

QUALITY AND SAFETY COMMITTEE MINUTES

Venue: Room 13, Education Centre, Sandwell General Hospital

Date: 29th March 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
<p>Introductions were given.</p> <p>There were no apologies received.</p>	
2. Summary note of previous meeting held on 22 February 2019	QS (03/19) 001
<p>The Chair called for any comments on the previous meeting. The minutes of the previous meeting were deemed an accurate record with the addition of the following amendments:</p> <p>Item 4: In the last sentence gentle should be replaced by gentleman.</p> <p>PG gave an update on item 16, last sentence, as follows:</p> <ul style="list-style-type: none"> • PG clarified that she had been unaware that previously husbands and male partners had been allowed to stay in the induction labour bay on the delivery suite and that women were being asked if it was acceptable to them within this area. PG confirmed that this practice had been stopped. • PG confirmed that husbands and male partners were now only allowed to stay overnight in a side-room and only female supporters could stay in the bays within the unit. <p>Item 7: 2nd paragraph should include M.I. within the paragraph.</p>	
3. Matters and actions arising from previous meetings	QS (03/19) 002
<p>The following updates on the actions arising from the meeting held on 22nd February 2019 were provided:</p> <ul style="list-style-type: none"> • <i>Agenda item 21/12/18. Consider whether Mental Health Nurse Specialists and General Nurses can be swapped between the BCMHP and SWBH.</i> PG advised that a meeting had been arranged for April and RB will attend the meeting to discuss the issue. • <i>Agenda item 02/19/009. Investigate the poor level of elective MRSA screening issue and update at the next meeting.</i> 	

PG updated the group as follows:

- The reason for the dip last month was largely due to rejected specimens from A&E due to the delay in reaching the laboratory. Inappropriate coding, exclusions being counted when they shouldn't be. From 1st April the hospital will use the national criteria for screening. PG confirmed that a dip may be experienced initially, due to the screening compliance and education of staff to adhere to the new criteria. PG advised that the screening figures had improved for February.

- *Agenda item 02/19/003. Provide detailed cancer 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.* It was agreed that this item would be brought back to the May meeting.
- *Agenda item 21/12/18. Carry out a review of the clinical decision to discharge in the case of unplanned re-attendances to A&E.*

RB updated the Committee that this piece of work was partially finished and would be reported at the next meeting.

3.1 Feedback from the Executive Quality Committee and RMC

Verbal

KD gave an overview of the March Executive Quality Committee and Risk Management Committee meetings and the following points were discussed:

- Organisation-wide learning from recent Serious Incidents. The two consecutive week-days when patients were not seen by a senior staff, which could have made a difference to each patient's care.
- The issue of weekend provision being different and why that was the case. RB advised that a detailed survey regarding 7-day working was being compiled which was designed to probe into issues surrounding this discrepancy.
- A case was discussed regarding failure to follow the head injury policy, on this occasion it did not result in patient harm but could well have done so. It was identified that these issues seemed to arise mainly during staff hand-over.
- Development of the 2019-20 Clinical Audit Plan was discussed.
- There were nearly two thousand risks across directorates and corporate areas, about 800 plus risk mitigation actions needed to be addressed. The requirement to move away from simply logging risks but becoming more risk aware was discussed and it was identified that a standardisation of language surrounding risks was necessary.

4. Patient story for the March public Trust Board

Verbal

PG gave an overview of the patient story for the April Public Trust Board.

The story revolved around a lady whose mother died in the care of the hospital, although it was clarified that her death was expected. The lady's mother had been admitted from ED at Sandwell into AMUA and then moved to OPAU.

She wanted to highlight the positive side of her experience, but she also wanted to bring up some of the issues that she felt the hospital needed to think about. She claimed that when they arrived at OPAU on New Year's Day, they had not seen a doctor for days and they did not see a consultant, although once they had seen the doctor and the consultant, things moved swiftly. The concerns of the lady tied in with the weekend working being different than weekdays as flagged in the Executive Quality Committee. PG felt that this emphasised that nursing staff had decided that because of the Bank holiday, nobody would be available, which was not the case and there were obvious

communication issues with staff surrounding this. PG confirmed she would discuss matters with the lady concerned and inform her of actions the hospital would be taking.

RS questioned if there was a palliative care angle in the patient story and PG confirmed that there was. PG felt that everything possible was done to try and accommodate the palliative care issue at the time.

Action: PG to carry out spot checks at lunch and tea-time throughout the hospital in reaction to issues raised surrounding care in the wards.

Action: DC to look at the medical records prior to this death and to review it as part of the hospital's review of deaths.

DISCUSSION ITEMS

5. National Audits: participation and outcomes

QS (03/19) 005

KD went through the paper and discussion included:

- Trust priorities with regards to audits.
- Awareness of the findings of national audits
- Cross-referencing across audits to pick up themes consistently.
- Tracking/monitoring and managing focus on high importance audits.
- Priorities for 2019-20.
- Marketing and celebrating positive audit findings.

6. Persistent Reds – PMC outcome

Presentation

DB went through the presentation and the following items were discussed:

- Information was collected on each of the persistent reds.
- There were 15 persistent reds rather than 14 due to one of them having missed for 7 months running in the IQPR.
- Falls, particularly falls with harm.
- Sickness.
- Slippage with Stroke.
- Measuring outcomes.
- Priority to hit the production plan.
- A.I. list builder.

7. IQPR – month 11

QS (03/19) 007

The following was noted:

- There was a significant increase in cancellations on the day for February. RB explained the two reasons for this and confirmed that they had been managed and she was not expecting an escalation to persistent reds status.
- A&E figures were improving with performance to date at 87%, a big increase from February and ahead of trajectory.
- RB confirmed that Paediatric work would be mobilised as promised at the beginning of April and would be completed by the end of May.

- The workshop as a 14-point action plan for Sandwell adults was practical in terms of consistency of practice.
- The hospital was on track to achieve its summer bed plan commencing on 1st April 2019.
- DB advised that he felt that this was the most positive IQPR for some time.
- RB advised that a site visit had been carried out by the NHSI and CCG into management of mixed sex breaches. RB confirmed that a written response was received and that the Bodies were impressed.

8. Purple Point: First anniversary and look forward

QS (03/19) 008

KD advised the following points:

- During the year, there were a total of 352 contacts comprising of:
 - 53 compliments;
 - 299 concerns that people had raised, of which there were 9 formal complaints.
- KD confirmed that work had commenced on an exercise to ascertain learning surrounding this contact and feedback from patients and staff who were called in to deal with issues immediately.
- KD confirmed that issues such as staff pointing patients to purple point to phone the Complaints Team was misuse of the service and was being dealt with.
- Overall it was considered that whilst slow to start, people were aware of the service and were using it.
- It was confirmed that data was available showing response to calls were immediate and constructive engagement would usually be between half an hour and an hour.
- It was also confirmed that a breakdown of those whose first language was not English using the Purple Point initiative could also be monitored.
- Healthwatch feedback was positive with the only point raised being that patients had to leave their ward to make a call, which may be off-putting for them. It was noted however that this may encourage some patients to call due to having the privacy of being away from the ward.

Action: KD to supply data surrounding foreign language enquiry figures to Purple Point.

9. Update on maternity enquiry

Verbal

TL and PG have been in dialogue with NHSI. PG confirmed that she had been unable to reach contacts given by NHSI and was awaiting their response having conveyed this to them. PG advised that she & TL were leading a working group with the maternity team so that they were kept informed and fully briefed. PG confirmed that once she was able to make contact, the Terms of Reference and the investigation could commence.

PG confirmed that the staff involved in the enquiry were kept fully informed and up to date and were taking the situation in their stride. Whilst there was some slippage in timing due to the lack of contact, a resolution by the end of June was anticipated. PG communicated that the review would be brief as the investigation was already complete and comments had been sent to the hospital for review.

10. Trajectory for medical examiner appointments Q1/2

QS (03/19) 009

DC updated the Committee with regards to the status of medical examiner appointments and summarised that this would be a role that would be an evolving process with national, regional and local leads. The medical examiners were reviewing around 70% of mortality cases. The first tier would be conducted by the medical examiners and were in the process of developing the more detailed second tier review of those cases.

DC confirmed that the national documentation was now focussing more on medical examiner officers to support the role of a medical examiner, this was a role that the Trust had previously felt was not required but would need to revisit that depending on what came out nationally and what funding came along nationally. DC also confirmed that the plan was to progress with the advertising and recruitment for more medical examiners and consultant staff and that they were also tapping into the SAS and primary care to try and find a way of doing that.

It was reported that a main issue was the I.T. change for the report and proforma which the medical examiner uses to record the information.

DC explained that a meeting would take place next week to clarify all aspects of the role and medical examiner report. DC also clarified that there was regular contact and collaboration between medical examiners and the coroner.

11. Strategic Board Assurance Framework Updates	Verbal
--	---------------

The full BAF would be reported at the Board Development Session on the morning of April 18th, 2019.

MATTERS FOR INFORMATION/NOTING	
---------------------------------------	--

12. Matters to raise to the Trust Board	Verbal
--	---------------

A summary of the report of persistent reds presentation - improvements.

Management audits.

13. Meeting effectiveness	Verbal
----------------------------------	---------------

The Chair noted that the meeting was considered effective.

14. Any other business	Verbal
-------------------------------	---------------

The Chair noted that this would be her last Q & S meeting and that she had enjoyed Chairing the meeting very much. Members expressed their gratitude to OD and wished well I her future endeavours.

19. Details of next meeting	Verbal
------------------------------------	---------------

The next meeting will be held on Friday, 26th April 2019 at 11.00am to 12.30pm, in Room 13, Education Centre, Sandwell General Hospital.

Signed

Print

Date