

QUALITY & SAFETY COMMITTEE - MINUTES

Venue: Meeting held via WebEx

Date: 31st July 2020, 11:00-12:30

Members:

Mr H Kang (HK) Non-Executive Director (Chair) (left meeting early)

Mr R Samuda (RS) Non-Executive Director (Chairman)

Ms L Writtle (LW) Assoc. Non-Executive Director

Mr D Carruthers (DC) Medical Director/Acting CEO

Mr L Kennedy (LK) Chief Operating Officer

Prof K Thomas (KT) Non-Executive Director

Ms K French (KF) Interim Chief Nurse

Dr N Shah (NS) Clinical Director for Obstetrics and Gynaecology (Paper 10)

In Attendance:

Mr D Baker (DB) Director of Partnerships & Innovation

Donal Sutton (DS) Strategy Director with the Governance Institute (observer)

Amirah Sheikh (AS) Observer

Apologies:

Mr T Lewis (TL) Chief Executive

Minutes	Reference
1. Introductions [for the purpose of the audio recorder]	Verbal
Committee Members provided an introduction for the purpose of the recording. The Chair extended a special welcome to Kathleen French, Interim Chief Nurse.	
2. Apologies for absence	Verbal
Apologies were received from Toby Lewis.	
3. Minutes from the meeting held on 26th June, 2020	QS (07/20) 001
The minutes of the meeting held on 26 th June 2020 were reviewed. The minutes were ACCEPTED as a true and accurate record of the meeting.	
4. Matters and actions arising from previous meetings	QS (07/20) 002
The action log was reviewed. The following was updated: <ul style="list-style-type: none"> <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> 	

KF reported that she would investigate progress and report back to the August 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.*

Agenda item.

- *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.*

DC advised that a report would be provided at the August meeting.

4.1 Feedback from the Executive Quality Committee and RMC

Verbal

DC stated that the 7 July meeting focussed on issues surrounding mortality due to the COVID19 pandemic, sepsis and pneumonia, with the number of COVID19 deaths having reduced significantly. The Inside Report was discussed as well as a Decontamination Report from Helen Cope with an update provided by the medical team on one of the Serious Untoward Incidents (SUIs).

5. Patient story for the August Public Trust Board

Verbal

A patient has provided feedback following their surgery at the Birmingham Treatment Centre and their story will be discussed at the August meeting along with the key learnings.

DISCUSSION ITEMS

6. Gold update on COVID-19 position

QS (07/20) 003

DC provided a summary of the report including:

- There are a low number of patients with COVID19.
- There appears to be an increase in positive cases within the younger age group, who are less symptomatic.
- Staff, patients and visitors are complying well with PPE use.
- Individual staff online risk assessments, with information about their personal risk status, will be completed today.
- Clinical services, and the resumption of that, will be discussed a little bit more. That can be reviewed. The aim is to get services back up and running. The Independent sector diagnostic recovery has been progressing well.

There is concern that ophthalmology patients categorised as category 2 priority, who have potentially sight threatening disease over three months, really need to be focused on.

HK asked whether the Trust was prepared for a potential outbreak in the Midland, and Black Country in particular.

DC said that there had been an emergency planning review to assess the impact on staffing if there was a

surge in cases. The main impact from another lockdown would be increased cases of staff absence. Infection control procedures are being maintained with patients and staff entering the organisation, and symptomatic staff are advised to stay home. Staff planning to travel to Spain should discuss this with their manager and check their personal insurance details so we can plan for their return.

HK queried the risk of a second wave and reagent availability. DC stated that there was a 24-hour turnaround for swabs carried out by Black Country pathology service. Reagent availability is declining for the shorter turnaround test (2 hour) and the Trust is awaiting more information on the introduction of a new platform within SWBH that will provide some improvement on the 24-hour turnaround of swabbing tests. The Trust will retain Black Country pathology for testing and may have access to the Public Health England (PHE) labs as well as private labs at Nottingham.

LW asked how staff were coping with the possibility of a resurgence earlier than expected. LK said that the second surge has been discussed with staff and a planning exercise has been undertaken with the key individuals involved in the original surge. It is important to have a full list of staff who would be redeployed from their area and to assess the impact on that specific service.

KF advised that, from her meetings with the Group Directors of Nursing (GDONs) and visits to some of the wards, staff are feeling prepared. Resilience is high and their preparedness is due to their learnings over the past four months.

Sickness rates are down to 5% which is only 0.3% compared to the same time last year.

DC advised that working conditions using the current set up of PPE requirements were good. However, when the temperature is 30 degrees or higher, there are some difficulties. Staff working in ITU, red wards and Endoscopy with AGP, are required to wear advanced PPE including silicon-based face masks and full gowns. Staff need to ensure that the mask is not causing any trauma to the face through sweating and slipping.

The Trust continues to provide community swabbing to support local government colleagues where outbreaks have occurred, as well as PPE to areas where necessary.

The Trust is working across the whole STP and is considering a phased and coordinated approach for allowing visitors to hospitals. The logistics will be quite complicated and could involve prioritisation based on patient categories such as end of life care, maternity, paediatric, and underlying mental health related issues.

KT queried whether patients with suspected COVID19 were admitted to red wards. DC said that patients move from ED into AMU red areas. If the swab returns a negative result, they are moved to either the blue ward or lilac ward.

LK advised that normal clinical services were expected to increase by the end of August to pre-COVID activity, with a few exceptions, including endoscopy. Overall, at 85% of output of pre-COVID outpatient appointments and 74% of day case and elective surgery as an overall summarisation as to where the Trust was last year. This does not account for the backlog numbers of patients. The aim is to be back on track from a diagnostic position by November, and to achieve RTT compliance with backlogs and activity levels

by the end of March.

DC commented that a recent regional call, discussed health systems across the world and about bringing back services. There seems to be a settlement point at 75%. It is important that the country's health system, rather than an individual hospital, finds a way to manage capacity once they have reached a 75% restoration of services. The Clinical Reference Group is taking this approach across the STP with contributions from each structure of the Trust at the operational and medical director level.

HK commented on the good discussion and thanked DC and his team.

RS commented that the Committee should note that there is a risk around some of the patients that the Trust is unable to treat in a timely manner, particularly the volume of patients within ophthalmology with the potential for deterioration.

7. Safety Plan update

QS (07/20) 004

KF made the following comments regarding the Safety Plan:

- Previous audits were undertaken manually, whereas there is move towards using UNITY, which provides data that is more live.
- There are some gaps in data and some areas require improvement.
- Need to look at the next steps and work with the GDONs and performance team to ensure people are getting the data they need to enable them to make improvements.
- Need to ensure the Safety Plan is an approach that is working for people, people understand what is needed and they have the tools to make the improvements.

HK asked KF for her early perception of where the Trust was with regard to the Safety plan. KF commented that good work is happening in some areas, but the key is for the data to be understood at a ward level and ensure that it is being utilised properly.

LK commented that additional work needs to be undertaken to ensure that the ward manager understands where the data is from and that the data that their staff are inputting is giving the correct output measure to be tracking against.

RS queried why the PAU safety data numbers seemed low. LK explained that the Paediatric Assessment Unit (PAU) and Children Emergency Care Unit (CECU) data is low is because the previous data was not specific to paediatrics and had to be developed.

RS queried whether the Children's Hospital could provide advice on areas they analyse. LK said that the Trust's PAU data used standard metrics and that it would be worth asking the Children's Hospital about their metrics.

LW said she was unclear of the audience for the Safety Report. KF and LK agreed with LW. LK said that the Safety Report provided data for different audiences and further work needed to be done to identify key elements to focus on and advise on next steps. LW agreed to provide input into the presentation of the

report with LK.

HK thanked everyone for contribution and passed the Chair to RS.

HK left the meeting at 11:40am.

Action: LK to seek advice and input from LW on reviewing the content of the Safety Report.

8. Patient Referrals

QS (07/20) 005

DB said there was a rich data set provided to the Trust by the CCG, enabling a detailed understanding of referrals. This has highlighted that 32% of Sandwell and West Birmingham registered patient referrals are going elsewhere.

It is important to understand why patients are going elsewhere and what is required for them to stay with SWB. Two of three pieces of work have been completed on this area, with the third one in progress.

LK The Trust is still trying to reduce risk and harm to patients by seeing those currently on wait lists and clinically prioritise them before going after more or new work.

It was suggested that there could be a marketing campaign focussed on specialities that have capacity, such as immunology, for an early win.

LK cautioned that the Trust's funding was under a block arrangement and additional activity would lead to additional expense with no additional income. It is important the CCG and funders are advised that the increase in activity is to support the reduction of backlog.

9. Results endorsement

QS (07/20) 006

DC provided an update on strategies that are in place for reducing unendorsed results. A report has been developed that can be sent to clinical groups highlighting issues. Radiology, Blood Tests and Histology continue to have unendorsable results due to orders not being made through Unity.

There are two streams of work that will be undertaken to reduce unendorsable results. The first is having clear processes for using Unity, and the second is ensuring that clinical staff are appropriately trained to use Unity for undertaking results endorsement through the message centre or in the patient record.

It is proposed that the printed reports (paper results) functionality in Unity will be turned off. There are concerns that Histology continues to rely on paper results and they require the process of endorsement to be better embedded.

DC said that the main issue for Radiology is when the link between the requester and Unity is broken through either the patient or the Department cancelling, or the Department changing the order. These all lead to unendorsable results.

KT commented that a lot of progress had been made in quantifying the problem and congratulated DC.

DC stated that the risk rating had been changed and that results endorsement had been split into two risks: one around the process and the other around individuals endorsing results.

LK queried whether the risk register had been amended to include the two separate risks because if the mechanism of delivery is changed, the original request is deleted. DC will discuss with LK the wording of the two risks on the risk register.

LK advised KF to check whether the safety metrics had been added to the risk register.

RS thanked DC for his report.

Action: DC to discuss with LK the wording of the two risks on the risk register.

Action: KF to check whether the safety metrics have been added to the risk register.

11. Integrated Quality and Performance Report: Exceptions

QS (07/20) 008

The order of the Agenda changed whilst awaiting arrival of Neil Shah.

DB highlighted the following issues for discussion:

- Despite lower levels of attendances, A&E breaches are relatively high and many breaches are without reason codes. Unplanned re-attenders in A&E are also high at 7.5%.
- One fall causing serious harm and two grade 4 pressure ulcers
- Some improvement on the Persistent Reds
- Workforce sickness rates have reduced to 5%; ward sickness 7.5%
- Maternal death in July
- Mixed Sex Accommodation has data quality issues with 516 known breaches, 514 that were not breaches and 1,096 incidents which are not on the report.
- Two thrombolysis patients were avoidable

KF will meet with the relevant GDONs regarding the fall and grade 4 pressure ulcers and said she will provide context on future reporting.

KF disputed the number of breaches based on the observation that all the wards she has visited were Mixed Sex compliant. LK commented that it may be related to the COVID19 pandemic when patients were admitted to Red Wards for containment, which took precedence over equality and dignity. DB, LK and KF will review the Mixed Sex Accommodation data and provide an updated report at the August meeting.

Neil Shah joined the meeting at 12:12pm.

DC stated that the July maternal death was a 38-week pregnant lady who collapsed unexpectedly and died. The team reviewed her care and no immediate concerns were identified. Awaiting cause of death and more information through official channels.

RS welcomed NS to the meeting asked if he had additional information.

NS said that the lady saw the community midwife early in the pregnancy, she had standard care, she attended her appointments and was waiting to go into labour. She was 38-39 weeks pregnant, was found

at home by her husband and was not brought into the hospital. Following the attendance of the paramedics, she was taken to the coroner for a post-mortem, and the Trust is awaiting results.

Action: KF to meet with the relevant GDONs regarding the fall and grade 4 pressure ulcer cases and provide an update at the August meeting.

Action: DB to review the Mixed Sex Accommodation data and provide an updated report at the August meeting.

Action: KF to work with DB and LK to review the format of *Integrated Quality and Performance Report: Exceptions*.

10. Perinatal mortality quality and safety report

QS (07/20) 007

DC stated that there has been good improvement and progress in perinatal mortality from still births and neonatal mortality. May and June saw an increase in the instance of still births, which was reviewed by the Maternity team to ensure that there were no issues relating to care.

NS stated that perinatal mortality data has been collected monthly and had been aggregated into annual data since 2013. There are national targets for reducing perinatal mortality as well as local Trust targets that form part of the Quality Plan 2020-2025. The previous few years have seen good reductions in perinatal mortality rates, with lower rates in 2018 and 2019 reducing the mortality figure by more than 20% by 2020, which was a national target. There were two still-births and three neonatal deaths from January to April 2020, with a spike in deaths in May and June. This has continued into July (4 still births and 2 neonatal deaths in July).

Each case is analysed monthly by the Perinatal Mortality Review Board (PMRB), which is a multidisciplinary review board that follows national guidelines. There is no clear indication for the deaths except that a higher number of deaths were from at-risk populations such as non-English speaking backgrounds, asylum seekers, and women who do not engage with medical care until later in their pregnancy.

There are concerns that some women are reluctant to attend the Maternity Unit due to a perceived risk from COVID-19. Actions have been taken to actively reassure women about the importance of seeing their community midwife face-to-face, attending all their pregnancy appointments and seeking advice if they are anxious about their pregnancy, particularly if they notice their baby stops moving.

RS thanked NS for his update.

LW queried how learnings from case reviews were shared more widely. NS said that learnings from each case were disseminated via email and open meetings. A newsletter goes out to all staff on a monthly basis. There is mandatory training for all midwives, and the learnings inform changes to policy and procedures.

LK asked whether earlier intervention with any of the cases could have resulted in a different outcome. NS referred to Grading of Care on page 4 of the report where the majority of cases were classified as Grade A (no difference could have been made to the outcome). Grade B had two cases where care issues were identified, but there would have been no difference to the outcome. The two cases in Grade C may have had a different outcome if care issues were addressed. There were no cases classified as Grade D, where

intervention would have made a difference and the baby survived. NS commented that the June cases, analysed at a meeting this morning, showed no obvious indication of a different outcome.

NS confirmed that Neonatologists and Paediatricians attend the PMRB meetings.

KF asked whether psychological support and supervision is provided to staff following a perinatal death. NS advised that staff support is available through the risk management group and external counselling and psychological support is also available to staff.

DB queried whether an earlier presentation by patients experiencing foetal growth restriction would have resulted in a different outcome. NS said there would be no difference. In general, at every appointment maternity staff stress that women need to recognise a pattern of foetal movements, so that if it changes or is absent, they should call triage and be asked to come in for review and for a CTG for foetal heart recording.

DC queried whether other Trusts had seen a similar spike in perinatal deaths. NS said Helen Hurst, Director of Midwifery, had commented that other regions have reported a similar increase in neonatal mortality.

RS queried whether contact was maintained with mothers who have particularly difficult personal circumstances. NS advised that the first appointment highlights all risk factors, including social factors such as housing and their home situation. The number of appointments follows the national pattern. However, the Trust takes an active approach to women who are at risk and focusses on delivering babies towards the end of pregnancy.

NS stated that overall, the data for 2020 is still in line with 2018 and 2019 figures.

Action: DC to include an update of the perinatal paper within his private Board report.

MATTERS FOR INFORMATION/NOTING

12. CQC Insight Report

QS (06/20) 009

Not discussed.

12. Matters to raise to the Trust Board

Verbal

RS thanked NS, who left the meeting at [103:44]

RS suggested the following be raised to the Trust Board:

- Results endorsement conclusions
- Safety Plan
- Patient Referral to be revisited in Q4

RS thanked DS for attending the meeting.

13. Meeting effectiveness

Verbal

Not discussed	
15. Any other business	Verbal
Not discussed	
16. Details of next meeting	
The next meeting will be held on 28 th August 2020, from 11:00 to 12:30, by WebEx.	

Signed

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Date