

QUALITY & SAFETY COMMITTEE - MINUTES

Venue: Room 13, Education Centre, Sandwell
General Hospital

Date: 28th February 2020, 11:00-12:30

Present

Mr H Kang	(HK)	Non-Executive Director (C)	Mr D Baker	(DB)	Director of Partnerships & Innovation
Mr R Samuda	(RS)	Non-Executive Director	Mrs R Biran	(Rbi)	Assoc Director of Corporate Governance
Ms M Perry	(MP)	Non-Executive Director	Mrs Parmjit Marok	(PM)	GP West B'ham Med Centre
Mrs R Barlow	(RB)	Chief Operating Officer			
Ms K Dhami	(KD)	Director of Governance			
Mr D Carruthers	(DC)	Medical Director			
Prof K Thomas	(KT)	Non-Executive Director			
Mrs P Gardner	(PG)	Chief Nurse			

Minutes	Reference
1. Introductions for the purpose of the audio recorder	Verbal
Committee Members provided an introduction for the purpose of the recording.	
2. Apologies for absence	Verbal
No apologies.	
3. Minutes from the meeting held on 24th January, 2020	QS (02/20) 001
<p>The minutes of the meeting held on 24th January 2020 were reviewed and the following amendments noted:</p> <ul style="list-style-type: none"> Item 1.1 - Paula Gardner and Parmjit Marok sent apologies and their names should be removed from the attendance list. <p>The minutes were ACCEPTED subject to the amendment.</p>	
4. Matters and actions arising from previous meetings	QS (01/20) 002
<p>KD reviewed the action log with action 1 not yet due and actions 2 & 3 included on the agenda. The following were updated:</p> <ul style="list-style-type: none"> <i>QS (01/20) - Consider where GP services might fit into the GIRFT report/review process and introduce a cover sheet to information discussed at QS meetings, setting out CLE reflections on the GIRFT reports.</i> <p>DC reported that timings were misaligned between GIRFT Reports and the CLE and the programme needed to be restructured.</p>	

- *QS (01/20) - Investigate the reasons of high rates of sickness absence affecting some wards and report back to Committee members.*

RB reported the discussion was around a specific hotspot – sickness rates in paediatric day care. RB reported the reason was long term sickness in small teams and all were now back at work. The matter was now closed.

4.1. Feedback from the Executive Quality Committee and the RMC

Verbal

KD provide the following update from the February Risk Management Committee held on 10th February:

- Risks at every level of the organisation had been discussed and good progress had been made.
- Groups had asked if it were possible for automatic alerts to be sent by the risk management system when new risks were added. KD reported that this possibility was being investigated
- The issue of discarded sharps had been discussed. Sharps injuries were not large in number, but the RMC acknowledged the need to be vigilant.
- Web holding incidents were on the rise and KD reported a reminder had been sent out that there were 21 days to clear the incident, directed in particular at Medicine, Surgery and Women's. The RMC would discuss this issue again at its next meeting.
- Medical engineering presented the 2020/21 capital programme which has been approved by CLE subject to a cross-check by the RMC against with Risk Register. The plan was approved by RMC.

KD provide the following update from the February Executive Quality Committee held on 11th February:

- A number of serious incidents which had been 'signed off' were considered with a focus on the learning arising from the investigations.
- The CQC Insight Report was reviewed with a particular focus by the Groups on understanding the data where the Trust was an outlier against the national position, putting in place actions to improve the situation and setting a date by when this would be achieved. Action plans from the groups were requested for the March EQC.
- The clinical audit plan was discussed; planning would start immediately for next year. KD reported that the Trust would go through a robust process to identify those areas to audit and why. The 2020/21 plan will be presented to the Audit and Risk Management Committee in May.

5. Patient story for the March Public Trust Board

Verbal

PG reported the story of the patient who had presented with Sickle Cell crisis (as previously discussed) and had had an unsatisfactory experience had now been captured on video.

PG reported that whilst her story concentrated on communication and attitude, it also spoke to pain relief and there had been two additional complaints from EDs about the approach to administering pain relief to patients in Sickle Cell crisis. PG expressed the view that this could be addressed by the SCAT team.

RS commented that complaints were disappointing particularly because it concerned a specialist service –

one of only three in the UK.

PG reported that sometimes it was difficult to manage expectations about how often pain control could be administered, but this was a communication issue.

It was suggested that there was an opportunity for Unity to develop a management plan around the issue. PG reported this was possible but expressed the view there should be an alert built into the system to ensure the management plan was suitable for the patient. DC suggested that a policy guidance document about Sickle Cell pain relief be made available through Unity and perhaps linked to patient notes.

RB raised the issue of a potential delay between presenting at the ED and a prescription being issued. PG reported this would routinely be dealt with by the triage nurse as Sickle Cell patients experienced extreme pain when they were in crisis.

HK suggested auditing the patient experience and it was suggested that the time of arrival in ED to drug administered could be audited for the first six months of the year. DC suggested taking another look at the policy. PG offered to define the pathway from arrival at the ED to treatment.

Action: PG to organise an audit of Sickle Cell patients and define and describe the treatment pathway.

6. COVID-19 Update

Verbal

PG reported on the Trust's response to the Coronavirus threat.

There were two treatment pods – one at Sandwell and another at City, which had booking systems. Concerned patients could call NHS111 if they had symptoms and on advice, would be directed to a pod for assessment. They would be met by a doctor and a nurse in full PPE for screening and then PPE would be doffed at the other end of the pod. The PPE would be sent to Heartlands and the patient would be sent home to self-isolate unless clinical admission was required.

PG reported that staff were trained and well equipped however she commented that equipment prices had risen in response to demand. PG reported the infection control team was working well and the next step would be to undertake some community sampling.

Birmingham Community Healthcare Trust would sample the whole of Birmingham working on GP postcodes. PG reported that Sandwell staff were trained and prepared and six staff were being trained from a local GP practice to create another area for patients to be deployed, however a suitably partitioned transport van was required for the donning and doffing of PPE and this was being arranged.

Sampling was being done by community nurses. RB reported that conversion to admission numbers were currently small.

PG reported that regular conference calls and debriefs were taking place with the NHS111 team and West Midlands Ambulance Service. A TTR was also being arranged using scenarios.

PG reported that it was hoped the community engagement would reduce pressure on the hospitals. RB reported that current full pod bookings at Sandwell for example, were affecting A&E performance and surgical capacity and cancellations had been adversely affected by 4 surgeons self-isolating after coming back from holiday.

In response to a query from RS, RB confirmed that pandemic planning had taken place including staff planning.

MATTERS FOR APPROVAL OR DISCUSSION

7. Safety Plan: January update and Q4 expectations

QS (02/20) 003

PG reported that, for four years, the Trust had been working with the Safety Plan to ensure patients had 10 out of 10 checks at 24 and 48 hours after admission. More recently Unity was being used to provide the evidence that checks were done, however PG reported there had been issues around getting the appropriate evidential reports.

PG reported that the wards could access their own performance through PI Explorer – tracking patients in real time.

PG reported that she had received retrospective reports which showed where checks were being missed for each of the wards. PG commented that the system picked up missed checks from admission but not if patients were transferred to other wards. Care rounding had also skewed the data.

PG reported that the quick reference guide for assessing the Safety Plan was being updated for staff. PG reported she was in the process of doing an establishment review to track staff flow. This included the quality and safety element of the ward. Ward managers were driving hard to get the data and Sisters and Matrons will be held to account.

It was hoped that the Safety Plan would be in place by the 1st April and assurance would be reported to and discussed at the next Q & S Committee.

Action: The Safety Plan to be put on the March Q&S Committee agenda for discussion and assurance.

8. Referral Patterns 2019/20 versus plan

QS (01/20) 004

DB referred Committee members to the paper and reported that referrals had grown by around 4.6% which amounted to around 88% of the Trust's planned growth.

Waiting lists and backlog had both increased, which related to a shortfall against the production plan. DB expressed the view that progress depended on understanding where the constraints were located.

DB commented that, in Ophthalmology, the issue was in production and capacity. In Orthopaedics there were constraints in theatres for big cases, but there may be a constraint in the market on day cases and therefore different strategies would be required.

DB expressed the view that delving into a few specialities and trying to improve them might be more productive than trying to make improvements at an organisation- wide level all at once.

RB reported that she believed Orthopaedics was likely to be one of the leading departments nationally in terms of waiting times. It was queried whether the Trust had actively marketed its services enough. RB expressed the view that the Trust as a business had not matured in this space.

PM reported that the areas where patients were choosing to go elsewhere were orthopaedics, gynaecology and ante-natal care. The reasons included branding, appointment booking systems and ease

of logistics.

In response to a query from HK, KT reported that supplying GPs with outcome data would encourage them to refer patients to the Trust and enable them to persuade patients to choose the Trust over other providers.

RS queried whether the Trust had the resource for marketing. PM suggested that ensuring that bookings were made available for Sandwell would be helpful.

DB expressed the view that it would be important to understand where the Trust needed referrals and market those services. DB suggested identifying the top five departments and decide on an action plan/strategy.

Action: DB to identify a list of the top 3-5 areas for services marketing and report back to the March Q&S Committee.

9. GIRFT Reviews: Paediatric surgery and diabetes

QS (02/20) 005

DC reported there were four GIRFT reports and areas of good practice had been discussed at CLE. Diabetes and endocrinology had been reviewed in 2018 and paediatric surgery and urology earlier in the same year.

The good areas of practice had been noted and further actions identified. DC expressed the view that, overall, the reviews were helpful and guided changes with timelines keeping progress on track.

RS queried whether the GIRFT process was proving valuable and DC confirmed they were considered positive.

In response to a query from RS, DC reported there had been no resistance from paediatric doctors to the idea of getting more patients and improving revenue. DC commented that efficiency of booking would help in this area. HK commented that it was important to have a commercial approach as well as a clinical focus.

10. Transitional Care

QS (02/20) 006

PG referred Committee members to the paper and reported that there were 15 specialities and transitional expectations from School Year 9.

PG reported that significant work was required to assess transitional activity against 5 quality standards to identify young people that needed transitioning to adult care using Unity and the out-patient function particularly.

PG further reported that children were being encouraged to use 'Ready, Steady, Go' for their transition and Unity would hopefully reveal how many were utilising this programme. An annual meeting would ensure the annual transition reviews took place.

Where there were relationships with specialist nurses, they would become the named worker. More work needed to be done to cover other cases to support the transition key worker.

PG reported that it was important for children to be able to meet the adult practitioner in charge of their

care. PG reported that DC had expressed the view that sometimes joint clinics did not work and therefore other methods, including Skype consultations were being investigated.

KT commented that sometimes paediatricians liked to hold onto patients and the Trust needed to make sure this was not happening.

11. Integrated Quality and Performance Report: Exceptions

QS (02/20) 007

DB reported the IQPR was now organised into the five CQC domains and in March a 'Use of Resources' tab would be built in, and in April a 'Trust-wide indicators' tab.

DB reported this would enable volumes to be tracked and give visibility of when they turned 'red' in case this was being triggered by other factors (i.e. tougher targets). There was a plan to build on it further in the next 2/3 months.

KD reported that the CQC gives credit for improving trends even if the area/Trust remained an outlier, and gave the example of the 4 hour target.

DB congratulated the Imaging team for their efforts in consistently meeting the DMO1 target, enabling it to be removed from the persistent 'red' list.

DB reported that the backlog was being addressed with improvements expected by April.

DB reported that PG had verified that there had not been a confirmed case of MRSA in the month. Deaths in low risk diagnosis were mostly UTI patients. DC reported the CQC had issued an alert, a review of cases had been undertaken and an action plan was in place.

RS raised the issue of worsening readmissions figures following a period of positive improvement. RB commented that she was not concerned about the trend from a yearly perspective and she reported the issue was being analysed for the Quality Account.

12. Maternal Deaths Learning Enquiry: Overdue actions update

QS (02/20) 008

PG reported that the outstanding issue was to have the ROTEM machine in place for point of care testing. A delivery date and training day with the machine had been scheduled for the middle of March and it would be in operation by the end of March.

The three remaining points were already working:

- Risk assessment
- Early identification by measuring blood loss
- Multidisciplinary team working

PG reported that the ROTEM was used in every delivery suite in Wales and this had reduced post-partum haemorrhaging.

Other risks including diabetes were on track.

13. SBAF: Update on limited assurance risks

QS (02/20) 009

KD referred the Committee members to the three risks that were of 'limited' assurance and their journey

to 'adequate'. KD reported there was a clear plan in place for each case.

SBAF 2: RB reported there did not appear to be a rise in volumes of care home residents needing admission and in fact there had been a decrease in terms of the Trust's work of around 20%. A senior team away day would take place in April addressing mental health, nursing homes and housing pathways. RS reminded the Committee that new Non-Executive Director Lesley Writtle had a special interest in mental health. RB offered to put together some induction meetings.

SBAF 4: DC reported on provision of vulnerable services. DC reported formal discussions were taking place with the STP which would be the next stage of the process. RB reported that the assurance piece was to either provide assurance or finding more and correct information to provoke more questions and ensure DC was taking the right action to address the issues.

SBAF 5: KD reported on the **wel**learn programme and its aim to improve learning in the organisation to support achievement of the SWB quality ambitions. KD reported that every directorate had been asked to identify 25 GEMS in 2020/21 to demonstrate learning across the organisation. Staff would also be asked to call out excellence themselves which could be shared widely and a learning pack would be produced to promote what opportunities were available. These would be in place by the end of May so they could be presented to the Leaders' Conference on 2nd June. A **wel**learn score card was being produced and would provide the Committee with assurance that the programme was delivering as intended.

MATTERS FOR INFORMATION/NOTING

14. Purple Point optimisation

QS (02/20) 010

KD expressed the view that further promotion of Purple Point would be beneficial as user numbers were not high and changes were being made to improve it.

15. Matters to raise to the Trust Board

Verbal

KD commented that all key discussion points would be included in the Chair's summary to the Board including mentioned including COVID-19 plans and closing off the action plan on maternal deaths.

16. Meeting effectiveness

Verbal

Not discussed.

17. Any other business

Verbal

None.

18. Details of next meeting

The next meeting will be held on Friday 27th March 2020, from 11:00 to 12:30, Room 13, the Education Centre, Sandwell General Hospital.

Signed

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Date