

QUALITY AND SAFETY COMMITTEE - MINUTES

Venue: Room 13, Education Centre,
Sandwell General Hospital

Date: 29th November 2019, 11:00-12:30

Members:

Mr H Kang (HK) Non-Executive Director, Chair
Mr R Samuda (RS) Chairman
Ms M Perry (MP) Non-Executive Director
Ms R Barlow (RB) Chief Operating Officer
Ms K Dhami (KD) Director of Governance
Mrs P Gardner (PG) Chief Nurse
Dr D Carruthers (DC) Medical Director
Prof K Thomas (KT) Non-Executive Director

In Attendance:

Mr D Baker (DB) Director of Partnerships & Innovation
Dr Parmjit Marok (PM) GP, West Birmingham Medical Centre

Support:

Ms R Stone (RS) Executive Assistant

Minutes	Reference
1. Introductions	Verbal
The Committee members provided an introduction for the purpose of the meeting recording.	
1.1 Apologies for absence	Verbal
No apologies were received.	
2. Minutes from the meeting held on 25 October 2019	QS (11/19) 001
The minutes of the meeting held on 25 October 2019 were reviewed and the following amendments were noted: <ul style="list-style-type: none"> Page 2, amend <i>Stomach Lupus</i> to <i>Systemic Lupus</i>. Page 6, amend <i>Maternal death</i> – the second bullet should not say that the serious incident was a medication issue. The minutes were accepted as an accurate record of discussions.	
3. Matters and actions arising from previous meetings	QS (11/19) 002
It was advised that all matters in the action log were either included on the meeting agenda or not due yet.	
3.1 Feedback from the Executive Quality Committee and RMC	Verbal
KD provided an update on discussions from the Executive Quality Committee and RMC: <u>RMC:</u> <ul style="list-style-type: none"> Had addressed the piece of work that reviews the current ‘reds’ across the clinical groups, and the risks which they had already been cited on. Now up to date and as they get moderated and mitigated, will allow escalation of new risks. At the December Trust Board, the paper would include additional risks – which would show the 	

Board that they had a dynamic Risk Register.

- In January 2020, 41 risks would be addressed that currently have a high severity but low impact – not on the radar, but likely to happen. She advised that these risks were presented bi-annually by the Board.
- Had a couple of CAS (safety alerts from the central national system). A couple were overdue, due to; people not sending their returns, or their returns were not robust enough – which should not happen and be escalated. The CQC pay particular attention to the overdues. A better oversight of the CAS alerts at the RMC had been discussed.

The Chair noted a previous audit of response to CAS alerts and questioned how that was progressing. KD advised that at the time of the audit (approximately 4-5 years ago) they were rated as *Good*. She suggested another audit of the CAS alert process. The Chair requested an update to the Committee on the status of current CAS alerts

Executive Quality Committee:

- The Committee had had a conversation about the 19/20 Clinical Audit Programme, to be presented to the Audit Committee in February. Each group/speciality had national audits and local audits. At the next EQC they would note how many audits had been completed as they should, and to confirm if the appropriate monitoring of progress for national audits was in place.
- Reviewed three SI's (serious incidents) to identify Trust-wide learnings. KD, DC and PG would review all SIs; findings, action plans and determine the wider learning from the SIs. She advised that SIs, including never events, were reviewed bi-annually.
- The Trust now had access to the CQC's Insight Report. KD stated that she would compare the CQC Insight Indicators to the Trust's IQPR – if it is in the Insight Report, should it be in the IQPR? It would be presented at the Board development session on 19 December when CQC matters are discussed.

Action: Provide and update to the Committee on the status of current 'live' CAS alerts

DISCUSSION ITEMS

4. Strategic Board Assurance Framework: controls check

QS (11/19) 003

KD noted that the Trust Board would be presented with the *limited* assurance risks and what work was needed to score an *adequate*. She advised that the paper focused on the mitigations of the risks.

SBAF Ref 2

RB provided an update:

- Forecasting to deliver *adequate* assurance in January 2020. Since the previous meeting, they had received funding for the nursing homes and had increased from 10 homes to 20 (out of 29 nursing homes).
- Currently in discussions with West Birmingham GP partners who acquired two nursing homes to support primary care (that had no wrap around community at all). Working with them to roll some community service support into West Birmingham where the Trust had primary care partners that would be useful.
- There were a lot of opportunities for government winter funding on offer at the moment.
- Put in for ten nursing beds (Clare Court and Albion Court) that they had purchased to mitigate some supply issues and facilitate community services.

The Chair noted that if they were able to execute all the actions mentioned, they may be able to provide adequate assurance.

SBAF Ref 4

DC provided an update:

- Work in progress to get the definitions correct for vulnerable services, and looking at the co-dependencies and sub-components to then feed into the broader STP work. KD noted that once the vulnerable services definition matter was decided, the work relating to staffing metrics, waiting lists and other relevant data can then proceed.
- Still working to a timeline of January 2020. The chair expressed that a paper should be presented initially to the Quality and Safety Committee prior to other committees.

SBAF Ref 5

KD provided an update:

- She had identified a gap, the absence of a progress scorecard/database.
- Timeline for delivery, February 2020.

SBAF Ref 14

DC provided an update:

- The assurance level was rated *Adequate*. Progress was in the right direction.
- Had appointed a Medical Examiner; however, fell through due to financial changes for the candidate.

SBAF Ref 1

DC provided an update:

- The assurance level was rated *Adequate*.
- New Head of R&D commencing in January 2020.
- Director of R&D still recruiting to the position and currently being supported by DC and his operational manager, Heather Matthews.

It was questioned if the Trust was linked into the R&D loop (including but not limited to, Birmingham University, UHB and the Science Park) without the key R&D positions being filled. DC confirmed that the links were there... The Chair stated that they need to push that area to ensure that the Trust was not missing out on opportunities.

5. Respiratory reconfiguration update**QS (011/19) 004**

RB advised that at the last Quality and Safety Committee meeting they had reviewed the KPIs and noted that they were not benchmarked. She reported that the respiratory reconfiguration occurred on 20-22 November; therefore, the change data was not yet available. The data would be presented to the Committee when available. Reconfiguration was going well in its first week with no major teething problems.

RG noted that the paper included the benchmark data position and expected improvement goals.

RS questioned the communication with their primary care colleagues. RB advised that the CCG had done a listing of that and was documented at the Trust Board. Main feedback from the public was around communication and public transport between the sites. The Trust had written to patients that had long term respiratory conditions to inform them of the reconfiguration.

The level of confidence that the expected improvements, as detailed in the paper, would happen was questioned. RB noted that there had been a lot of clinical engagement – it may be that they have to review those expected improvements when the baseline data starts coming in. The expected improvement goals were modelled with insight from other hospitals.

PG provided the Committee with an update:

- Still waiting for reports to come through.
- Could identify a reduction in missed safety checks (899 to 825). The most frequently missed checks were in; MUST, MRSA and Resuscitation Status.
 - MRSA was being measured by the Trust at 4 weeks, other trusts at 6 weeks – in the midst of adjusting that measure. AMU (night) had the most MRSA and had implemented measures around that.
 - Resuscitation Status – defaulting to *resuscitate* – the data had been rechecked.
- Senior Sisters were requesting reports, which indicates a positive cultural change.
- Noted that the data was currently not available for:
 - Resuscitation Status
 - Family Centred Care
 - Infectious Disease Screening
 - Obtain Consent
 - Promote Bonding
 - Separation Anxiety
 - Consistency of care

PG noted that a quick reference guide (QRG) to guide practice would be developed.

- Ensuring that all matrons have access and continue to support patient safety by ensuring that the safety checks are done.
- Anticipated that by January 2020 they would bring a Safety Plan Report and target those areas that had true miss-checks and not miss-checks from a data quality perspective.
- Hoping to get 100% no miss-checks by January 2020. An ad-hoc view would be completed to provide evidence that they were not missing as much as the data feeds were stating.

There was a discussion on the data feed process. DB acknowledged that the final link to getting the data required lay with his team.

RS noted that it should be reflected in their strategic risk because if they do not have that data, they were blind sighted. PG noted that it used to be a SBAF and was moved to the Risk Register. It was a Unity 'thing'. RB noted that they had a data quality list; set of reports that they specified they required for optimisation – some of those reports were still not available. She suggested that there be an action to risk assess that. There was also a set of data quality issues; some uncorrelated, some quality-related, some safety-related and some counting-related. They were working through those, which was viewed as normal for their current position in the program. RS noted that they had an elevated risk until the data was provided to be analysed.

Action: Risk assess the unavailability of Unity reports.

KD noted that rather than rushing to do CQC preparations immediately prior an inspection, they would implement a quality assurance programme that was a continuous process. The Paper captured the elements of the weAssure Programme.

She noted the following points:

- There were other external visits – not just the CQC visit – included in the programme, such as, for example, the HTA and UKAS.
- The CQC Inspection finding *must* and *should dos* would be discussed at the Trust Board next week.
- Di Halliley was supporting the co-ordination of programme delivery. Di was taking a hands-on approach with a schedule of visits to wards that had a *must or should do* so that she could test it on the ground (observations and conversations).
- Indicators and data – Di would be building up a repository – working through the RPIR (data that CQC request prior to a visit). Behind each tab in the database would be the supporting evidence.
- CQC engagement continued – KD and Toby Lewis had had a positive meeting last week with the new inspectors, which included:
 - A review of Children and Young People services
 - A tour of City Hospital and what was left on the site (and how that would work).
 - Questioned what the Trust were doing with Midland Met between now and open.
 - Had spent time with Women and Child Health, observed the group management board and Group governance board.

Inspectors' feedback from the visit would be received. The inspectors requested to observe the Trust Board in December and were invited to attend the QI Posters awards ceremony. In January they want another visit with a focus on ED and to look at risk management (particularly in I.T). Positive responses/actions from the CQC at the moment.

The Chair questioned the approach to the other regulatory visits. KD advised that it would be a similar process to the CQC.

KT noted to somehow highlight the maternal learning inquiry to the CQC. PG advised that there would be an update of progress on the maternal deaths' inquiry in February 2020.

8. Getting it Right First Time (GIRFT): High priority actions

QS (11/19) 007

DC noted that the Paper provided a summary of the progress made on the GIRFT visits and internal processes to ensure that the outputs from GIRFT visits are reviewed and a structure for change to be implemented and reported back to the CLE.

Each Group was requested to return with the follow-up reports from the GIRFT Review Team, taking into consideration the rough recommendations from the service (national inpatient and national reports), to then present a backlog of GIRFT reviews to the CLE. Implementation of a regular program (6-months post-review) to return to the specialities with the top 5 points and what changes had resulted from actions implemented.

The process had been put in place as a model with DB, Yasmina Gainer and strongly supported by the GIRFT review team. Discussions about this getting up and running at other organisations. A number of reviews had taken place; surgery (initially) and then would move into medical-based specialities.

RB noted that if Groups required help implementing the work, they could bid for Improvement Team support.

The Chair noted that the GIRFT team were looking at it as if they could put financial quantum against each of the initiatives – and they cannot. If they start chasing it from a financial perspective, it takes away from the quality aspect.

DB provided the following update:

- A&E performance; 50% performance within 60 minutes.
- Sickness was in the persistent reds.
- Missed the RTT by 0.42%.
- There was a new *At a Glance* page as previously requested.

The Chair noted that there were a number of things in the Paper that had occurred for the first time and should discuss why.

RB noted the following:

- A&E Performance – 70% month to date. 3-point plan remained as it was designed. Had had two phone calls within the month with colleagues from NHSI and the Emergency Care Support Team – which had been supportive of the Trust’s improvement plans. An external visit was planned for Tuesday to see how the Trust was doing. The improvement plan was around:
 - Getting patients seen and assessed with 30-minutes (improvements made).
 - Making sure that their tests are done (some improvements made).
 - A doctor seeing a patient within the first hour. Had rearranged the deployment of medics in A&E, consultant in the receiving ambulance bay – senior physician choosing what CTs and x-rays the patient would receive.
 - Last week’s performance; 5 out of 7 days at Sandwell were above 76.9%. Sandwell was doing better than City, with three of those days above 80%.
 - Indication that the improvement activities implemented were having impact. There were inconsistencies within the team which RB and DC were having a session about with the new speciality lead where some decisions would need to be made about support and development for shift leadership.
 - Need to put more time into City as the focus had been on Sandwell. Would immerse the speciality lead and lead nurse into City to get some accelerated support.
 - The deterioration with Unity Go Live could be seen and the improvement associated with it. Heading in the right direction but not at the pace (wanted to be at 81%, return to baseline).
- RTT performance – small failure, no patient impact. Had some isolated challenge hotspots and most specialities were performing to, or exceeding trajectory. It was not an across the Trust failure – definitely isolated to their improvement focus on ophthalmology inpatients. The backlog in RTT had increased rapidly in the last three months – had a focus piece for that. Would reassure them about that work next month. Hopeful to regain performance.
- Diagnostics was anticipated to come back into performance this month – whilst radiology CT performance is improving, a lack of cardiac echo capacity presented an in month challenge. Performance forecast to recover next month.
- Cancer performance – forecast to perform.
- Long stay patients (21 days) – PG noted that there were data quality issues with 21-day length of stay. The data states 159 patients (equivalent to 121 beds) at over 21 days, she had identified 10 patients that were under 21 days but still on the list – working with DB’s team on rectifying. The target was 82 beds by the end March 2020. Working through that, due to; placements (mainly Birmingham), packages of care (from community beds), patients on end of life pathway,

complexities around rehousing patients (escalated with council).

- Sickness – PG noted that Raffaella Goodby would do a deep-dive into the reasoning behind the sickness increase.
- TIA (stroke thrombolysis):
 - 3 out of 6 patients breached last month – all inpatients from different parts of the organisation.
 - Timelines were all under three hours, one missed by 17 minutes. There was some work to be done with staff around the clock start of a patient having a stroke thrombolysis pathway.
 - One of those patients, in terms of their presentation, had a low deficit – clinically quite difficult to interpret, it was the longest one at 2 hours 55 minutes.
 - No harm to patients due to delay and would review the internal pathways.
- DB noted that the maternity family and friend response rate had increased from 6.1% to 28.2%.
- DB noted that there were good results in Fractured Neck of Femur in open referrals.

MATTERS FOR INFORMATION/NOTING

10. Matters to raise to the Trust Board

Verbal

The following matters to be raised to the Trust Board:

- weAssure Programme
- Respiratory reconfiguration
- GIRFT

11. Meeting effectiveness

Verbal

Not discussed.

12. Any other business

Verbal

No other business.

13. Details of Next Meeting

The next meeting would be held on Friday, 24 January 2020 from 11:00 to 12:30 in Room 13, Education Centre, Sandwell General Hospital.

Signed

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Date