Paper ref: QS (07/19) 001

Sandwell and West Birmingham Hospitals NHS
NHS Trust

QUALITY AND SAFETY COMMITTEE MEETING MINUTES

Venue Room 13, Education Centre, Sandwell General Hospital

Date 28th June 2019 11:00-12:30

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)

Committee Support:
Julie Turley Exec. Assistant (JT)

1. Introductions and Apologies	**Verbal**
Introductions were given. Apologies were received from Prof. Kate Thomas.	
2. Minutes from the meeting held on 24th May 2019	**QS (06/19) 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: Page 8, point 12, Change Paranoidal to Pilonidal. Page 7, item 10. Change two exceptions to the exceptions. Page 7, item 10, bullet point 5. Change HMR to HSMR. Page 7, item 10 bullet point 8, redraft point to read "after 3 months' successful performance the DM01 target was missed in April."	
3. Matters and actions arising from previous meetings	**QS (06/19) 002**
The following updates on the actions arising from the meeting held on 26th April 2019 were provided: • *5. (presentation) Follow up with regard to the issue of suitable premises within the Urgent Care Unit at Sandwell for children and young people.* KD advised that this item was ongoing. • *QS (05/19) 003 Study governance arrangements.*	

No update was given.

- *QS (05/19) 003 Add primary care to the table entitled Likely Group involvement on projects.* DC advised this action was complete.
- *QS (05/19)005 Create the programme for objectives deep dives over the next 12 months.* RB advised the group that this action was around the Cancer Delivery Plan, and that she had suggested a deep dive every quarter into items of choice, rather than going through each item every time, and that these items would be added to the agenda in the normal fashion.
- 3.*1 (VERBAL) Bring the CQC improvement plan update to the next meeting.* KD confirmed that this item was on the agenda for today.

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

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

- The open referrals were reduced to 69,000 and 15,000 patients had been processed through the validation.
- RB confirmed that the Trust was on trajectory for open referrals and said that she could not see any evidence that clinical time was affecting the process.
- It was agreed that Unity would enable the Trust to undertake a PAS upgrade, enabling auto close prompts to be added to the system.
- DC confirmed that work continued regarding the ongoing results acknowledgement project. There were two or three broad groups that were not linked to any specific speciality, and that related to coding. DC added that red flags remained the focus point and were either investigated by DC or delegated to registrars to be checked and documented.
- DC updated the group regarding the next area of interest as being motivating teams to work prospectively, with a focus on making sure that all imaging reports were actioned, acknowledged and recorded.
- Unity Readiness was a priority.
- KD advised that the risk workshop exercise results would be presented to the Trust Board.

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

PG advised the Committe that the story to be presented at the July Public Board was related to children and young people, and that a father would attend to speak about his little girl who remains in hospital, she is 7-weeks old and her name is Aubree.

Aubree was admitted into Sandwell Hospital with what would appear to be sepsis. She was immediately seen, assessed, given antibiotics and anti-viral drugs. She went through three lumber punctures., several specimens and blood tests were taken. PG advised that her parents were very grateful for all the care and attention received. The anomaly was the communication. At one point, there were circa 9 staff around Aubree, which was very positive from a response point of view. However, nobody thought to talk to the mum and dad whilst that was happening, causing them anxiety and fear during this time. PG advised that somebody should have thought to address the parents to advise them that they would be updated once the baby's initial needs had been addressed. There was confusion with regards to blood tests, with the parents finding out second hand that their baby's bloods had been escalated to Heartlands Hospital from City Hospital, prompting real concern for the parents. The parents were not given updates on the blood test results although promised these within 24 hours, after 48 hours they felt the need to chase the results.

PG confirmed that although there was a sepsis overwhelming infection, there was no rationale for where the infection was in the baby, but that she is improving. Her father remains full of praise for the care and attention received by his daughter, however the issue he found was purely around lack of communication.

PG referred to a similar situation whereby another child who was admitted into critical care had deteriorated, several nurses were attending to her, but yet again, nobody thought to give the mother any kind of information.

PG confirmed there was a need to connect with medical and nursing colleagues to drive home the need for an explanation to be provided to the parents of children, even if that information was simply an acknowledgement that they would be addressed at a later stage, once the child's immediate needs were dealt with.

PG advised that a bigger picture around communication per se was required.

DISCUSSION ITEMS

5. Strategic Board Assurance Framework: controls check	**QS (06/19) 003**

KD noted the paper and the following comments were made:

- RB summarised the controls and assurances for risk SBAF 2 as follows:
  - The controls were around working with the Trust's local authority partners, through the Better Care Fund. RB confirmed that the Trust had its own outreach team who were specifically allocated to nursing homes, and that a data set had been produced around this.
  - Sandwell Council and the Trust both owned community beds, and an integrated model needed to be investigated. The assurances were the improvement work that they had put in place in terms of nursing home projects, not just in-reach but pathway management.
  - The latest stats regarding this were as follows:
    - The 11 nursing homes which were in the pilot, which was extended for the entire year, had reduced ambulance conveyances by 15%;
    - ED attendances were reduced by 20%;
    - Admissions were reduced by 18%;
    - Increased referrals to the Trust's own admission avoidance team by 71%;
    - There was good data coming out in terms of assurances.;
    - The nursing home pilot was to be extended to all nursing homes. The workforce was in place however funding was required and there were funding opportunities through BCF and winter resilience money.
    - RB informed the Committee that she had committed to the Council that an analyst would be made available in order to carry out a joint piece of work around modelling the Council's beds and the Trust's.
    - RB added that in terms of design principles, Sandwell Council and the Trust had both committed to the same approval of step up patients.
    - RB confirmed that following completion of the work with Sandwell Council, further controls and assurance could be added.
    - RB advised that she felt the controls were adequate and welcomed any challenges to this score. MP argued that the controls were limited, although the update given by RB was very positive.

- DC summarised the controls and assurances for risk SBAF 4 as follows:
  - The risk that vulnerable service improvement plans were delayed. The controls and identification of those services through internal data reports and group meetings, but also looking more widely across the STP discussions and the organisation medical directors and the STP identifying those services under pressure, and then trying to work out through those whether there was any way forward. RB added that controls within BSLA, and assurances would appear within the Production Plan. It was agreed that the controls should be rated as limited.
- KD summarised the controls and assurances for risk SBAF 5 and expressed confidence within several activities around weLearn. Learning was being captured in order to provide an action plan. KD advised that assurances to deliver were not yet available until the project matured further. The Committee agreed that this control should be rated as limited.
- DC summarised the controls and assurances for risk SBAF 14 as follows:
  - The development of the learning for deaths structured programme was going ahead, with reporting on mortality and improvement coming from the Quality Plan.
  - Data shown from the IQPR showed a further falling in mortality, and work remained ongoing, with a focus on management of patients, maintaining a good documentation of coding and hopefully that will be further improved with Unity. The risk score had increased because DC felt that not improving mortality was major as opposed to the previous classification of moderate, and so he had re-scheduled this. The Committee agreed that the controls would be rated as adequate but leaning towards substantial.
- DC summarised the controls and assurances for risk SBAF 15 as follows:
  - An R & D plan was in place for the next two months. DC advised that an action plan was in place and recruitment was about to commence. This Committee agreed that the controls in place were considered adequate.

6. Quality Plan: thresholds and trajectories	**QS (06/19) 004**

DC noted the paper and the following points were made:

- Discussions had taken place with key individuals and groups about Quality Plan projects, to try to further define outcomes and targets.
- Cancer was significant; screening and the right care and adolescent work.
- Work continued around readmissions.
- The quality outcomes in eyesight and mental health required further significant progress.

Further debate took place around cancer screening and new interventions across the area, and how those targets were being achieved, and if not, how the Trust could contribute. DC advised that there was a need to be aware of changes occurring within technology, in treatment and diagnostics, and making sure these were applied.

7. CQC Improvement Plan – final and updated	**QS (06/19) 005**

KD noted the paper and the following points were made:

- KD advised that the paper had been taken to the last Board and she was re-presenting it today for additional discussion..
- KD advised that an Associate Director for Quality Assurance was currently being sought, who would work alongside teams to corroborate completion of items appearing within the Improvement Plan. KD confirmed that actions would not be closed until an assurance had been received.
- PG advised that the Trust was seeing an increase in patients demonstrating violent and

aggressive behaviour, the Trust identified these as "purple patients". Those dealing with these purple patients had the benefit of a direct escalation to request extra staff immediately.

- PG gave an update around the four therapeutic robot seals owned by the Trust and confirmed that this project was being monitored. PG confirmed that she was in receipt of a daily report around focussed care and the report would specify if a seal was used instead of an extra nurse. She reported that strong evidence existed showing the benefits of the seal for calming the patient and providing them with a distraction.
- PG added that using the 15 steps tool at night to understand and then introduce the quiet protocol would also provide further assurance around where the Trust sat from a 24/7 organisation point of view.

8. Safety Plan refresh update	**QS (06/19) 006**

PG noted the paper and the following points were made:

- PG reported a definite improvement and re-invigoration.
- No missed checks had been reported since Monday.
- Staffing at the weekends required further work.
- The wards were below 1% of missed checks at 48 hours.
- Of the missed checks, they were mainly within surgery and PG advised that she intended to discuss this with the Group Director of Nursing.
- Missed medication within surgery was a concern. PG confirmed that a deep dive was necessary within surgery.
- RB advised that her notes within the last Group Review for surgery within the Safety Plan pointed out that there was insufficient focus and they had been weak presenting as a team. However, she was happy to report that they were very focussed at yesterday's Group Review, and that improvements were very evident.
- PG advised that she would be asking RSM for a re-audit for September/October to confirm and assure the Board that these improvements were ongoing.
- PG confirmed that momentum would not be lost.
- RB added she had recently applied the first phase of improvement team bids in terms of the new process and in terms of Governance and reported significant improvements. She added that when closing projects, sustainability audits would be compiled.

Action: PG to discuss the issue of missed checks within surgery with the Group Director of Nursing.

9. 7-day service: standards and Board assurance return	**QS (06/19) 007**

RB noted the paper and the following points were made:

- The last Board assurance went straight to Board, who delegated this to the Q&S Committee. This was a mandated national return on the 7-day standards, and was an audit conducted over a week's emergency admissions in March.
- RB confirmed that a substantial amount of work had been carried out around the 7-day service standard compliance.
- The results at specialty level had improved significantly. Overall at Trust level they had improved in several domains.
- RB noted that improved data quality would be available once the Unity was introduced.
- RB advised that Angharad MacGregor, Head of Clinical Effectiveness, had provided proactive work and would support the team in developing a forward programme.
- RB requested approval to submit the annexe 7-day assurance admission as presented within

the paper.

- PG questioned the 26 patients who were not seen on day 2 by a consultant, and 15 patients who did not appear to have had a day 2 review, and where these could be viewed to check for anomalies. RB confirmed that they were being investigated through the Urgent Care Board, which had good clinical engagement. She added that a deep dive would be carried out.
- RB confirmed that she had advised NHSI that there would be no commitment to meet the 7-day standard yet, as the current statistics related to the model on one site only.

10. 2017 national inpatient survey update	**QS (06/19) 008**

PG noted the paper and the following points were discussed:

- The paper provided an update on the 2017 survey of which there had been some improvement. The following points were raised:
  - 13 improvement actions had been completed
  - 13 improvement actions were on track or would be completed as planned, however this was against revised time frames.
  - Improvement of information between doctors and patients. PG advised that this would be investigated, given the story around communication for the next Board.
  - Consistency of what staff communicate.
  - Allocation problems on some wards.
  - Reducing noise at night.
  - Perception of food had deteriorated in the last week.

Action: PG to conduct direct observations with regards to looking at allocation problems within wards.

11. Integrated Quality and Performance Report: May	**QS (06/19) 009**

DB noted the paper and the following points were called out:

- - One Never Event – Pilonidal abscess
  - One MRSA contaminant.
  - Five 52-week breaches.
  - The Stroke Ward missed its target for recovering by May.
  - There had been a Stroke symposium on 20th June.
  - Neutropenic sepsis missed its recovery date; however, it had improved dramatically.
  - There were two missed patients, one was clinical and one administration.
- RB advised the Committee of an external visit from NHSI to A&E next month. She added that NHSI had been asked to structure their visit in order to use the visit progressively for the Trust, and that she was attempting to ensure a consistent NHSI team attended visits.
- DC advised of a further Never Event within Gynaecological Surgery, where a retained swab was discovered later in the day following a procedure. DC confirmed that full details around the investigation were awaited.

MATTERS FOR INFORMATION/NOTING

12. Safer Staffing Micro Study	**QS (06/19) 010**

PG noted the paper and advised the following:

- Improvements were required regarding public perception of the nurse staffing, bearing in mind the staffing report and the rostering.

• Whilst there were displays of staffing numbers within wards, they were not highly visible. PG confirmed a need to revisit this, as these were not always displayed outside the ward, and did not display the name of the person in charge of the ward, together with quality indicators. PG wished to have this established as soon as possible, and certainly before the next CQC visit.	
Action: PG to investigate the visibility of displays of nurse staffing numbers and identity of ward leads, together with standardisation of the display location.	
13. EPMA Quality and Safety Benefits	**QS (06/19) 011**
Paper noted.	
14. Matters to raise to the Trust Board	**Verbal**
○ Outcome of the SBAF. ○ 7-day admissions. ○ The positive news around the Safety Plan. ○ The mortality figures.	
15. Meeting effectiveness	**Verbal**
The Chair noted that the meeting was considered effective.	
16. Any other business	**Verbal**
No other business was discussed.	
Details of next meeting	**Verbal**
The next meeting will be held on Friday 26th July 2019 from 11:00 to 12:30 in Room 13, Education Centre, Sandwell General Hospital.	

Signed ……

Print ……

Date ……