

## QUALITY & SAFETY COMMITTEE - MINUTES

**Venue:** Meeting held via WebEx

**Date:** 26<sup>th</sup> June 2020, 11:00-12:30

**Members:**

Mr H Kang (HK) Non-Executive Director  
(Chair)  
Mr R Samuda (RS) Non-Executive Director  
(Chairman)  
Ms L Writtle (LW) Assoc. Non-Executive  
Director  
Mr D Carruthers (DC) Non-Executive Director  
Mr L Kennedy (LK) Chief Operating Officer  
Ms K Dhami (KD) Director of Governance  
Ms M Perry (MP) Non-Executive Director

**In Attendance:**

Mr D Baker (DB) Director of Partnerships  
& Innovation  
Mrs R Biran (RBi) Assoc. Director of  
Corporate Governance  
Ms P Marok (PM) GP Rotton Park Med Centre  
Ms D Talbot (DT) Assoc. Chief Nurse  
Ms C Agwu (CA) Deputy Medical Director

**Apologies:**

Mr T Lewis (TL) Chief Executive  
Prof K Thomas (KT) Non-Executive Director

Minutes	Reference
<b>1. Introductions</b> [for the purpose of the audio recorder]	<b>Verbal</b>
Committee Members provided an introduction for the purpose of the recording.	
<b>2. Apologies for absence</b>	<b>Verbal</b>
Apologies were received from Kate Thomas and Toby Lewis.	
<b>3. Minutes from the meeting held on 29<sup>th</sup> May, 2020</b>	<b>QS (06/20) 001</b>
The minutes of the meeting held on 29 <sup>th</sup> May 2020 were reviewed. The minutes were <b>ACCEPTED</b> as a true and accurate record of the meeting.	
<b>4. Matters and actions arising from previous meetings</b>	<b>QS (06/20) 002</b>
KD reviewed the action log. The following was updated: <ul style="list-style-type: none"> <li><i>QS (02/20) Item 6 – Organise an audit of Sickle Cell patients and define and describe the treatment pathway for patients for presentation to the Board.</i></li> </ul> KD reported that she would investigate progress and report back to the July QS meeting.	

- QS (02/20) 004 - Identify a list of the top 3-5 areas for services marketing and report back to the March Q&S Committee.*

DB reported that two papers on referrals had been produced and GPs had been consulted with some work carried out with YHP. DB offered to bring a paper for discussion to the July QS Committee meeting. HK commented that this action should be a priority.
- QS (05/20) 004 - Arrange a meeting with the team to find a solution to the lack of visibility of patient historic records through Unity. A report to be brought back to the July QS Committee.*

DC reminded the Committee that this item concerned reports from the team that accessing previous DNACPR decisions when patients had been readmitted had been difficult. DC advised that a report would be produced as requested (July).

**Action:** KD to investigate progress on the Sickle Cell patient audit and treatment pathways.

**Action:** DB to bring a paper on referrals information for discussion on the agenda of the July QS Committee.

**5. Patient story for the July Public Trust Board**

**Verbal**

KD reported that the patient would appear in person (via WebEx) to tell the story of her emergency C-section birth. Her story would contain positive reflections, paying tribute to ‘phenomenal’ staff and surgeons but it would also point to some key learnings. KD reported that the patient had some underlying health conditions which had complicated the case.

**DISCUSSION ITEMS**

**6. Gold update on COVID-19 position to 17.06.20**

**QS (06/20) 003**

LK referred Committee members to the paper which outlined the strategic components of the Trust’s response and recovery around COVID-19:

- Exit
- Recovery
- Risk mitigation
- Employee wellbeing
- Communication
- Collective alignment

**Exit:**

LK reported that the exit plan in the community was uncertain. Antibody testing had been continuing and LK advised that many core members of staff had now been tested and testing would be rolled out to

partners (GPs etc) in the coming weeks.

**Recovery:**

The recovery dashboard was now in place and had demonstrated delivery above the modelled trajectory. Waiting lists had been reducing both from a diagnostic and an inpatient perspective. The next stage would be to ensure harm reviews were conducted for any high priority clinical cases which were overdue for treatment or for patients who had been waiting a significant amount of time.

LK reported that cancer services remained to the forefront of activities and regionally, the Trust was one of the best performers for delivery of cancer services, both pre and post COVID-19 although endoscopy remained problematic due to IPC guidance.

**Risk mitigation:**

Risk mitigation scores due to COVID-19 had been consolidated. LK stated that the mitigation plan would be in place by the end of July at the very latest. The main risks relating to PPE, IT equipment and medications had been consolidated in an information dashboard which had been circulated. Updates on the working from home and cyber risks had been heard by the Digital Committee.

**Employee wellbeing:**

The Psychological Employee Wellbeing Scorecard had been discussed at the People and OD Committee. LK reported that it had been working well and very positive feedback had been received from staff about the Sanctuary offering. LK advised that the next stage would be to clarify the numbers of high-risk areas.

**Communication:**

Communication had been ongoing and the daily communication bulletin for COVID-19 and for weekly had been reviewed to ensure key messages were being made effectively. LK reported that feedback on communication had been good. Information had continued to be provided for partners and GPs. LK advised that a letter had been sent out to GPs emphasising that the Trust was open to all referrals. A meeting had been held with all the PCN directors to attempt to allay any concerns.

**Collective alignment:**

LK reported that a Phase 3 letter had been due from the national body for some time about putting a collective alignment in place for national and regional teams in the next stage of recovery. LK reported that the Trust had supplied more data returns around a 100% surge matching with a 100% elective. LK expressed the view that this would be an untenable position and would need additional independent sector resource. LK reported that the Trust was developing with Winter plan with COVID-19 in mind.

LK summarised that good progress had been made, but the Trust needed to ensure COVID-19 was included in Winter planning and that risk mitigations were documented by the beginning of July.

In response to a query from RS regarding the endoscopy service, LK reported that national guidance had been published in relation to endoscopy procedures by way of standardisation. LK stated that the Trust

had high flow theatre environments and therefore, the service time had been reduced to 20 minutes. Endoscopy operating had been doubled to meet the requirements.

RS also queried how the Trust compared to others in relation to testing. LK reported that, in terms of staff testing, the Trust was probably the highest performer in the region and none of the other Black Country partners were yet doing any wider antibody testing. LK reported that the Trust had established an outbreak swabbing team to ensure outbreaks were managed in the community.

In response to a query from HK, DC commented that the antibody testing merely indicated the prevalence of infection and further work would be required to analyse multiple pieces of data. LK reported that the Trust had developed its own COVID-19 research plan to identify trends, potential impacts, trigger points and response.

MP queried the uncertainty around national test and trace arrangements. LK reported that Public Health England (PHE) alerted the Trust to staff members who had come into contact with positive COVID-19 patients in the community. LK advised that risk assessments of these staff members were undertaken through Occupational Health. LK further stated that the importance of social distancing in any environment had continued to be reinforced with staff, alternatively, PPE should be worn appropriate to the setting. LK commented that this had significantly reduced the test and trace implications. DC added that additional swabbing was being carried out in low-risk areas ('blue' and 'lilac' wards and other clinical areas) every five days to reduce the risk of outbreaks and identify 'carrier' asymptomatic patients.

In response to a query from HK in relation to risk, LK commented that the Trust's risk assessment framework followed the new National guidance. LK commented that PPE allocation had now been personalised and different people in the same area might be wearing different levels of protection because of their risk level.

DC advised that an HR summary update had been sent to all managers. He reported that staff returning from shielding, joined the same risk assessment process and this was due to be reviewed by Occupational Health.

## 7. Sepsis: First Hour of Care

QS (03/20) 004

DC referred Committee members to the paper. DC stated that mortality rates related to Sepsis were running slightly higher than expected. This was the case in the hospital setting and within 30 days of discharge.

DC reported that screening had been well maintained from November 2019 through to April 2020 with 90-95% of patients having appropriate Sepsis screening. This included the COVID-19 peak period. There had been reductions in screening consistent with a reduced number of admissions due to the pandemic.

DC stated that there was a focus on the number of patients treated and on treatment within one hour.

Three lines of enquiry had been identified:

- Data quality - DC referred the Committee to a graph showing a large variance in individual ward performance in achieving desired treatment and timing. DC commented that improvement work would be required at ward level and would be a priority going forward.
- Possible delay in assessment in prescribing.
- Possible delays in administration.

MP commented that the Audit Committee had been grappling with data quality issues for some time and high-risk data quality areas would be discussed at the next meeting. She suggested that Sepsis be part of the discussion. She further commented that the Trust ought to be focusing on the delivery of care as well as the cause.

DB commented that the vast majority of data quality issues had been identified by the Trust but the root cause of the issue had still to be determined (input, output or reporting), however work would be undertaken to uncover the problem.

HK queried whether pressure of work was a contributor to the clinical care component of the issue. DC commented that the graph showed that the issues went back beyond COVID-19. DC further commented that the Trust needed to ensure that important data was reviewed on a regular basis by the ward-based teams.

PM expressed the view that ED should be the focus in order to improve the percentage of antibiotics given in one hour of admission and improve the Trust's position.

## 8. Safety Plan Update

QS (06/20) 005

DT reminded the Committee that the Safety plan had been in place for around two years, but that the Trust had transformed through Unity. Live and retrospective reports were available.

DT reported that there was still a lot of work to be done with specialties. Current compliance with the standards was 71.66% at 48 hours which represented an improvement of 5% in the last four weeks.

DT reported that [home] medications was the biggest issue affecting the percentage – sitting at between 7-10% compliance. DT stated that work was ongoing with senior nurses and ward managers to improve performance in this area. DT expressed the view that teams were required to work together as multi-disciplinary, professional groups to ensure patients received the right checks.

DT commented that work was ongoing to help re-educate users on workflows to address confusion.

LW queried whether the Trust should be satisfied that a compliance rate of around 70% indicated that what was happening on the ground was safe. DT commented that the methodology (a dashboard

approach) was available to be able to identify wards that posed the most concern. DT stated that some activity had been quickly put around these wards.

DC commented that medical training would include information about the reconciliation of medications and the cross referencing of the recording of home medications against what was prescribed in hospital.

DT assured the Committee that senior nurse meetings regularly considered detailed lists of checklist compliance areas in the context of other factors.

KD commented that the public had been assured that the Trusts safety level was over 90% and expressed the view that if a staff member was making the same mistakes in relation to basic checks, this issue needed to be addressed. DT acknowledged that some of the issue was probably linked to cultural change as a result of the introduction of Unity and there had been no evidence to suggest a non-safety culture on the wards.

DT referred Committee members to the paper's proposal to include two other checks – Incomplete Tasks and Care Plans Initiation. DT expressed the view that these would contribute to the safety culture.

PM expressed the view that documentation in relation to the recording of home medications should be reinforced with junior doctors who were often the first medical contact for patients. DT reported that it would be part of the junior doctor induction for August 2020, however, she commented that at the moment, Unity appeared to be one of the key issues.

LW commented that offering help to areas requiring improvement sent a powerful message to regulators.

## 9. Integrated Quality and Performance Report: Exceptions

QS (06/20) 006

DB referred the Committee to the paper and stated that the recovery plan was paramount. DB reported that it had been suggested that the core recovery metrics be embedded into a new tab in the IQPR.

DB raised the issue of the Grade 4 pressure ulcers that had been declared in May and which were under investigation. DT reported that one of the ulcers had been reported in the hospital (Newton 4 ward) and the other in the community. DT reported that she had visited Newton 4 ward with other managers to inspect practice. DT commented that it was a ward with a new manager and a new matron. DT stated that lapses in care had been found which had started with a lack of a risk assessment, which had led to the wrong care pathway being implemented. Documentation had also been poor and once deterioration had happened, DT reported that there had been no evidence of effective monitoring.

DT commented that there were many learnings from the case however, it was also felt that it was part of the bigger improvement plan on Newton 4. DT stated that more reporting would be forthcoming from Newton 4 as the ward improved its safety culture.

The second case had been reported from the District Nurse caseload and had affected a female who had end stage palliative care needs. DT reported that the case had been reviewed in detail with the Group Director of Nursing and staff. It was found that care levels had been good, and the ulcer had developed

due to the patient's general deterioration. DT made the point that in some circumstances the care plan had to be amended to take into account the patient's wishes.

DB highlighted non-elective MRSA screening which had dramatically increased to 92%. In terms of elective screening, a discussion would shortly decide whether a swab was valid for 6 or 12 weeks. DB stated that if the 12-week timeframe was decided then the figure (77%) would improve.

Positively diagnosed sepsis patients treated within 1 hour improved to 64.2% from 57.2% but readmissions had climbed [from 9.7% to 12.9%]. DB reported that readmissions due to data quality would be separated out from the overall figure to avoid confusion over discharging and readmitting compared to patient transfer.

Primary Angioplasty had returned to performance after two months which was a positive. DB commented that thrombolysis percentage within 60 minutes had narrowly missed target but would continue to be monitored as the SSNAP (Sentinel Stroke National Audit Programme) score had continued to improve.

DB stated that fracture neck of femur score had also recovered in May although it was still a persistent 'red' because of its performance over recent months.

LW raised the issue of safe staffing. DT commented that staffing had been looked at differently during COVID-19 because of the change of emphasis. DT acknowledged that there were staff vacancies in Medicine however, there had been fewer beds occupied in the last quarter. RS commented that the adequacy of nursing staff had been discussed at the People and OD Committee.

RS raised the issue of increasing rates of C-Section procedures. DB commented that the rate was not currently a concern because the rates were within the normal range. DC commented that rates were continually reviewed, analysed and risk assessed by the Maternity group.

#### 10. welearn programme update

QS (06/20) 007

KD reported that momentum had been building around the welearn programme and paid tribute to Claire Hubbard (Deputy Director of Governance, Knowledge and Learning) for her contribution.

KD expressed the view that learning had been successfully linked to quality improvement and commented that the organisation should be assured there was a framework in place to offer staff at all levels the opportunity to talk about learning.

KD reported that the focus would now switch to impact. The quality improvement half-days were now being accredited.

A scorecard had been established to demonstrate engagement data for the two months covering April and May 2020. The scorecard would mature as the welearn programme became fully embedded into the organisation. KD reported that qualitative feedback would also be reflected.

KD reported that the recharge Booth continued to be held weekly by WebEx and the Rainbow of Kindness

initiative had been introduced to raise awareness of the impact of intelligent kindness on individuals and teams.

LK raised the issue of the method of sharing welearn Learning GEMS across the groups. KD reported that they would be promoted and publicised through a variety of channels.

### MATTERS FOR INFORMATION/NOTING

#### 11. COVID-19 special QIHD: 12<sup>th</sup> June feedback

QS (06/20) 008

MP commented that she had been appalled at the content of the slides (on the subject of incivility) which had featured alongside the paper. MP stated that they appeared to contradict the Dignity at Work Policy and she had contacted Rafaella Goodby about the matter. MP queried the approval process of the slide material before it had been issued to staff. MP further clarified that her concern was focused on the list of behaviours classified as 'incivility' in the slides, which were also listed in the Policy as behaviours which constituted bullying and harassment.

KD responded that they were evidence-based slides compiled from an accredited source. KD commented that incivility was not about bullying and references to respect had been included in the narrative. KD confirmed that they had not gone to any Committee.

MP requested that the matter be escalated for discussion by the Board.

#### 12. Matters to raise to the Trust Board

Verbal

HK suggested the following be raised to the Trust Board:

- Gold update on COVID 19
- Safety Plan
- Sepsis
- Slide content issue

#### 13. Meeting effectiveness

Verbal

Not discussed

#### 15. Any other business

Verbal

Compliance update:



LW expressed the view that it would be helpful to hear an update on compliance against the last CQC visit. RS requested this be discussed at Board because the CQC had indicated that it had resumed operations. The Good Governance Review had commenced.

**Graduate trainee attendance:**

RS requested that a graduate trainee be permitted to attend the July Committee meeting. HK agreed.

**16. Details of next meeting**

The next meeting will be held on 31<sup>st</sup> July 2020, from 11:00 to 12:30, by WebEx.

Signed .....

Print .....

Date .....