

QUALITY & SAFETY COMMITTEE - MINUTES

Venue: Meeting held via WebEx

Date: 27th November 2020, 11:00-12:30

Members:

Harjinder Kang (HK) Non-Exec Director & Chair

Richard Samuda (RS) Non-Executive Director & Trust Chairman

Mel Roberts (MR) Acting Chief Operating Officer

David Carruthers (DC) Medical Director & Acting Chief Executive

Kathleen French (KF) Interim Chief Nurse

Dave Baker (DB) Director of Partnerships & Innovation (Item 11 only)

Parmjit Marok (PM) GP Rotton Park Medical Centre

Chizo Agwu (CA) Deputy Medical Director

In Attendance:

Susan Rudd (SR) Assoc. Director of Corporate Governance

Anna Gill (AG) Non-Executive Director, Cambridgeshire Community Trust (Observer)

Apologies:

Kam Dhami (KD) Director of Corporate Governance

Kate Thomas (KT) Non-Executive Director

Lesley Writtle (LW) Non-Executive Director

Liam Kennedy (LK) Chief Operating Officer

Minutes	Reference
1. Introductions [for the purpose of the audio recorder]	Verbal
Chair HK welcomed Committee members including Anna Gill, a Non-Executive Director from Cambridgeshire Community Trust who was visiting as an observer. Committee Members provided an introduction for the purpose of the recording.	
2. Apologies for absence	Verbal
Apologies were received from Kam Dhami and Lesley Writtle, Kate Thomas and Liam Kennedy.	
3. Minutes from the meeting held on 30th October, 2020	QS (11/20) 001
<p>The minutes of the meeting held on 27th November 2020 were reviewed and the following amendments made:</p> <ul style="list-style-type: none"> Item 4 - Reference to KD reviewing the action log to be changed to KF. Item 12 - <i>'In terms of Mortality Indices, the Trust had been on an upward trend because it had not been impossible...'</i>, the word <i>'impossible'</i> to be changed to <i>'possible'</i>. Item 13 – RS requested that the word <i>'Never Event'</i> be inserted to describe the incident described. DC commented that any insertion should clarify that it was Ramsay Healthcare's Never Event in terms of responsibility. 	

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

4. Matters and actions arising from previous meetings

QS (11/20) 002

The action log was reviewed. The following were updated:

- *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. Ongoing. DC to consult with Chizo Agwu before reporting back through a circulated note to Committee members.*
- *QS (07/20) 004 - Seek advice and input from LW on reviewing the content of the Safety Report. MR reported that she would be meeting with LW in December and would be able to report back with an update at the January 2021 meeting.*

- *QS (07/20) 008 - Review the Mixed Sex Accommodation (MSA) and report to the September meeting.*

KF reported that some discussions had taken place with Julie Thompson and Kenny Dale, however, it was suggested that the review be deferred to January 2021 because of the current operational pressures. MR advised that she would ask Amanda Geary to establish a working group to involve both nursing and operations.

- *QS (10/20) Item 4 - KF to go through the Executive Quality Committee minutes and circulate key bullet points to Q&S Committee members.*

KF reported that bullet point from the EQC meeting had been circulated. **Completed.**

- *QS (10/20) 007 - Investigate whether there was a link between the PCCT staff's high use of the Wellbeing Hub and the complaints peak in PCCT.*

KF reported that the peak in complaints had been largely due to a surge in relation to reception shortages at YHP practices. There had also been complaints in relation to phlebotomy, which were being addressed. Tammy Davies had been confident that there was no direct correlation between complaints and the areas using the Wellbeing Hub most heavily. **Completed.**

- *QS (10/20) 007 - The high number of complaints about the appointment booking process to be further investigated.*

KF reported that a detailed breakdown had been received. Caroline Burgin had been working with Patient Access and work was ongoing, but it was being addressed. **Completed.**

Action: DC to circulate a note to Committee members regarding the visibility of patient historic records through Unity.

Action: MR to consult with LW regarding the Safety Report and update the Committee at the January

2021 meeting.

4.1 Feedback from the Executive Quality Committee and RMC

Verbal

KF reported that she had not attended the RMC Committee. She highlighted the following points to note from the EQC meeting.

The Maternal Deaths action plan update had been discussed and it was noted that all the actions had been completed.

In relation to the Freedom to Speak Up initiative: The [Freedom to Speak Up] Guardian would be present at the Public Board for the first time, which was a positive. A paper would be going to the Board detailing the Freedom to Speak Up actions over the last two quarters, including some in-depth analysis.

Actions must now be reported rather than ‘Saved for later’ within Safeguard. The process around the four docs (document management software) had been agreed.

DC had attended the RMC; the main themes being the review of each of the Group’s risks. The monthly Risk Register Report had also been reviewed. High-level risks would be reported back to the Trust Board. The Health and Safety bulletin had been reviewed along with a review of incidents. It was noted that the Brexit Working Group had been re-established and would meet weekly.

5. Patient story for the December Public Trust Board

Verbal

KF reported that (as previously discussed), it had been decided that a Freedom to Speak Up Guardian would come to the Board to talk about the development of their role.

DISCUSSION ITEMS

6. Committee Terms of Reference – For approval

QS (11/20) 003

Committee members were referred to the paper with the proposed changes to the Terms of Reference. It was noted that the Committee was required to review its Terms of Reference periodically to ensure they remained up to date and reflected the purpose and duties of the Committee.

RS queried whether other Trusts’ Terms of Reference had been reviewed. SR confirmed that this had been done, hence the strengthening around the relationship with the Audit & Risk Committee so that internal quality governance structures were properly covered.

RS commented that he had expected to see specific reference to research, education, data quality and Freedom to Speak Up in the Terms. SR agreed to add those items in specifically.

Membership

MR commented that it had been agreed that she would continue to attend the Q&S Committee even after the return of LK and therefore, it was important to note that she whilst she was Deputy COO, she would not be deputising in the Committee context longer-term.

DC commented that reference to Chief Finance Officer should be changed to Director of Partnerships and Innovation.

The Committee **APPROVED** the Terms of Reference, subject to the amendments. SR stated they would be taken to the Trust Board.

Action: SR to add specific reference to research, education, data quality and Freedom to Speak Up to the Terms of Reference.

7. Gold update on COVID-19 position

QS (11/20) 004

DC commented that the COVID-19 situation was volatile but the key points to note were as follows:

Community rates

Community rates were reducing. At the time of writing the paper, rates had been around 500 per 100,000 population, but this had fallen to around 350 per 100,000. All other areas of Birmingham had also seen a reduction in numbers.

COVID-19 beds

DC commented that hospital admissions might not be impacted [by falling infection rates] for a couple of weeks, but it appeared that the situation had stabilised. The peak of the second surge had been 240 patients approx. which had been more than the March/April surge period.

ITU pressures had also eased slightly and the Trust had been accepting patients from Stoke to help other organisations.

The admissions split was around two thirds non-COVID-19 to one third COVID-19 patients, which had impacted other services. Around 100 staff were on sick leave because of COVID-19 infection.

Treatment pathways

DC reported that getting the testing pathways for patients right had been a focus in terms of swabbing and transporting swabs to the lab for timely analysis.

The younger age group was still predominant, but there was an increasing older age group and more patients were being admitted from this group.

Clinical outcomes

Mortality in Wave 2 had been 11-12% compared to 30% of all admissions in Wave 1 because of multiple factors including age, swabbing protocols, treatment approaches etc.

DC reported that it was hoped that a Community review, undertaken following Wave 1, would offer some useful learnings.

Lateral flow testing

DC reported that Lateral Flow Testing and staff testing were being rolled out.

Vaccination

DC reported that a discussion was ongoing locally, regionally, and nationally about COVID-19 vaccination and how it would be managed.

Nightingale Hospital

DC reported this [opening of Nightingale Hospital] had not yet been enacted and more information would be sought.

Staffing

DC reported that maintaining staff wellbeing, reducing staff sickness, and rewarding and encouraging staff were a top priority along with bank shift rate rises to ensure cover.

PM updated the Committee on the Community Mortality Review which had been finalised and would be released at the beginning of December 2020. PM offered to present it to the next Q&S Committee meeting but revealed the following headline points:

- The quality of secondary care had been very good
- Work done after the first wave of COVID-19 would give the Q&S Committee assurance that any issues had been resolved.

PM commended Chizo Agwu for her support.

AG queried whether the Committee had discussed potential take-up rates of the COVID-19 vaccine by staff. DC reported that rates of staff who declined the flu vaccine were recorded on an electronic system. Currently, uptake had been around 62-70%.

The electronic system could also be used to capture the COVID-19 vaccine uptake. DC reported that minus 80-degree freezers had been sourced from the R&D department to place on-site but the logistics of the vaccination programme were still being sorted out.

CA expressed the view that the messaging around the vaccine would be important. The more information that could be communicated the better in terms of encouraging people to get the jab.

HK queried whether the Trust was set up to get people to come back for the required second jab. SR suggested a very robust recall system would be required.

HK queried the role of the Nightingale Hospital and whether patients would go straight from hospital to care homes. MR reported that community beds were being used in the transition process, however, staffing of the unit was a continuing challenge.

HK also queried the testing regime. DC reported that Lateral Flow testing was happening twice per week, but whilst there may be some people who have to self-isolate because of the testing, the theory was that there would be fewer outbreaks amongst colleagues and patients. Testing was being rolled out in a planned fashion.

DC reported that one of the challenges was in getting patients tested when they were admitted overnight

to assist bed flow. Rapid swabs were now being done on all the Trust's admissions.

DC reported the Trust had a visit from the Health & Safety Executive who had observed processes around infection control and had some negative observation of hand-over rooms, offices, and common rooms etc which had been found to be more relaxed than in clinical areas. DC reported that the processes were being strengthened to ensure notification.

HK reported that some recent commentary from the WHO had pointed to a lack of efficacy of the drug Remdesivir against COVID-19. CA advised that Remdesivir was still included in the current guidance and the Trust's plan was to continue to engage with the research study until more data was available.

Action: PM to present the Community Mortality Review findings to the January 2021 Q&S Committee meeting.

8. COVID-19: Recovery and Restoration plan

QS (11/20) 005

MR reported that in terms of performance against the Production Plan, the Trust had been sitting at 85% against target at the end of October 2020, however, some elective day case and overnight surgery had been stepped down over the last six weeks (Orthopaedics, ENT, Neurology, General Surgery, Ophthalmology). An added impact had been the extent of access to the independent sector (58%) compared to the level in Wave 1.

Therefore, at the time of this meeting, the Trust was sitting at 78% of the Production Plan. Each of the Clinical Groups had been asked to review their targets. MR reported that some further independent sector support had been secured from Stourside and Dolan Park Hospital, Bromsgrove which was a positive and should improve the position.

Outpatient care remained on track, albeit slightly behind on follow-ups.

MR reported that the paper recorded that 482 patients were currently waiting more than 52 weeks for treatment, but this was a growing position, because at the time of this meeting there were 560, partly owing to the elective surgery step down. NHSE/I was monitoring the Trust's performance in relation to 52-week waits.

By 4th December 2020, the Trust would move to the agreed clinical prioritisation system across the Black Country, which would be a large piece of work for the Clinical Groups but would identify those patients who wanted to remain on the waiting list.

In terms of the DM01 trajectory, MRI, CT and Gastro had been the focus. In the paper, MRI and CT had been recorded at 89% and 91% respectively against target and this had improved to 94% and 100%. Gastro had maintained a steady 65% figure.

RTT was at 72% which was a positive increase on the previous month which was pleasing.

MR reported that the Trust's update on its Restoration and Recovery Plan would be required to be submitted to NHSE and the STP by 11th December 2020.

Harm reviews would be looked at as part of the 52-week review in the next two weeks.

RS commented that the figures were very positive and demonstrated the impact of the Trust's early focus on the stratification of risk. He extended congratulations to the team.

RS queried whether services had been returning to Primary Care. PM reported that the level of activity had returned to its pre-COVID-19 position, to the extent that it was getting busier than usual. Telephone and video consultations continued to be routinely utilised.

MR reported that, in the hospital setting, fewer people were not wanting surgery, but referrals were better. Two-week waits were rapidly rising and needed investigation.

MR commented that she would add a section on cancer into the papers for January 2021.

9. Results Endorsement

a) Radiology Backlog

b) Current situation and progress plan

QS (11/20) 006

QS (11/20) 007

DC referred Committee members to the two papers on results endorsement and made the following points to note:

DC explained that the first issue related to Radiology requests where the electronic link between the original request and the report generated had been broken, so that the returned report was not necessarily an endorsable result within the message centre. For a couple of patients this had led to delayed treatment. DC advised that a report was going out to Clinicians so they could check they had seen them.

DC commented that it would be a complex and a long drawn out process to determine the multiple factors involved.

The second paper addressed blood results which had come back unendorsed because the proper pathways to order the tests had not been followed.

DC reported that the issue had not been solved but plans were in place to address both areas and were being actively undertaken.

HK commented the ownership of the test had been confusing.

DC commented that results endorsement was valuable, but the Trust might need to make a risk-based decision in removing the requirements for the problem area – the high number of blood tests done on in-patients. The trade-off would be that the clinical teams would need to do all the others

RS acknowledged the complexity of the issue and queried the ordering of some blood results by the wrong route. DC commented that around 30% of Pathology samples were not ordered or collected correctly through Unity.

10. Children's Safeguarding Quarterly Report

QS (11/20) 008

KF updated the Committee on Safeguarding, which indicated there was a high number of children being

looked after Q2. The Trust had the highest number of children compared to its neighbouring Local Authorities which was an ongoing concern.

The activity in MASH (Multi-Agency Safeguarding Hub) had increased significantly since the previous quarter. KF reported that the team had seen an increase in domestic abuse notifications.

KF commended the Safeguarding team which had managed to maintain its support to the Health Visiting Team in difficult circumstances.

KF further reported that the Level 3 Safeguarding training was sitting at just over 95% and was now being delivered online. Level 2 training via an e-learning module, was also sitting at just over 95%.

There were currently eleven serious case reviews in progress, of which a number were due for publication and sign-off. Two DHRs had been completed with nine due for publication.

In response to a query from RS, KF asserted that the Trust had good relationships with its partners in this area.

HK queried the situation in Primary Care in relation to the problems identified. PM reported that extra vigilance had been employed to identify domestic violence incidents and a higher number of cases had been observed. PM stated that once identified, referral into the services available was straightforward.

11. Integrated Quality and Performance Report: Exceptions

QS (11/20) 009

DB introduced his report by stating that the 'Never Event' referred to by DC at October's meeting, had been removed because it had been allocated to Ramsay Healthcare.

DB clarified that the stillbirth rate had been rising to 8.75 per 1000 babies not 100 (as indicated in the report). The post-partum haemorrhage rate for October 2020 had jumped to 8 when it usually tracked between 1 and 4.

The HSMR mortality rate remained significantly high. Work on coding continued. The death rate in September was 108 compared to 114 in the previous year. Twelve actions were being addressed rigorously before December 2020. It was believed the numbers would drop in due course.

Referring Committee members to the IQPR recovery page of the paper, DB reported that there were sections around the safety checks which had not been completed. DB explained this was because the Trust was aligning the process around the clinical prioritisation levels with the National definition.

HK announced that, as Chair of Q&S, he had been asked to be the Maternity oversight Non-Executive Director and would be joining monthly review meetings.

DC reported that there had been four stillbirths last month, two the previous month and there had been a peak of five in June 2020. The total number of stillbirths in the year to date had been 22 compared to 21 for the whole of 2019. Culture and leadership in the department was being reviewed.

MR reported that an increase had been observed in breast and skin referrals from BSOL and from GPs who would not be expected to refer to the Trust. It had been agreed with BSOL and UHB that the Trust would

start to reject them because it did not have capacity.

CA commented that in relation to culture, the Trust was in the process of rolling out safety huddles.

In relation to post-partum haemorrhage, KF commented that in discussions with Helen Bromage, the focus was on the care given to those people who suffer this type of event because they were very difficult to predict and prevent. The situation would be monitored to determine if the numbers represented a trend or were just a blip.

KF reported that work was being done with maternity to develop a high-level plan and culture.

MATTERS FOR INFORMATION/NOTING

12. Matters to raise to the Trust Board

Verbal

It was suggested the following matters be raised to the Trust Board:

- Terms of Reference
- COVID-19 update
- Restoration Plan
- Children's safeguarding
- Results endorsement

13. Meeting effectiveness

Verbal

None discussed.

14. Any other business

Verbal

Learning from deaths

DC expressed apologies for not including this in the agenda as it had been agreed regular data would be reviewed monthly. DC suggested a page summary be available every month with learnings discussed quarterly.

Anna Gill

RS thanked Anna Gill for sitting in on the meeting.

15. Details of next meeting

The next meeting will be held on 8th January 2021, from 11:00 to 12:30, by WebEx meetings.



Signed

Print

Date