal
<p>PG gave an overview of the patient story for the March Public Trust Board. The story revolved around the District Nursing Team attending to a gentleman who had had a colostomy and developed diabetes. They attended to his wounds and provided a wrap-around service which helped him tremendously with loneliness and other issues caused by his health problems. He agreed to attend the meeting to talk about his experience with the Community Teams. <i>NB: Subsequently the patient was unable to attend due to a clash with a hospital appointment so the story of a gentleman who suffered a foot wound was heard and how well he was supported by the District Nursing Service.</i></p>	
DISCUSSION ITEMS	
5. Cancer plans 2019-20	QS (02/19) 003
<p>RB went through the paper and the Trust's strategic plans. It was noted that the Trust's cancer ambitions connect well to the national strategic plan going forward and aligned well with the objectives.</p> <p>The following points were discussed:</p> <ul style="list-style-type: none"> • Status of delivery plan outlines; • Tracking of the plan • Challenging population in terms of cancer; • Benchmarking against the national figures; • Patient communication/cancer survey feedback; • Workforce strategy plan for cancer; • A.I. opportunities around cancer pathways and diagnostics; • The usefulness of carrying out an analysis of growth rate split by age; • Capacity planning surrounding early G.P. referrals, cancer media coverage and seasonality. <p>RS added that willingness to learn from the success of other Trusts would be an extremely useful form of facilitating improvements.</p>	
<p>Action: RB to provide detailed delivery plan for this year with a trajectory date in order to assist with the compilation of a higher-level plan over the next two years.</p>	
6. Neonatal Quality Plan	QS (02/19) 004
<p>PG went through the paper and noted the following points:</p> <ul style="list-style-type: none"> • Issues surrounding Local Neonatal Unit designation (LNU, level 2) and cot capacity • The floor repair to the neonatal unit had been carried out overnight with no patient disturbances; • Nursing staff levels; • Recruitment and training needs; <p>PG confirmed that, following an unacceptable score of the NHSE quality surveillance team peer review of the neonatal unit, funding was now in place to cover the necessary 11 nurses per shift. PG clarified that the training and recruitment and retention issues were on-going.</p> <p>PG raised the issue of the two separate infection outbreaks, MRSA and Pseudomonas. PG clarified that a robust review of infection control had been completed and precautions put in place. It was</p>	

agreed that a large part of these precautions pertain to restricted visiting. The decanting of the neonatal unit date has not yet been set, however, it was indicated that this would occur before the Summer.

Regarding the concerns raised by the junior medical staff, DC confirmed that a report had gone to NHSI regarding the change in staff rotas and plans for the movement of the paediatric assessment area.

7. Mortality route to 95

QS (02/19) 005

DC summarised the paper and the following was noted:

- Regular reviews were being undertaken in order to find areas where a more detailed examination may be necessary;
- How the Structured Judgement Review process would work;
- The accumulative data and the Trust month by month data was being analysed to see how it can help flag areas for further investigation. This would be carried out at a monthly mortality review.

DC confirmed that a full report identifying that some aspects of care could be improved related to MI had not yet been made available, although he was able to confirm that there were no immediately concerning components.

The ongoing work around Sepsis was at 80% of patients with a NEWS score of over 5 being screened.

The Chair expressed that a medical examiner's review would be beneficial, and DC agreed that this would be arranged. DC confirmed that this area was currently at 80% capacity.

8. Planned care oversight of waits

QS (02/19) 006

RB summarised the key points as follows:

- Follow-up appointments: For both ENT and Ophthalmology route map through had been put in place and real progress was being made.
- The figures for Ophthalmology were high, although RB pointed out that Ophthalmology was 20% of the Trust's planned care and compared to the National delays for Ophthalmology the Trust is one of the better providers.

RB confirmed that they report back on the trajectory of these through the IQPR.

9. Maternity Enquiry: draft terms of reference

QS (02/19) 007

PG confirmed that the reports regarding the series of ostensibly unrelated maternal deaths were complete.

PG requested confirmation of agreement on the draft terms of reference prior to finalisation.

The Chair suggested that the review should also investigate what happened in terms of post care of the family and PG agreed with this suggestion.

It was noted that complications surrounding ante-natal health and diet needed to be explored in conjunction with the ante-natal team.

10. Emergency Care Performance	QS (02/19) 008 To follow
<p>RB advised that, whilst the discharge week-day rate was flattening out at Sandwell and weekend discharge was improving, the sustainability of this was questionable. It was also noted that very recently improvements for discharge at City had been recorded.</p> <p>PDSA improvement cycles were successful, however they caused a level of resistance with some of the clinicians. The sustainability in terms of the medicine team and how they work was being refocused on, which the Committee felt needed to be around coaching and facilitation. It was noted that TL had been clear in writing to them that that would include us re-engaging them on new job descriptions with consultations.</p> <p>The following items were noted:</p> <ul style="list-style-type: none"> • Improvements were made within A&E for Q1 to get to 85% based on minors being at 99%. There were only five breaches a day being reported in recent weeks, compared to 31 breaches a day reported eight weeks ago. • Paediatric performance was 99% which was the equivalent to an improvement of 8 breaches a day. • BMEC performance was at 99% in Q1. <p>The issue of coaching was discussed and RB provided the Chair with an example of how she had identified a group in need of some support and implemented a session with them which looked at commitments and roles within that team.</p>	
11. IQPR and Persistent Reds	QS (02/19) 009
<p>DB highlighted the following:</p> <ul style="list-style-type: none"> - Diagnostics achieved in January and looked on track to do the same in February. - There were 87 falls, of which two were with harm. - MRSA elective screening sat below target with medicine at 60% and PCCT at 17% and a review of this was necessary. - The cancer targets failed in January and a risk was identified around February. - Neutropenic Sepsis was at 88%. - Average times were down to 41 minutes which was an improvement. - RTT delivered again at 92.56% although five specialities failed to meet the 92% standard. - One incomplete 52-week breach was reported within Paediatric Ophthalmology and another within Neurology. - MSA January breaches were reported at 1,123, this was set to reduce significantly over the next two months. - Staff sickness was high at 5.74%. - Mandatory training jumped up around 5%. <p>The Chair queried the 63-patient bed moves for non-clinical reasons between 10pm and 6am in January. RB clarified that she would expect to see that figure reducing due to an improved early discharge profile being in place.</p>	
<p>Action: PG to investigate the poor level of elective MRSA screening and update at the next meeting.</p>	
12. Strategic Board Assurance Framework Updates	Verbal
<p>PG confirmed that she was awaiting the Internal Audit review report into Safety Checks.</p>	

MATTERS FOR INFORMATION/NOTING	
13. Safeguarding Children Report: Q3	QS (02/19) 010
The reports were received and progress noted.	
14. Adult Safeguarding Report: Q3	QS (02/19) 011
The reports were received and progress noted.	
15. Pressure Ulcer and Falls Prevention Summit Update	QS (02/19) 012
PG reported on progress made.	
16. CQC Maternity Survey Results	QS (02/19) 013
The Chair queried the issue of male partners staying overnight in the maternity ward in the event of a side room being unavailable, but only if other women on that ward were comfortable with this. The pressure this placed on them was called out. PG took on board all concerns highlighted and reported that it was felt that due to the small size of the side room only female supporters would be allowed to stay in the induction room moving forward.	
OTHER MATTERS	
17. Matters to raise to the Trust Board	Verbal
The Chair noted this item.	
18. Meeting effectiveness	Verbal
The Chair noted that the meeting was considered effective.	
19. Any Other Business	Verbal
No other business to note.	
20. Details of next meeting	Verbal
The next meeting will be held on Friday, 29 th March 2019 at 10:45-12:15, in Room 13, Education Centre, Sandwell General Hospital.	

Signed

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Date