

QUALITY & SAFETY COMMITTEE - MINUTES

Venue: Meeting held via WebEx

Date: 8th January 2021, 11:00-12:30

Members:

Harjinder Kang (HK) Non-Executive Director, Chair
(joined 11.40am)

Richard Samuda (RS) Non-Executive Director *(Chair until 11.40am)*

Kate Thomas (KT) Non-Executive Director

David Carruthers (DC) Medical Director/Acting CEO

Liam Kennedy (LK) Chief Operating Officer

Melanie Roberts (MR) Acting Chief Nurse

Kam Dhani (KD) Director of Corporate Governance

In Attendance:

Dave Baker (DB) Director of Partnerships & Innovation

Chizo Agwu (CA) Deputy Medical Director *(joined 11.10am)*

Parmjit Marok (PM) GP Rotton Park Medical Centre

Susan Rudd (SR) Associate Director of Corporate Governance

Jayne Clark (JC) Safeguarding Children Lead *(item 8)*

Apologies:

Lesley Writtle (LW) Non-Executive Director

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
An apology was received from Lesley Writtle. It was advised that HK would join the meeting at 11.30am; RS would Chair the meeting until HK's arrival.	
3. Minutes from the meeting held on 27th November 2020	QS (01/21) 001
The minutes of the meeting held on 27 th November 2020 were reviewed and ACCEPTED as a true and accurate record of the meeting.	
4. Matters and actions arising from previous meetings	QS (01/21) 002
The Committee reviewed and updated the action list.	
4.1 Feedback from the Executive Quality Committee and RMC	Verbal
KD provided the following updates: <u>Executive Quality Committee (EQC)</u>	

The EQC had discussed the following matters:

- 50 inpatient wards would introduce ward safety huddles by 31 March 2021; a multi-professional team meeting focusing on the at-most -risk patients. To be introduced in community settings subsequent to the inpatient ward implementation.
- A lot of progress had been made with endorsing results and ordering tests; however, some actions remain and would be monitored by the EQC.
- GIRFT action plans had been on pause but would be resurrected. CLE to start see submission of action plans; Q&S Committee would also review the plans.
- Annual VTE Report – had achieved good results in regard to NTS assessments. However, there were issues with timeliness and administration of the first dosage and mis-dosages. Actions were in place.

CA joined the meeting.

5. Patient story for the Public Trust Board

Verbal

MR advised that the patient story was in progress.

DISCUSSION ITEMS

6. Gold update on COVID-19 position

QS (01/21) 003

DC advised that the tabled report was the same as presented to the Trust Board at the January meeting. The following was noted from the Report:

Community rates

Community rates continued to rise in Birmingham, Black Country and Wolverhampton. Hospital admissions of COVID-19 positive patients was increasing. The ITU pressure was considerable; there had been five admissions to ITU the night prior to the meeting. To manage, some patients had been transferred to Wolverhampton, some patients stepped down, and moved some level 2 patients to the Respiratory Hub for non-invasive ventilation.

MR reported the following COVID-19 figures:

- 311 COVID-19 positive patients onsite.
- 38 COVID-19 positive patients on ITU – working through extra staffing for ITU and organising another *red* ward on the City site. Another ward at Sandwell may also be elevated to *red* due to the number of COVID-19 patients on the ward.

DC noted that the STP and the NHSCI was aware of the Trust's situation and were doing everything possible to support [patient] transfers.

Staffing levels

Staffing levels remained a challenge; require more respiratory, physiologists and ITU support, and to create more level 3 capacity on ITU. Nursing ratios on the ITU was currently close to 1:3 (on par to other facilities

except for London facilities at 1:4-1:6). MR advised that a quality impact assessment was being conducted on nursing ratios of 1:2-1:3. It was noted that the situation would likely worsen and the ratio could soon be 1:4.

DC advised that D16 was open and space in N1 (Sandwell) was being prepared to increase physical space and equipment. However, staffing those spaces was the challenge and careful consideration was needed in how to co-work between sites/working spaces.

Oxygen

DC noted that careful monitoring of oxygen use between the two sites was required. The sites were currently using one third of the daily allocation (3000L/per day). Mitigation was being considered if usage increased.

COVID-19 Vaccine

DC noted that a summary of the trial data suggests that the use of the antiviral agent, *Tocilizumab*, indicates a survival benefit and reduced time in ITU; its use could be considered for virtual ITU (where the patient is suitable for ITU but were waiting to be admitted). CA advised that the Clinical Advisory Group had discussed the matter and were drafting a paper for governance of the idea.

Staff vaccination

DC advised that:

- Vaccination had been prioritised through Walsall and for Walsall PCN staff groups in the high-risk category and those working in high-risk areas with AGPs.
- Uptake had been good. Working on a single dose of up to 12-weeks. Focusing on patients over 80-years of age and staff in care homes within the Trust's hub. It was hoped that the number of vaccinations would double next week with an increase in access for West Birmingham PCNs at the City site.
- The advice remains unchanged in regard to working environments and PPE use.

Nightingale Hospital

DC advised that there were no further developments in regard to time of opening or staffing requests. The position would continue to be monitored.

7. Planned Care Update

QS (01/21) 004

LK tabled the Planned Care Update paper that outlined the RTT, DM01 and Production Plan positions.

RTT

- RTT was improving and getting back on track. In December, the removal of non-urgent/elective procedures had commenced to support the urgent care required for COVID-19 patients. The specialities most challenged were Dermatology, and Oral and Plastic surgery – would continue to be challenging due to staffing issues and also Oral, from an [SLA] perspective, the impacts of QE

pulling back their non-urgent services due to COVID-19 focus. The Trust continues to do non-urgent outpatients where possible; but clinicians would be pulled to help support urgent patients.

DM01 Trajectory

- Continued to see improvement in the compliance rate.
- Almost back on track for CT (99%), MRI (96%) and Endoscopy (71%); a real achievement for the team. Gastroenterologists were being used to support GIM due to their usefulness in general medicine. From an endoscopy perspective, only urgent and cancers would continue – having an impact on the figures.
- Non-obstetric ultrasound continued to be an issue due to skill-mix and staffing availability; hoped to improve once staff vaccination completed and staff return from shielding and isolation.

Production Plan

- Returning towards the required levels of activity. It was re-assuring that the Trust was almost at 90% of pre-COVID-19 in November, despite managing dual-streams within the Trust – an accolade to the teams. Given the current situation, that number would drop off and need to be improved. Activity levels and patient backlogs continue to be monitored to ensure that the Trust was offering a 'soon as possible' for patients; need to be mindful to balance the risk of COVID-19 and the risk of deterioration of care.
- Long-waits; 643 x 52+ week patients (on inpatient/outpatients). Currently working through all themes from a harm assessment perspective. Most specialities, with the exception of Ophthalmology (due to high-volumes), had completed their long wait patients and completed a harm review on all of their patients. There had been no serious incidents reported.
- The cancer position had been improving; however, skin and breast referrals from other parts of the region were impacting on results/ISP capacity. A meeting was scheduled later in the day to discuss:
 - A strategy of regionalised [P 0:26:00] to ensure the continuation of cancer work.
 - Identify what services were being offered by ISPs and to communicate that to GPs in the area.

It was noted that during the first wave of COVID-19, the NHSI had implemented a national mandate for all Independent Sector Providers (ISP) to offer their services wholeheartedly to the NHS. The contract was revoked at the end of November (completing at the end of January 2021) and had therefore reduced ISP capacity. The Trust had advocated to reinstate the contract.

DC questioned if the BCE was being utilised to increase the amount of cancer work being done. It was advised that staffing numbers didn't allow for that.

HK joined the meeting and took the position of meeting Chair.

JC joined the meeting.

JC noted that the purpose of the report was to ensure that the Trust was meeting its statutory responsibilities in regard to safeguarding children. The SWBT Safeguarding Children Team work collaboratively with the Sandwell Children's Trust and Birmingham Children's Trust. The team's key functions are to ensure safeguarding to the organisation around offering guidance, support and training to front line practitioners, and offering escalation where there are concerns.

The team's key achievements were noted:

- Successful TUPE of the Multi-Agency Safeguarding Hub (MASH) health component (nurses that were previously sitting within Sandwell and WB CCG).
- MASH activity had increased significantly, particularly around domestic abuse notifications (which continues). The domestic abuse nurses would attend the Multi-agency Risk Assessment Conference (MARAC) which discusses the high-risk cases. Going forward, they would look at the number of cases being discussed with suggestions of weekly meetings with the outcome to protect the victim and involved children.
- Achieved funding for the Independent Domestic Violence Advocate (IDVA) project. The successful project runs out of the ED and identifies victims of domestic abuse. There was an 11% increase in reported cases and had identified 245 victims. Looking at making the service substantive. The team had achieved Star Awards in 2020 for the project and delivered a valuable message as to the importance of that work.
- Safeguarding Children Training; key challenges in the preceding year had been the DNA rate of approximately 29%. COVID-19 had affected attendance rates; as a mitigation the training had been moved to virtual training and had been successful (60 practitioners trained). The training would continue to be delivered virtually.
- FGM (female genital mutilation) – implementation of the Female Genital Mutilation Information Sharing (FGM-IS); which mirrors the Child Protection Information Sharing (CP-IS) project. The FGM-IS indicator is recorded on a female infant's healthcare record on the NHS spine. The SWBT Safeguarding Children Team were working closely with IT to embed the FGM-IS within Unity; hoped to be realised in February/March 2021.
- Paediatric Liaison Service in place to identify children in risk as they come through.
- The SWBT Safeguarding Children Team had been involved in approximately 12 serious case reviews and three domestic homicide reviews. An additional five case reviews were coming forward (due to the impact of COVID-19).
- The Looked-after Children Service had transferred over from Sandwell CCG in October 2017 and since then the number of Looked-after Children had consistently exceeded 800. Compared to local Black Country partners, the Trust had the highest number of children in care. The SWBT Safeguarding Children Team was responsible for conducting the health assessments for Looked-after Children. A paper had been submitted for additional resource from the CCG; hoped that the Paper would be

accepted to move forward.

- The Audit Plan, as detailed in the appendix, was noted.
- The key priorities for 2020/21:
 - Continue to embed the child protection information sharing system.
 - Focus on the IDVA project.
 - Provide the appropriate resources to meet the needs of the most vulnerable children in their society.
 - Continue to work closely and collectively with their partners, particularly around the Multi-agency Safeguarding Hub (due to activity increase of 29%).

HK questioned if anything different had been prepared to counteract the impact of COVID-19 lockdowns on domestic abuse. JC noted that they were:

- Closely working with the Sandwell and Birmingham Children's Trusts, Black Country Women's Aid and Birmingham Domestic abuse services.
- At the commencement of lockdown, there had been a lot of activity to distribute information posters to supermarkets.
- Encouragement for frontline practitioners to use closed questions (opposed to open) and implementing codewords.
- In January 2021, e-learning would be conducted in regard to addressing coercive control, specifically with midwives.

RS congratulated JC and her team on the work being conducted.

JC noted that the SWBT Safeguarding Children Team deals with emotive information that is often disturbing and it was important that the Team was well supported.

JC left the meeting.

9. HSMR and Coding

QS (01/21) 006

DB noted that the HSMR level was a reoccurring issue in the IQPR. HSMR required continuous discussion and an audit trail for understanding. It was noted that the CQC would be very interested in the HSMR. There was assurance that there was not an issue with deaths, but there was an issue with coding and the process prior to coding. DB noted the following:

- Patient comorbidities that had been recorded on previous visits had been pulled through which had helped reduce the HSMR by 6. This continued to be the process.
- The Medical Examiner's report showed that they didn't have an issue, as detailed at 2.1 of the Paper.
- The graph at 2.2 was noted. Two increases to note:
 - i. September 2019; coinciding with the implementation of Unity, suggesting an issue with Unity, and
 - ii. March 2020; commencement of COVID-19.
- Four issues that were actively being resolved (noting that improvement would not be seen in

reporting until June 2022):

- i. Language – using the correct language when coding. It had been identified that the language taught in medical school differs to the language used in the Trust. Language training would be implemented during staff induction.
 - ii. Excessive Consultant Episodes – two key risks:
 - if COVID-19 is recorded after the second episode, HSMR flags that you don't have COVID-19, and
 - if there are other complex comorbidities after the second episode, that doesn't count either.
 - iii. Removing COVID-19 deaths from the HSMR – only happen if in the first two episodes.
 - iv. Palliative care coding.
- The solutions were being worked through by a multi-disciplined engaged group, including DB's team.
 - The coding team had gone through the GIRFT Report; output would be known on Monday. A learning from the COVID-19 Wave 1 Report was around clinical coding; the coding team were now looking for other things that can be done to affect the HSMR.

KD noted that it was good work being done and they need to investigate at a granular level to understand why the HSMR was high.

CA explained the impact of COVID-19 on the HSMR. She noted that all COVID-19 deaths are deducted from the calculation of HSMR; however, during the last wave there were 79 COVID-19 deaths that should have been deducted from their data and had increased their HSMR. The work to correct that within Unity would commence in February.

HK questioned if there was a trajectory mapped out as to how they would get to the 110 number in terms of the various levers they had proposed to use. It was noted that they had not as it was not understood how each lever would affect the HSMR. The importance of individual graphs was noted and to proceed to move and monitor the indicators on a priority basis. It was questioned why the Unity correction wasn't commenced in November as it was a core Board indicator; they need to identify their priorities and build teams to aggressively chase those priorities.

10. Learning from Deaths – Dashboard

QS (01/21) 007

DC noted that the total number of non-COVID-19 inpatient deaths was stable and the number of admitted episodes had reduced.

He noted the query arising from the Trust Board meeting regarding the sepsis data from the IQPR; he advised that the data was a different date range.

CA noted the shared learning framework as detailed on page 14 of the Paper.

DB suggested a ratio instead of the table at section 4 of the Paper; to see the trend pattern more clearly of sepsis expectations versus actuals.

DB noted that the point arising from the Trust Board meeting was that according to the IQPR safe domain page, the *screened sepsis positive percentage* had increased from 16.2% to 26.3%; the question raised was how that compared to other Trusts. He noted that there was not an obvious benchmark as the data was still coming through. DC noted that there were three datasets that needed to be triangulated and the datasets were not comparable.

It was questioned whether the Trust did a whole organisational view in regard to Learning from Death, and how that was fed back. CA noted the example of a Learning from Death document included in the appendix of the Paper. She advised that the mortality leads complete the SJR themes; all SJRs are analysed for themes and shared across the organisation. In addition, each sub-speciality is requested to present:

- What patients they had looked at.
- What SJRs they had looked at.
- What learnings and QI projects had arisen from that process?

She advised that there were assurances that that process was being done in each sub-speciality.

11. Integrated Quality and Performance Report: Exceptions

QS (01/21) 008

DB advised that there was no additional information to the Paper and the Paper had been discussed at the Trust Board meeting the previous day.

MATTERS FOR INFORMATION/NOTING

12. Matters to raise to the Trust Board

Verbal

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

- COVID-19 Gold update.
- Cancer-risk update.
- The need to investigate and understand why the HSMR was high as CQC would be interested.
- Learning from Death and the outlier (despite of all the work done).
- Safeguarding Children paper.

13. Meeting effectiveness

Verbal

Nil discussion.

16. Any other business

Verbal

MR noted the COVID-19 Vaccine Report that was tabled at the Trust Board and suggested that the Report be updated and reported monthly to the Q&S Committee. The Chair agreed.

The delay with vaccine release was discussed and it was noted that each vaccine batch was quality assessed and signed off, causing a bottleneck delay. It was advised that the Moderna vaccine had just been approved – now there were three vaccines.

16. Details of next meeting

The next meeting will be held on 29th January 2021, from 11:00 to 12:30, by WebEx meetings.

Signed

Print

Date