

QUALITY & SAFETY COMMITTEE - MINUTES

Venue: Meeting held via WebEx

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

Members:

Mr H Kang (HK) Non-Executive Director (Chair)
 Mr R Samuda (RS) Non-Executive Director (Chairman)
 Prof K Thomas (KT) Non-Executive Director
 Ms L Writtle (LW) Non-Executive Director
 Mr D Carruthers (DC) Non-Executive Director
 Ms S Carr-Cave (SCC) Deputy Chief Nurse
 Ms M Roberts (MR) Deputy Chief Operating Officer
 Ms P Marok (PM) GP West B'ham Med Centre
 Mr D Baker (DB) Director of Partnerships & Innovation

In Attendance:

Ms C Agwu (CA) Deputy Medical Director

Apologies:

Mr L Kennedy (LK) Chief Operating Officer
 Ms K Dhami (KD) Director of Corporate Governance
 Ms K French (KF) Interim 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
Apologies were received from Liam Kennedy, Kam Dhami and Kathy French.	
3. Minutes from the meeting held on 31st July, 2020	QS (08/20) 001
<p>The minutes of the meeting held on 31st July 2020 were reviewed and the following amendments made:</p> <ul style="list-style-type: none"> • QS (07/20) 004 (Item 7) - Final paragraph to be reworded to clarify that LW agreed to look at a revised presentation [of the Safety Plan]. • QS (07/20) 005 (Item 8) – The sentence, ‘<i>This work has been delayed due to the impact of the COVID19 pandemic</i>’ to be removed. • QS (07/20) 007 (Item 10) – The sentence starting, ‘<i>DB queried whether an earlier presentation...</i>’ DB to be changed to DC. • QS (07/20) 008 (Item 11) – The sentence, ‘<i>DB commented that it may be related to the COVID 19 pandemic...</i>’ Reference to DB to be changed to LK. • Two actions resulting from this discussion to be consolidated into one – Action: DB, LK and KF to 	

review the mixed sex accommodation. DB reported that this had not yet been done, but suggested this topic be discussed at the September Q&S Committee meeting.

The minutes were **ACCEPTED** as a true and accurate record of the meeting, subject to the amendments.

Action: DB, LK and KF to review the mixed sex accommodation and report to the September Q&S Committee (Replacement/re-worded action)

4. Matters and actions arising from previous meetings

QS (08/20) 002

DC reviewed the action log. The following was updated:

- *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.*
To be deferred until September 2020.
- *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 reported that further clarification would be required from the Unity team. Deferred to the September meeting.
- *QS (07/20) 004 - Seek advice and input from LW on reviewing the content of the Safety Report.*
LW reiterated that she had volunteered to be a test person in a revised presentation of the Safety Plan. SCC offered to discuss the topic with KF. MR offered to discuss it with LK on his return from leave. Ongoing.
- *QS (07/20) 006 - DC to discuss with LK the wording of the two risks on the risk register.*
Completed.
- *QS (07/20) 006 - Check whether the safety metrics have been added to the risk register.*
SCC reported that there was no update in relation to this action.
- *QS (07/20) 008 - Meet with the relevant GDONs regarding the fall and grade 4 pressure ulcer cases and provide an update at the August meeting.*
SCC reported that a meeting had taken place to discuss the outstanding investigations and a plan was being put in place to progress them to closure. The GDON meeting would be used to agree a process for the investigations going forward.
- *QS (07/20) 008 - Review the Mixed Sex Accommodation data and provide an updated report at the August meeting & QS (07/20) 008 - KF to work with DB and LK to review the format of Integrated Quality and Performance Report: Exceptions.*

To be reworded (see above review of minutes).

- *QS (07/20) 007 - DC to include an update of the perinatal paper within his private Board Report.*
DC reported that the process to support staff and mothers following perinatal death had been included in the CEO report at the Private Board.

4.1 Feedback from the Executive Quality Committee and RMC

Verbal

Not discussed.

5. Patient story for the August Public Trust Board

Verbal

Not discussed.

DISCUSSION ITEMS

6. Gold update on COVID-19 position

QS (08/20) 003

DC reported that very few patients had been swab positive for COVID-19 in the organisation and none in ITU. Numbers were less than one positive result per day, from both new patients and a small number of asymptomatic patients identified in screening.

Community rates had been variable but had limited impact on the health service because cases had been in younger age groups. The risk around schooling would be that children could potentially pass on infection to more vulnerable adults.

DC reported that Primary Care had not been seeing many more cases of COVID-19. MR reported that latest figures had shown a decrease in Sandwell and Birmingham cases, which was a positive. DC stressed the importance of the promotion of infection control measures around the hospital, mask wearing etc., for visitors.

'Red' and 'Blue' streams through ED and AMU would continue, although positive patients would be focused on the respiratory hub on the City site.

MR reported that following talks with West Midlands Ambulance Service (WMAS), it had been agreed that queried COVID-19 patients would be taken directly to City from Monday (31st August 2020). A proposal had been put in place to recognise Sandwell as a mainly 'Blue' site. Management of 'walk-in' patients was being discussed. This system would be monitored before downgrading the existing 'Red' streams.

DC advised that new national infection prevention and control guidance had been released. The Trust had received a summary of changes and a national webinar would be taking place.

DC stated that the main change appeared to be a reduced requirement for downtime between AGP procedures conducted for endoscopy on patients who had appropriately self-isolated and had been screened with swabs beforehand. Confirmation of the advice was awaited from national bodies, however, if accepted, the new rules would allow more rapid turnover of endoscopies.

PPE provision remained positive and work from home guidance for staff would be extended to January

2021.

In terms of system-wide progress, the Phase 3 letter would be a major focus area for the Trust. Projected improvements until the end of the year were being reviewed e.g. waiting lists.

HK queried the impact of antibody testing and the significance of results. DC expressed the view that staff understood the implications of the test and its interpretation difficulties and this messaging would continue to be promoted.

DC commented that employee wellbeing projects continued to support colleagues' mental health. Planning for a potential second surge included a refined approach to staff deployments. DC confirmed that individual risk assessments had been done for the vast majority of staff, which would affect the type of work they would be asked to do and their level of PPE protection, in the event of a resurgence.

SCC commented that the risk assessments had been giving staff the confidence to return to the workplace.

KT queried whether SWBH had been liaising with Birmingham as well as the Black Country in terms of system-wide progress. DC commented that he was aware that work was being done across both areas with regard to intensive care.

RS queried the level of business going through the A&E departments. MR reported that the Trust overall was only operating at around 74% of 2019 activity levels. Sandwell had experienced a higher return than City, however, some of this activity was related to departments being moved in response to the pandemic. ED performance had increased by 3% during the week. MR reported that the Trust had been one of the first to return to near normal levels and of the 19 regional Trusts, SWBH was sitting at the mid-point. Sandwell had returned to almost normal attendances.

MR confirmed that 111 calls numbers had been high and a pilot programme would take place in October to get 20% of A&E attendances diverting to 111.

RS queried the Trust's comparative position. MR reported that the first return was due into NHSIE on Tuesday 1st September 2020 with feedback on the 10th September 2020. MR commented that the submission would need to be deliverable as there were financial penalties and additions at stake.

In terms of restoration and recovery, MR reported that the Trust was doing well in cancer services and was sitting higher than the STP but was on par for electives/outpatients.

HK queried the progress of system wide planning for Winter. DC confirmed that Winter planning was taking place and had been discussed at CLE. There was support for investment in ED for increased capacity and facilities to allow for Winter.

MR reported that the Winter Plan modelling would be ready week commencing Monday 31st August 2020 and would be presented to CLE and the Board in October.

HK queried the impact on system capacity of the ambition to give flu vaccinations to everyone over 50. PM reported that the CCG had been facilitating discussions within the Primary Care networks and with clinical directors about how this could be achieved. Targets had been missed in previous years.

PM commented that getting timely flu vaccine supplies had been an ongoing issue and in 2020, this would

be complicated by PPE requirements. Talks were still ongoing.

7. COVID-19: Recovery and Restoration Plan

QS (08/20) 004

MR summarised that the Trust's recovery and restoration had initially been set on an eight-week trajectory through June and July 2020, with the aim of clearing some backlogs of routine patients caused by the COVID-19 response.

All urgent patients had been seen through the COVID-19 period, but routine patients had been added to the list. MR reported that the Trust had achieved over 90% against recovery and restoration targets for inpatients, outpatients and follow-ups.

A Production Plan had been utilised to give the Trust visibility of its overall position. The restoration and recovery scorecard captured Phase 3 requirements and the number of patients seen against clinical prioritisation.

MR reported that some groups had overperformed (e.g. Women & Children's).

Against the Production Plan, the Trust had been tracking between 60-70% and Phase 3 would be based on Phase 3 requests plus the Production Plan.

Ambitious targets had been set for the end of the year. Groups were currently working on detailed plans, on how to re-establish services which ensured patient care and increased activity levels to return RTT activity back to 92% by the end of March 2021 and recover all the cancer targets by the end of December 2020. A draft document was expected to be prepared imminently for submission.

A piece of work had been carried out on clinical prioritisation assurance to risk assess all patients on waiting lists. We have currently completed prioritisation of 87% of all patients as at the end of July.

MR stated that the challenge was in balancing the chronological addition of patients to the list with clinical priorities.

Ophthalmology had the largest number of patients on its waiting list but had been dealing well with the backlog and the number had been starting to reduce.

A number of patients had been waiting more than 52 weeks and harm reviews were being carried out on all of these patients. In ophthalmology, harm reviews had been done on 136 out of 139 affected patients and 131 had incurred no harm. Four patients were being followed up by clinicians to ensure no psychological harm and one had been removed (RIP) but its harm review had been completed with no harm identified.

RCA (Root Cause Analysis) - in relation to chronological versus clinical prioritisation decision-making - was being carried out through the groups and through the Planned Care Board, but MR commented that there was still a lot of work to do.

MR summarised that, as the Trust moved into Phase 3 the recovery dashboard would be utilised to capture information and for monitoring. The Trust was currently represented at a recovery and restoration STP group and internal meetings had been taking place bi-weekly.

RS queried the numbers of DNA (Do Not Attend) patients. MR reported that the Trust was keeping DNA patients on waiting lists, however, DNA numbers continued to be a national problem because of COVID-19 infection anxiety.

MR stated that national guidance in relation to DNA cases was awaited. Cancer patient referrals were beginning to increase. PM commented that during COVID-19 patients had not presented to Primary Care because of fear, but demand had been improving.

HK raised the issue of the cultural dimension to the problem. MR commented that some communications would be done in different languages in the coming weeks and community services teams were encouraging patients to return to Trust services.

DB suggested that it might be helpful to track DNA cases against the Trust's social deprivation database.

DC raised the issue of mixed messaging to patients regarding access to hospital. HK agreed this was a problem across the healthcare system. DB suggested comparing cancer patient characteristics prior to COVID-19 with current cancer patients to uncover possible reasons for DNA behaviour (e.g. age, area).

HK suggested that the discussion be carried on at the September DMPA meeting.

Action: Response to DNA patient to be on the agenda of the September meeting for discussion.

8. Update on community COVID mortality review

QS (08/20) 005

DC referred Committee members to the paper and highlighted the excess number of deaths during March, April and May 2020 (compared to recent years) in the SWBCCG area.

Data showed a relative reduction in non-COVID-19 related deaths within the hospital. In care homes, data showed the opposite – an increase in non-COVID-19 related deaths compared to COVID-19 related deaths. National figures had also shown an increase of people dying of age-related diseases such as dementia/Alzheimer's and non-specific, symptom related causes of mortality.

In care homes, deaths related to defined medical conditions such as asthma, diabetes and ischaemic heart disease had risen, but had fallen in hospital.

DC commented that patients might have had good end of life care in the care homes, had undiagnosed COVID-19 because they hadn't been swabbed, or had been avoiding seeking out medical care and had suffered premature mortality. DC reported that a process was now underway to clarify these issues by reviewing patient pathways.

CA added that GPs were being trained to undertake structured reviews and they had been given access to hospital, care home and community records. Results would give a clearer picture of what happened during COVID-19, to people who died in hospital and in community settings, and put the Trust in a stronger position if there was a second surge.

PM commented that the completed reviews had revealed a lot of good practice and end of life care which was positive. She thanked CA for facilitating training and DC for giving access to records. Reviews would be

completed by the end of September 2020 and results analysed.

DB commented that the 'Dying Place of Choice' metric sat in both the ICPs and was a focus for the Trust. HK raised the issue of whether non-COVID-19 related deaths were linked to non-attendance at hospital because of infection fears. DC commented that admissions were down by 50% at one point but many complex factors were involved.

9. Perinatal Mortality quality and safety report

QS (08/20) 006

DC referred Committee members to the paper and highlighted the following key points:

In August 2020, the Trust had two stillbirths but no neo-natal deaths. The group had continued to carry out a regular 72-hour perinatal review and hold the monthly Perinatal Board.

DC reported that the Board had raised aspects of concern around two cases in July 2020. These had been graded 'D'. The actions around the two cases had focused on the monitoring process for late bookers and a review of the handling of restricted growth (small for dates) babies and reduced fetal movement.

The Trust had been supporting the Neo-natal Department through the spike in cases with education and training, more visits by DC to the department and external input into the Perinatal Review group.

DC advised that the report had been sent to the Regional Midwife for feedback.

LW commended the transparency of the report.

10. Safety Plan update

QS (08/20) 007

SCC reported that data collection issues were continuing as highlighted at previous meetings. Other challenges were primarily centred on Unity reporting and recent work to upgrade work instructions.

Since February, there had been a steady improvement trajectory. Work had been continuing with the groups.

SCC extended thanks to Debbie Talbot for her hard work on the Safety Plan ahead of her retirement in September 2020. It was also formally noted that Associate Chief Nurse, Helen Bromwich would be taking over the lead on the Safety Plan.

LW commended the report for offering a good level of assurance to the Committee and queried whether other measures could be included by way of further assurance. SCC expressed the view that there was an opportunity to potentially look at a wider scope of quality indicators aligned to the Quality Plan and the key lines of enquiry. MR suggested the inclusion of quality indicators, currently collected by ED.

SCC commented that it was important to take an overarching, organisational approach to ensure patients regardless of specialty were getting the care expected.

11. SBAF review

QS (08/20) 008

DC commented that COVID-19 had changed all three of the three SBAF risks in the report. He reported that

SBAF updates would need to be reviewed as some were out-of-date because of the delays caused by the pandemic response.

The following changes were noted:

SBAF 4 - Vulnerable services - (now STP wide)

SBAF 14 - Reduction in amenable mortality (a renewed focus on sepsis in the quality and improvement work)

SBAF 15 - Research goals (restoration and recovery the focus following suspension of non-virus- related research during COVID-19)

It was agreed that a more detailed SBAF discussion be deferred to the September meeting to allow time for updated information to be presented.

Action: SBAF discussion to be prominently listed on the agenda for the September meeting.

12. Integrated Quality and Performance Report: Exceptions

QS (08/20) 009

DB reported that, whilst the Trust was still missing the 31/62-day targets in relation to cancer, both metrics had improved in July which suggested that they had reached the bottom of the curve.

Key markers for non-cancer performance, however, were still declining.

DB commented that work was ongoing in identifying how many patients who were not hitting their clinical prioritisation dates and Trust forecasting work.

ED performance was improving (as discussed earlier).

District nursing/community pressure ulcer rose steeply in the month. Feedback on the possible causes was awaited.

Mortality rates had risen and were being reviewed by DC's team. It was uncertain how rates compared to other organisations. A divergence between weekday and weekend had been observed.

Neutropenic sepsis diagnosis target was very close to achieving 100%.

There had also been improvements in the persistent 'reds'.

DC reported that a post-mortem and the Coroner's investigation of the maternal death (reported at a previous meeting) had not identified the cause and the initial, internal review had not revealed any care concerns.

LW raised the issue of SUIs (serious incidents) reporting and safe staffing, reiterated the view that visibility of these issues was important to the Committee and queried how these would be reflected in future in the IQPR context.

DB reported that there were no current plans to include these in an IQPR presentation. Safe staffing was reflected in the Chief Executive's report to Board. The IQPR captured incident reporting numbers but not the detail, which was discussed in the Executive Quality Committee.

DC commented that there was a monthly meeting of SI reports which explored all learning points and

actions. KF was also setting up a weekly review of patients who had suffered moderate harm. DC commented that these two meetings might create a data feed for future discussion by the Quality and Safety Committee.

SCC commented that work was being done to produce a one-page summary following SI investigations to capture and disseminate key learning points.

RS advised that KF was intending to review safe staffing. SCC reported that a template was in the process of being designed for the Safer Staffing Report. DC suggested the production of a combined safety and mortality report.

MATTERS FOR INFORMATION/NOTING

13. CQC Update

Verbal

SCC reported that, as part of the CQC Preparedness Plan, the Trust would be building on its ‘outstanding’ rating for caring.

Methodologies would focus on the following five points:

- In-house inspections – the framework was currently being developed to ensure visit to all clinical areas based on the key lines of enquiry.
- Stagg engagement – Making staff aware of area risks and also of positives which could be highlighted to inspectors. A booklet would be rolled out to all staff in Q3.
- Self-assessment – A self-assessment would take place in each area against the key lines of enquiry with the focus being ‘the journey to excellence’. Self-assessment data would be submitted centrally and there would be an assurance and sign-off process by way of validation.
- Learning – Ensuring CQC and key lines of enquiry become standing items in group governance meetings. An upward report from the Compliance Officer would go to EQC, CLE and the Board, initially starting on the monthly reporting cycle.
- Visit preparation – Scenario-based preparation within clinical areas.

SCC reported that the Good Governance Institute would support the well-led element of the CQC inspection. DC commented that an outline of the discussion would be discussed by the Board.

14. Matters to raise to the Trust Board

Verbal

HK suggested that the following matters be raised to the Trust Board:

- CQC
- The COVID-19 position
- The Restoration and Recovery Plan

○ The two mortality reviews	
15. Meeting effectiveness	Verbal
HK commented that the meeting had facilitated good discussion and commended Committee members.	
16. Any other business	Verbal
None.	
16. Details of next meeting	
The next meeting will be held on 25 th September 2020, from 11:00 to 12:30, by WebEx meetings.	

Signed

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Date