

# QUALITY & SAFETY COMMITTEE - MINUTES

**Venue:** Meeting held via WebEx

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

**Members:**

Harjinder Kang (HK) Non-Executive Director  
(Chair until 12 noon)  
Richard Samuda (RS) Non-Executive Director  
(Chairman & Chair from 12 noon)  
Kate Thomas (KT) Non-Executive Director  
Lesley Writtle (LW) Non-Executive Director  
David Carruthers (DC) Medical Director  
Kathleen French (KF) Interim Chief Nurse  
Janice James (JJ) Deputy Director of  
Operations  
Dave Baker (DB) Director of Partnerships  
& Innovation

**In Attendance:**

Chizo Agwu (CA) Deputy Medical Director  
Susan Rudd (SR) Associate Director of Corporate  
Governance

**Apologies:**

Liam Kennedy (LK) Chief Operating Officer  
Kam Dhami (KD) Director of Corporate  
Governance  
Parmjit Marok (PM) GP Rotton Park Medical Centre  
Melanie Roberts (MR) Acting Chief Operating Officer

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 Liam Kennedy, Kam Dhami, Parmjit Marok and Melanie Roberts.	
<b>3. Minutes from the meeting held on 25<sup>th</sup> September, 2020</b>	<b>QS (10/20) 001</b>
<p>The minutes of the meeting held on 25<sup>th</sup> September 2020 were reviewed and the following amendments made:</p> <ul style="list-style-type: none"> <li>Item 8, paragraph 4 &amp; Item 14 – ‘Inaudible’ markings in the minutes of these items to be filled in by SR.</li> </ul> <p>The minutes were <b>ACCEPTED</b> as a true and accurate record of the meeting, subject to the amendments.</p>	
<b>4. Matters and actions arising from previous meetings</b>	<b>QS (10/20) 002</b>
<i>KF reviewed the action log. The following was updated:</i>	

- 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 after consulting with the Unity team, there was no technical solution to make these records stand out. Clinicians would need to identify previous treatment escalation decisions themselves.

He suggested that CA raise the issue at the Tactical meeting and for the information to be fed back to clinical teams.
- QS (07/20) 004 - Seek advice and input from LW on reviewing the content of the Safety Report.*

JJ to pick up this issue in LK's absence. JJ offered to consult with MR and ensure the Safety Report would be ready for presentation to the November 2020 meeting.
- QS (07/20) 008 - Review the Mixed Sex Accommodation (MSA) and report to the September meeting.*

DB advised that, currently, the Trust was not required to report on this issue nationally. The Ops team was not submitting the MSA numbers as a matter of course. However, Kim Cross had gone through the validation process for August and September which had exposed many breaches in the Assessment Unit.

KF reported that the Trust reported internally around 1,000 MSA breaches per month through Unity. She visited AMU at City, where mixed sex accommodation appeared to have become part of the culture. She did not believe that there were any breaches on the wards.

KF had spoken to Kenny Dale, new Deputy Director for Emergency Care & Medicine, and he was keen to make improvements to the patient experience in this area.

KF offered to make progress by speaking to Kenny and Julie Thompson to put plans in place to reduce MSA breaches.

DB commented that Unity carried unvalidated breaches and the process of taking out the validated cases was lengthy and was not happening regularly, probably because of the breach volumes. This would need to change as part of any improvement plan.
- QS (08/20) 004 - Response to DNA patient to be on the agenda of the September meeting for discussion.*

JJ reported that regular twice-weekly confirm and challenge forums were taking place which put the DNA metric to the forefront.
- QS (09/20) 003 - Link up with Dotty and query who has been informed about the Primary Care testing.*

DB offered to follow up with Dotty.
- QS (09/20) 009 - Clarify where the qualified nurse turnover figure of 10.7 came from and report back.*

DB reported that the target number had been previously set by Paula Gardner. The research

underpinning the number was uncertain. **Completed.**

**Action:** CA to raise the requirement for clinicians to check themselves for patient treatment escalation decisions. Information to be fed back to clinical teams.

**Action:** JJ to consult with MR and ensure that the Safety Report is ready for presentation to the November 2020 meeting.

**Action:** KF to speak with Kenny Dale and Julie Thompson to put improvement plans in place to reduce MSA breaches.

**Action:** DB to follow up with Dotty in relation to Primary Care testing.

#### 4.1 Feedback from the Executive Quality Committee and RMC

Verbal

KF offered to review the Executive Quality Committee minutes and circulate key bullet points to Q&S Committee members.

In relation to RMC, KF reported that Committee members had been asked to present updated risks to the Committee. Work was ongoing to support groups with this work. The addition of the COVID-19 risks to the register had been discussed.

RMS had been carrying out audit of risk management processes and it was hoped that a draft report would be ready for the A&R Committee's November meeting.

**Action:** KF to go through the Executive Quality Committee minutes and circulate key bullet points to Q&S Committee members.

#### 5. Patient story for the November Public Trust Board

Verbal

KF reminded the Committee that it had been agreed that the Patient Story could include more confronting issues to identify possible learnings for the organisation.

A story had been identified focusing on communication and relatives which highlighted things which the Trust had not done particularly well and required improvement. It would centre on a female relative whose father passed away in hospital and communication around this experience. This would include access to medical records by patients and ward information.

### DISCUSSION ITEMS

#### 6. Draft revised terms of reference

QS (10/20) 003

SR reported that an updated draft of the terms of reference had been prepared but had not yet been circulated.

HK proposed that the final version be signed off at the next Q&S Committee meeting in November.

**Action:** SR to produce a finalised version of the revised terms of reference to be signed off at the November 2020 Q&S Committee meeting.

DC referred Committee members to the paper and highlighted the following, noting that it was a fast-moving situation and some figures had changed since preparing the report:

### **Community rates**

Community rates had been increasing in Sandwell and West Birmingham with around 240-250 cases per 100,000 population. There were now 123 COVID-19 patients currently on the wards of Trust hospitals with 16 patients on ITU. There had been 48 COVID-19 deaths since the beginning of September 2020.

The gender mix of patients had been the same in terms of infections and mortality. The ethnicity breakdown showed that infections were currently higher in the Asian population and lower in the white population. Mortality was also slightly higher in Asian patients.

Data showed that there was currently a younger range of patients with 65% being aged 18-64. Data was being carefully monitored to track patient demographics and outcomes.

### **Lockdown**

DC commented that the region was in Tier 2 but needed to be prepared to go to Tier 3.

### **COVID-19 beds**

Patients streams had been reduced to two. Routine orthopaedic surgery had been cancelled to create ward capacity. One of the 'Green' streams had been reopened in Surgery however.

A decision had been made to close the Trust's 'Lilac' ward stream because it was causing problems with patient flow, leaving 'Amber' and 'Red' streams.

Following discussions with NHSEI and Infection Control, additional infection control steps had been introduced on the wards (introduced on 29<sup>th</sup> October) requesting patients to wear masks when mobile on the wards.

It was possible that a second 'Red' COVID-19 ward would need to be committed at Sandwell to cope with the number of admissions.

### **Swabbing**

Swabbing continued to be key. The lab was dealing well with demand. DC commented that in terms of logistics, the Trust had requested a clear timeline of transport of swabs to the lab for analysis which would help the ward teams. Some staff might be deployed to this task.

### **Wellbeing support**

Wellbeing support for staff continued.

KF reported that daily outbreak and DIPC meetings had developed communications and leaflets for patients around infection control expectations and these would be handed out on admission.

DC reported that the main challenge was getting ITU and IV access and staffing right for patients. Some respiratory work had been stepped down to free up resource. As much routine work as possible was being

maintained to assist Restoration and Recovery.

On some days, patients needing ITU beds had needed to be sent to hospitals outside of the region but other Trusts were in a similar position.

KT queried whether deployment would be required. DC advised that the Surge Plan was being followed. Currently reservists had been supporting ITU. A separate individual might be required going forward to monitor the Respiratory Hub, particularly overnight and for management of inpatients to reduce transmission of on-call staff going from one ward to another.

Health Education England had been informed of changes to routine surgery. The Trust was trying to avoid wholesale redeployment to prevent further backlogs building up.

KT further queried the morale of staff on the front line. DC commented that staff appeared to be coping well and remained positive but acknowledged that pressures could cause low morale and the situation was being monitored. Leave had not been cancelled. DC had been talking to staff in support.

HK queried the PPE situation. DC reported that supplies were good and everyone had undergone risk assessments.

RS queried feedback received from the labs in relation to the error rate. DC advised that swabbing numbers were as expected. The turnaround time in the lab was within the 24-hour target time. The swabs that could not be analysed were monitored. DC reiterated that the timeline and transport of the swabs should be the key focus.

DC reported that a small number of people might be deployed to the Nightingale Hospital. The facility was for patients who did not need the level of care provided by the hospital.

## **8. COVID-19: Recovery and Restoration plan**

**QS (10/20) 005**

JJ referred Committee members to the paper which outlined the Trust's performance against the Production Plan, Phase 3 national targets and clinical group assumptions.

The Trust was showing an 85% position against the Production Plan, but the Phase 3 target position and clinical group position were both overdelivering.

The following challenges had been identified:

- a) Ability of booking teams to book clinics &/or lists at short notice (i.e. 2/3 days)
- b) Ability of clinical groups to review & refresh job plans
- c) Ability to safely staff ward, theatres & clinics
- d) Ability to make contact with patients within extremely tight turnaround times
- e) Ability to secure patients who are willing to attend
- f) Functionality/dysfunctionality of IT (i.e. auto delete of referrals & restricted ability to build/rebuild clinics)

JJ stated that, at the end of September, the Trust was at a 66% RTT compliance rate but this was showing an upward trend. It was expected that the Trust would reach an 88% compliance rate by the end of the year but would remain focused on trying to reach the national RTT target of 92%.

In terms of the DM01 trajectory, the Trust's compliance rate was 72% and was this was also showing an upward trend and was 11% up on the previous month.

The total number of breaches, (those waiting over 6 weeks at the end of September month end was 3768 - down from 5020) however managing patients who refused to engage or respond to invitations to attend for their diagnostic test remained challenging. Of the total imaging breaches at the end of September, 641 were currently recorded as 'non-responders' which was a significant number. Mitigations were in place including:

- Mobile scanners on site
- Waiting list initiatives
- Agency and bank staff shifts
- Utilising ISP for Endoscopy
- Establishment of project teams in key areas

Referrals were 25% down compared to last year reflecting a reluctance in people wanting to attend hospital.

In terms of the 52-week plus wait position and clinical prioritisation, JJ reported that clinical prioritisation was embedded in the organisation.

The Inpatient waiting list was currently sitting at 5452 with 701 patients 'not allocated'. Each week 'deep dive' PTL sessions (including harm reviews) were being held with Clinical Groups to highlight 'blockers' and escalate accordingly.

HK queried the approach to encouraging patients to attend. JJ commented that it was incredibly difficult to get people to engage. DC commented that conversations were taking place with patients to reassure them of safety.

RS suggested that those patients who were at higher risk might require a greater focus. JJ commented that national guidance had recommended that records be made of patients who wanted to defer attendance because of COVID-19 concerns which would further stratify the waiting lists. The Trust was trying to be as proactive as it could to encourage patients to attend with a range of initiatives.

HK commented that the problem was affecting supply chains into the organisation.

**HK left the meeting at 12 noon.**

## 9. Infection Prevention update

QS (10/20) 006

KF reported that the paper had gone to the Board but highlighted the following points by way of an update:

Infection control principles were paramount. The Trust had been visited by NHSI/E to follow up on an outbreak which had revealed some issues of concern. Sarah Carr-Cave (Deputy Chief Nurse) had put in motion some immediate actions and a longer-term campaign would be launched.

Measures included 'I am clean' stickers. A Trust audit of commodes was ongoing. The IPC audit was being strengthened and would be part of the 'Perfect Ward' initiative launched in January 2021.

Matrons and their job descriptions were being reviewed with a view to discovering how their role could be strengthened within IPC. KF had been consulting with Matrons in small groups. An action plan was being followed and weekly IPC meetings were taking place. Work was ongoing with Estates and Infection Control.

LW queried whether the approach needed to be made everyone's business. KF responded that the focus was currently on key points in readiness for the re-inspection but agreed that there was a wider piece of work to be done. Initiatives under consideration included the introduction of PPE champions and making sure that non-compliant people were being challenged as part of a safe culture.

KT queried whether the 'I am clean' stickers were easy to take off once the item had been used. KF confirmed they were easily removeable, signed and dated stickers.

RT queried preparedness for the NHSI/E revisit. KF confirmed that daily calls were taking place with the organisation and it was fully aware of outbreaks and the work that was being done.

## 10. Complaints Report Q2

QS (10/20) 007

KF referred Committee members to the paper and highlighted the following points:

There had been an increase in complaints in Q2 compared to Q1 which had been expected because of the COVID-19 surge. There had been 259 complaints with 198 closed.

KF noted that there would be a slight deterioration in responses meeting the deadline because the Trust had added a quality assurance element to the complaints process. Sarah Carr-Cave had been reading every complaint from an assurance perspective before it processed for final sign-off. It was hoped that the number of reopened complaints because of unresolved issues, would be reduced as a result.

The top categories of complaints raised in Q2 came under Clinical Treatment, with the top three subcategories as Delay in Treatment (19), Inappropriate Treatment (14) and Delay or Failure to Act on results (6).

An emerging complaint type was about patient property. Recording patient property on Unity was being explored.

Learning from complaints would be a further area of focus. The Trust had been ensuring that every complaint had an action plan to ensure timely follow-through. KF expressed the view that the action plans should be shared with the complainants.

The method by which compliments received from patients were collected would be reviewed.

There had been a reduction in PALS, but the number of calls had been improving. The response time target

had been reduced to 2-3 days.

DB raised the issue of the PCCT complaints peak and mentioned that PCCT staff were the biggest users of the Wellbeing Hub. He queried whether there was a link between the two. KF offered to review the triangulation.

KT advised that complaints were being triangulated with safeguarding and Serious Incidents (SIs).

DB suggested that the Trust might be focusing too much on collecting data about the experience rather than spending time responding to the outcomes found.

RS expressed surprise at the number of complaints about bookings, given the effort made and resources devoted to the task. KF offered to investigate.

**Action:** KF to investigate whether there was a link between the PCCT staff's high use of the Wellbeing Hub and the complaints peak in PCCT.

**Action:** The high number of complaints about the appointment booking process to be further investigated by KF.

## 11. Maternity - Forward Plan

QS (10/20) 008

KF referred Committee members to the paper, which addressed a number of concerns, with the following points to note:

Neonatal deaths had been robustly reviewed earlier in the year. Several issues had been raised through the 'Freedom to Speak Up' channel and qualitative information gleaned from staff.

DC, KF, Nick Makwana and Cheryl Newton had met to discuss the culture of the department and three actions determined:

- Safety culture – The safety culture survey utilised a couple of years ago would be strengthened and repeated. External support would also be utilised.
- Leadership support and development would be strengthened. Senior staff to receive coaching and 360 feedback.
- Transformation – Scoping to be carried out to lead on from the Safety Survey.

KF commented that this would be a long piece of work which would be embedded over time.

LW welcomed the report and commented that the most challenging aspect would be to ensure all staff felt they could contribute to the culture change which was likely to take two years or more. KF responded that external assistance would help in this area.

CA reported that daily Safety Huddles had been introduced on all wards across the organisation, which fed into the safety culture with the aim of empowering everybody to speak up about issues. Outcomes would be monitored. KF commented that behaviours and 'compassionate leadership' would also be important.

## 12. Mortality summary from the Learning from Deaths group

QS (10/20) 009



CA explained that the paper updated the Committee on mortality indices for September 2020.

The peak mortality rate for the month fell to 13.9 per 1000 which was the lowest for the year. There were 104 deaths, and the number of hospital spells amounted to just over 7000, compared to a typical 9000.

In September there were only 8 deaths due to COVID-19 (7.7% of all deaths)

There was a three-tier system to Mortality Reviews:

- Tier 1 - Scrutiny of deaths by medical examiners – 87% of all deaths were scrutinised in September.
- Tier 2 - Structured Judgement Review - 17.8% of deaths were identified for structured judgement review in September. None of the deaths reviewed (for August) were classed as avoidable.
- Tier 3 – Calling next of kin (NoK). CA reported this had significantly improved since the employment of a Medical Examiner Officer. 75% of NoK were contacted in July and August to ask them about their experience. The vast majority had no issues or were happy with care. Nearly 7% were dissatisfied with communication. Information was fed back to individual wards.

In terms of Mortality Indices, the Trust had been on an upward trend because it had not been possible to extract COVID-19 deaths from the Mortality Indices.

Work was underway to reduce the number of finished consultant episodes to help reduce the percentage coded as symptoms.

Work was also ongoing to identify end of life patients so that the treatment code GP Palliative Care could be applied with the intermediate care code applied to the rest, which would help align results with what they ought to be.

Quality improvement work would be carried out to explore how clinicians document primary diagnoses.

Sepsis and Pneumonia remained the biggest cause of death. Sepsis screening was currently above 90% and 77% of patients in the last week had been treated with antibiotics in the first hour.

Ongoing care work to address Pneumonia had been based on mouth care which had paused because of COVID-19 but would shortly recommence.

Weekday and weekend disparity had been variable month on month and there was no clear trend.

Work was ongoing in terms of improving coding for palliative care and improving the ability to recognise end of life.

RS queried how the Trust compared with others in this area. CA reported that the Learning from Deaths Committee had a lot of clinician engagement. Attendance was good and Mortality leads felt empowered to make changes. Across the Black Country, Deputies were meeting regularly to share best practice.

It was agreed that the output from the Learning for Deaths Committee should come to the Q&S Committee monthly. KT commented that she would like to see the learnings emphasised and how these were being communicated.

DB reported that treatment in one hour for Sepsis had reached 81%, which was a significant improvement.

DC informed the Committee of an incident concerning an orthopaedic procedure carried out in the private healthcare sector, where the knee prosthesis fitted in the patient wasn't the one intended to be fitted, due to a mix-up between cemented and uncemented versions. Ownership of Never Event is being decided.

The patient had recovered fine and there was no evidence of harm, but the patient was being closely monitored. A joint investigation was taking place between the Trust and the health provider. All private providers and Trust surgeons had been contacted to alert them and encourage triple checking of the types of prostheses used. DC advised that the incident would go to the Public Board.

DB raised the issue of the decline in ED performance levels which had become more of a pressure towards the end of October leading to more breaches.

DB reported that there had been one MRSA case. KF reported that an investigation had taken place.

DB further reported that the Trust had failed to hit the Cancer target for the first time. There were four areas involved including upper GI (67%). DB explained that in this case the Trust had closed 31 patient referrals for an unknown reason. Fortunately, the patients had been able to be recontacted, rebooked into the system and had received their first round of tests which would indicate if there had been any impact on harm. JJ reported that root cause analysis was currently being carried out.

#### **MATTERS FOR INFORMATION/NOTING**

##### **14. CQC Update**

**Verbal**

KF reported that the CQC Plan was continuing as were visits and feedback was being given to the wards. A refocus might be required because of the increase in 'Red' areas. She confirmed that cleaning findings would be taken into account.

##### **15. Matters to raise to the Trust Board**

**Verbal**

RS suggested the following matters be taken to the Trust Board:

- COVID-19 and Restoration and Recovery
- Infection control
- Progress on Maternity
- Complaints update
- IQPR

##### **16. Meeting effectiveness**

**Verbal**

RS suggested including an SBAF section for discussion at the November meeting.

<b>16. Any other business</b>	<b>Verbal</b>
<p><b><u>Reports</u></b></p> <p>LW expressed thanks to the Executives for their work at a challenging time for the organisation. She expressed the view that the quality of the reports had been very good.</p>	
<b>16. Details of next meeting</b>	
<p>The next meeting will be held on 27<sup>th</sup> November 2020, from 11:00 to 12:30, by WebEx meetings.</p>	

Signed .....

Print .....

Date .....