Sandwell and West Birmingham Hospitals NHS
NHS Trust

QUALITY AND SAFETY COMMITTEE MEETING MINUTES

Venue Room 13, Education Centre, Sandwell General Hospital

Date 24th May 2019 11-12.30

Members Present:

Harjinder Kang, Non-Executive Director (Chair) (HK)
David Carruthers, Medical Director (DC)
Marie Perry, Non-Executive Director (MP)
Rachel Barlow, Chief Operating Officer (RB)
Kam Dhami, Director of Governance (KD)
Richard Samuda, Non-Executive Director (RS)
Paula Gardner, Chief Nurse (PG)

In attendance:

Dave Baker, Director of Partnerships & Innovation (DB)
Philip Harvey, Chief Registrar (PH)

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 29th March 2019	**QS (04/19) 001**
The Chair called for any comments on the minutes of the previous meeting. The minutes of the previous meeting were deemed an acceptable record with the following amendments: **Item 3.2:** March should be changed to February. **Item 5:** The last bullet should read paediatric *reconfiguration* in relation to City Hospital was on-track. **Item 8, Sentence 5:** The second sentence should appear as a separate paragraph and NSA should be changed to MSA. **Item 8, final paragraph:** Should read It was agreed that the IQPR would *consider* the reconfiguration into the following sections. **Item 7:** An additional paragraph should be inserted referring to the audit that had been carried out by the Internal Audit department of the safety plan, and that PG would provide this audit to the Committee. Changes noted during the Q&S meeting held 28 June, 2019 DB called Page 7 - Point 10 –Integrated Quality and Performance Report: April DB called out two exceptions from the 'at a glance' page should have read ***"DB called out the exceptions from the 'at a glance page"*** Page 7 – 5th Bullet Point should have read:- **" The HMSR had reduced by 6 points"** Page 7 – the last Bullet Point should have read:- "***After 3 months of successful performance, we missed the DMO1 target in April"***	

3. Matters and actions arising from previous meetings	QS (04/19) 002

The following updates on the actions arising from the meeting held on 26th April 2019 were provided:

- *Agenda Item 3.1 (Verbal)*
  This item appeared on the agenda for today's meeting.

- *Agenda Item QS (04/19) 006 Investigate restructuring the IQPR.*
  IQPR restructuring was discussed and DB confirmed that his priority was exception reporting.
- *Agenda Item QS (02/19) 003 Cancer Priorities: 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.*
  This item appeared on the agenda for today's meeting.

- *Agenda Item QS (21/12/18) Carry out a review of the clinical decision to discharge in the case of unplanned re-attendance to A&E.*
  RB confirmed that A&E had carried out an audit on re-attendances and the following was noted:
  - There were 360 re-attendances within 7 days at City.
  - There were 302 re-attendances within 7 days at Sandwell.
  - In total there were slightly under 600 patients re-attending per month.
  - A week's cohort had been analysed and the following results were recorded:
    - Of the patients analysed, most re-attendances did have a follow up plan on their first attendance, being either referred to outpatients for ongoing care or discharged with a GP follow up.
    - Some patients were admitted on their initial presentation.
    - A proportion of patients left without being seen (circa 15%) of the cohort analysed. The highest proportion of those patients were at City and a high proportion of those were Mental Health patients.
  - RB advised that of those patients re-attending for a second time there were two cohorts at special two level that were of interest:
    1. Returning Mental Health patients. The majority of those were then discharged with follow ups, and an interim process map of those patients would be created.
    2. The Gynae and EGAU pregnancy pathway. The Gynae team were being guided to ensure that follow up arrangements were in place for these patients.

Further discussion commenced surrounding patients who were discharged with a GP follow up and RB advised that she had requested that they would reconcile with Primary Care to check those patients attended their appointment. It was advised that the Trust had the ability to book GP appointments on the spot at the hospital.

The issue of coping with Mental Health patients was discussed, and RB confirmed that the Trust's systems could monitor the past attendance record for Mental Health. The Trust's procedure was to immediately alert the RAID team from triage, who would cross reference with their Mental Health IT system to ascertain if they were a current patient in any of their services.

KD questioned if patients left A&E without being seen due to a long wait in A&E. RB advised that the

left without being seen rates did not follow the same trend as the performance data, so it did not appear to be the case, but she would investigate this further.

The Chair agreed with RB's proposal of providing an assessment of these findings, for the Urgent Care Board to oversee, and then by exception, revisit within this Committee.

3.1 Feedback from the Executive Quality Committee and RMC	**Verbal**

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

- Of the 35 incidents looked at in April only two received a duty of candour. An initiative was in place to remind staff of what their professional and regulatory obligations were.
- The National Patient Safety alerts needed to be responded to in a timely manner. The Governance team had been asked to monitor these and chase where necessary.
- An exercise to look at risk scores had been carried out and the feedback was that they had been reviewed. It was felt that these were not carried out in a robust manner. KD advised that she would lead an investigation into all risks across the Trust to pick out those with a red rating, in order to test the thoroughness of their reviews.
- There had been three 21-day overdue incidents reported and this good result needed to be sustained.

DB questioned how the Trust monitored the patient safety alerts. KD explained the process regarding checking patient safety alerts and follow up on actions.

4. Patient story for the June Public Trust Board	**Verbal**

PG advised the Committee that the story presented at the April Committee had not gone ahead at the May Public Trust Board and that it was now arranged to be presented at the June Board.

It was advised that PG had met with the daughter and wife of the patient and they both confirmed that they would be attending the June Board meeting to present this story. PG also advised that the Sister of the ward would accompany them to provide support. PG confirmed that some members of staff who had dealt with the patient at the time had attended his funeral.

The overview as it appeared in the minutes of the April Q&S Committee was provided below for ease of reference:

The story revolved around a patient who attended the hospital for colorectal surgery and was based on a complaint made by the patients' family about the ward, and what they had done about that complaint.

The patient attended the hospital and was admitted as an in-patient for a period of two weeks following major surgery. The family felt at the time that there was extremely poor communication between the ward staff, the patient, and the family. They raised a complaint through the complaints

process while the patient was an in-patient at the hospital. The ward staff and matron met with the family and between them they discussed the issues and concerns. An action plan was developed about how they would deal with the concerns that had been raised and ensure that communication improved.

Over the course of time the patient was discharged, re-admitted and discharged over a period of time for different reasons, into the same ward until eventually the patient passed away. The family returned to the ward after the death of the patient to discuss how well the action plan had worked and how things had improved. They were pleased with the care and communication received during the post implementation of the action plan.

DISCUSSION ITEMS

5. CQC Improvement Plan	**Presentation**

KD noted the paper and the following points were discussed:

- There appeared to be differences between the CQC's written note and the published report which KD would reconcile.
- KD will have a reconciled improvement plan which included all items for the Board meeting next week, including a list of must dos and should dos.
- Regarding the issue of there being suitable premises within the Urgent Care Unit at Sandwell for children and young people. RB advised that she would investigate the details around action taken regarding this matter.
- KD advised that the following items would be formally added to the Improvement Plan:
    - The cross Trust push on mandatory training.
    - The issue of enough substantive staff being available to ensure patient safety.
    - The robust route cause analysis investigations and action plans for Medicine at Sandwell being signed off by the appropriate authority.
    - To ensure discharge summaries were completed and forwarded to the appropriate people in the situation of discharge summaries being monitored. KD confirmed that this item did not come out in any of the conversations that were had with the CQC.
    - Medicine at City risk management.
    - Infection control.
    - Mandatory training risks.
    - Staff training for patients suffering from Mental Health, Learning Disability and Autism conditions.
    - Community inpatients.

The Chair queried the item called out regarding fridge temperature and PG confirmed that the matron should carry out environmental checks to ensure that every fridge had been checked and signed for, together with the resuscitation trolley.

Action: RB to follow up with regard to the issue of suitable premises within the Urgent Care Unit at Sandwell for children and young people.

6. Quality Plan Update	**QS (05/19) 003**

DC noted the paper and confirmed that the Quality Plan had previously focussed on the big six and that the mortality data had improved significantly.

He confirmed that the focus was now moving towards nine other topic areas which aim to improve patient care. These specialties were:

- Cancer.
- Readmissions.
- Vision.
- Screening.
- Neonatal mortality.
- End of life care.
- Transitional care.
- PROMS.
- Mental health.

DC advised that he was hoping to have work moving forward on all nine of the specialities, although they would move at different rates and different phases. Some were dependant on relationships outside of organisation, but also internal. Some would involve outside agencies. The projects would span across the following directorates:

- Medicine.
- Surgery.
- PCCT.
- WCH.
- Imaging.
- Primary Care.

DB questioned if there was a central co-ordinator to assist with the interactions within the various functions. DC advised that he would be looking into ways of fulfilling this.

Discussion took place with regards to mapping projects and co-ordination across multiple directorates. RB confirmed that governance arrangements needed to be studied and that she would investigate this alongside TL and the improvement team.

Discussion took place around prioritising and phasing-in these projects to ensure that the Trust did not become overwhelmed with the addition of further large projects. DB advised that there were ongoing projects being carried out around improvements and a lot of that work could be linked into the projects.

Action: RB/TL/Improvement team to study governance arrangements.

Action: DC to add primary care to the table entitled Likely Group Involvement on projects.

7. Safety Plan Refresh Update	**QS (05/19) 004**

PG noted the paper and the following points were made:

- There had been some issues where there was a change in leadership. PG advised that TL had added this to the Group Reviews.
- PG advised that 24-hour checks were now being discussed weekly at the Group Directorate of Nursing meetings. They were looked at through a joined group of matrons, sisters and Group Directors of Nursing on 8th May and PG made it very clear there that these checks must be carried out. It was now brought into the rhythm of the day in the ward rounds, the safety huddles and team meetings and then incorporated into the Group Review. PG advised that the 24-hour check necessity was also emphasised at the International Nurses' Day, it was embedded within the induction for the new Consultants with a key emphasis on the Mental

Capacity Act and. PG advised that a Safety Plan Newsflash bulletin had also been created.

- PG advised that a PMO project group Chaired by herself had been set up and she would ensure that the relevant partners were involved.
- PG advised that there was a much better grip on missed checks and that she would be conducting further monitoring of them during ward rounds.
- It was advised that once Unity was functional, the Trust would be aware of missed checks occurring from an ED perspective.

Discussion took place around the missed check issue and where it stood within the CQC. KD advised that her team would conduct an exercise looking at their data and aligning this with the Trust's consistency of care data prior to the next CQC visit. This would provide e a talking point for the CQC, and a good news story for the Trust. PG confirmed that the data was checked twice a day and an internal audit had been carried out which had reported a reasonable assurance score. PG advised that she would conduct al re-audit on missed checks in September to provide further assurances.

PG confirmed that this reinvigoration covered all the recommendations from the audit report.

8. Cancer Priorities: delivery plan and timelines	**QS (05/19) 005**

RB noted the paper and the following points were discussed:

- The benchmarking work carried out in Q1.
- The Cancer Workforce Plan, specific areas which were prioritised were:
  - Radiology
  - Diagnostics
  - Pathology
  - Allied Healthcare Professionals.
  - CNS nurses.
- Priority recruitment would be CNS nurses and Diagnostics in the first instance. This would also be linked through the recruitment and retention strategy.
- The Cancer Board would conduct a deep dive into two of the objectives at every meeting.
- It was proposed that there would be an overview at Q&S every quarter but that the deep dives were presented for two to four objectives through this Committee following their cycle and that this could form part of the Board walkabouts.
- The Chair questioned those patients who were treated by the Trust in conjunction with external partners and how that would be managed. RB confirmed that Primary Care were involved. Also, the GP's were accessing diagnostics directly at day one stage. In addition, the Trust could transfer patients to Tertiary Centres. These were all supported by the Cancer Alliance which covered all providers.

In terms of some of the risks around Cancer, the risk register had been reframed from the last Board meeting around Gastro end of life and acute Oncology and some of those risks would impact the Trust's delivery.

Action: RB to create the programme for objectives deep dives over the next 12 months.

9. Safe Nurse Staffing: April	**QS (05/19) 006**

PG noted the paper and he following points were made:

- Staffing levels at the Trust were very good.
- The Group Director of Nursing for Medicine, Julie Thompson, commenced employment with

the Trust this week.

- PG explained the rostering process and called out the wards where the sisters were rostering successfully, being as follows:
  - Leasowes
  - OPAU
  - Newton 4
  - McCarthy
- PG explained that she was using the sisters who were managing wards well to assist the sisters who were not managing their rosters as well as they should be.
- There had been a large recruitment drive and a lot of phasing around vacancies being filled from Australia and from the RCNI event, together with newly qualified staff coming out in September and the following January.
- PG had conducted an analysis of rostering over a period of one week and she reported the following:
  - There were 224 shifts as of last Friday, for this week up until Sunday, which were delegated to the bank and agencies. These were for vacancies, sickness and maternity leave.
  - Of those 224, 40 shifts had not been filled, 16 of those were for this weekend which they will fill minute by minute, hour by hour and complete hopefully for the weekend. But if not, they have got mitigation in place.
  - Of the 24 shifts, seven were in AMU this week and they managed those by using the hub nurse in several shifts.
  - ED had two shifts outstanding and they managed those be re-deploying staff across both sites, City and Sandwell.
  - The remaining 15 were predominantly in medicine and in those areas the medicine sisters had a daily huddle at 07.30 to discuss were the gaps were and were they could move staff to.
- Both Surgery and PCCT had four gaps over the week and this was managed through the nurse in charge,
- PG confirmed that staffing was safe and that it had been thoroughly mitigated.
- PG explained the patient points system for violent patients and those suffering from Mental Health illnesses, and the teams involved within the decision- making process regarding staff per patient ratio. Ultimately the decision would be that of PG or RB.

Discussion took place regarding the Barnacle system and whether Allocate would be a better system. PG advised that she felt that Allocate was spreading themselves too thinly to be as effective as they had been previously. PG advised that she was working with the roster team and the bank to see how they could refine the reports within Barnacle. PG confirmed that a workshop had been set up between Barnacle, the E-roster Team and the Group Directors of Nursing and her team next Wednesday.

MATTERS FOR INFORMATION/NOTING

10. Integrated Quality and Performance Report: April	**QS (05/19) 007**

DB noted the paper and the following points were made:

DB called out two exceptions from the at a glance page as follows:

- Cancer patients waiting times, with 11.5 patients waiting longer than 62 days, and 7 patients more than 104 days.

- MSA had reduced from 40 to 22.
- Sickness had reduced to 4.74 this month.
- Cancelled operations had increased to 44.
- The HMR had reduced by 6 points.
- Emergency care was down to 78.28
- Admissions to the Stroke ward fell to 50.8.
- The DMO1 target up to performance to exceed missed this month.

Discussion commenced regarding the reasons around the 104-day breaches and it was advised that these were due to various reasons, partly due to other providers and partly due to the Trust's diagnostics. and this was exceptional last month. RB clarified that the breaches were exceptional for last month and they would be investigated. RB explained that during this period there had been 301 extra patients admitted into medicine and 300 ED attendances a week. There had been 95 Stroke alerts and 61 admissions, which was increased from the regular average of 45. It was felt that part of the route cause analysis to the 50% performance was to investigate early identification of a surge. RB also noted that the stroke team had committed to return to their improvement trajectory and that cancellations through theatres were higher, so she had implemented a recovery trajectory in this area. RB also advised that the performance could be affected by settling in of the increased productivity and she has already seen the situation starting to smooth out this month.

11. 2018/19 Quality Account	**QS (05/19) 008**
DC noted the paper and advised that the Quality Account had not yet been finalised. He was awaiting comments to include surrounding modification of data. He confirmed that the Quality Account would be ready in time for the AGM.	
12. Matters to raise to the Trust Board	**Verbal**
DC reported a Never Event which happened last week within General Surgery. A patient was operated on for a Paranoidal Sinus in his buttock when it should have been in his groin area. DC clarified that the correct operation had now been completed.	
13. Meeting effectiveness	**Verbal**
The Chair noted that the meeting was considered effective.	
14. Any other business	**Verbal**
No other business was discussed at the meeting.	
13. Details of next meeting	**Verbal**
The next meeting will be held on Friday 28th June 2019 from 11:00 to 12:30 in Room 13, Education Centre, Sandwell General Hospital.	

Signed ……

Print ……

Date ……