Sandwell and West Birmingham Hospitals NHS Trust

QUALITY & SAFETY COMMITTEE – MINUTES

Venue: Meeting held via WebEx **Date:** 26th February 2021, 11:00-12:30

Members:			**In Attendance:**		
Harjinder Kang	(HK)	Non-Executive Director, Chair	Chizo Agwu	(CA)	Deputy Medical Director
Richard Samuda	(RS)	Trust Chairman	Dave Baker	(DB)	Director of Partnerships & Innovation
David Carruthers	(DC)	Medical Director	Helen Hurst	(HH)	Director of Midwifery
Liam Kennedy	(LK)	Chief Operating Officer	Parmjit Marok	(PM)	GP Rotton Park Medical Centre *(left at 11:30am)*
Melanie Roberts	(MR)	Chief Nurse	Susan Rudd	(SR)	Assoc. Director of Corp. Governance
Kam Dhami	(KD)	Director of Governance	**Apologies:**		
Kate Thomas	(KT)	Non-Executive Director	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. PM advised that she would need to leave the meeting at 11:30am.	
2. Apologies for absence	**Verbal**
Apologies were received from Lesley Writtle.	
3. Minutes from the meeting held on 29th January 2021	**QS (02/21) 001**
KT noted that the following amendments were required to the minutes: • Page 6, item 6.1 second to last paragraph, "DC noted…to collect theological, body and clinical data" was meant to be "…to collect *serological* and clinical data". • Page 7, item 8 first bullet point, amend to: "They were very much aware that the lack of transparency *and* strong Board oversight and leadership within the Ockenden Report …." The minutes of the meeting held on 29th January 2021 were reviewed and **ACCEPTED** as a true and accurate record of the meeting, subject to the above amendments.	
4. Matters and actions arising from previous meetings	**QS (02/21) 002**
All action items would be covered by the agenda.	

4.1 Feedback from the Executive Quality Committee and RMC	Verbal

Executive Quality Committee (EQC)

KD advised that the EQC had discussed the following matters:

- MR had presented the Nursing Quality Impact Assessment process; approved by the EQC.
- An action plan was presented and approved for the administration of legal duties for patients detained under the Mental Health Act.
- An action plan was presented and approved to address poor-quality patient care and service delivery in respect to nutrition and hydration support for patients. The action plan included the reinstatement of the Nutrition Steering Group.
- The refreshed Duty of Candour Policy and the supporting action plan to improve the Trust's position was approved.
- Formally approved the governance arrangements for the Ockenden Report.

Risk Management Committee (RMC)

KD advised that the RMC had addressed the following matters:

- More time would be spent reviewing clinical group and corporate directorates' current red rated risks.
- Discussion around the Trust going outwith government guidance around the use of FFP3 masks; for use on amber wards as well. The decision would be continually reviewed and reassessed with triggers in place for de-escalation.
- The previous concern regarding the risk of oxygen demand versus oxygen supply had been reduced due to only reaching 60% of the systems capabilities during COVID-19 pressures. Monitoring continues.

5. Patient story for the Public Trust Board	Verbal

MR advised that a staff story would be presented to the Public Trust Board. A staff member in Medicine had contracted COVID-19 in wave 1 and had been hospitalised at a different Trust. She had returned to work successfully in a Patient Safety Specialist role, and would continue in that role as it was unlikely that she would be able to return to nursing in the future. The staff member would detail the challenges in the beginning and how she was able to successfully fit into a different role. MR noted that each quarter, a staff story would be presented to gain different perspectives.

DISCUSSION ITEMS

6. Gold update on COVID-19 position, including vaccine update	QS (02/21) 003

DC reported the following:

Community Rates and Hospital Admissions

National infection rates were falling; however, Sandwell and West Birmingham remained the highest in the

country. The reduction in infection rates had led to a reduction in hospital admissions and inpatients. Currently there were just over 200 inpatients and ITU was down to approximately 100% capacity. A contact ward had been used to reduce the risk if there was a COVID-19 infection: The Sandwell contact ward was working well; A similar contact ward at City was being introduced.

Staff Testing

Rolling out the change from lateral flow testing to LAMP testing; a weekly saliva-based antigen test with higher degree of accuracy.

Vaccination

- The City Hub would be in hibernation until the second-dose of vaccine commenced for staff.
- The community Hub at Tipton had opened on 22 February 2021.

MR noted that:

- For a six-week period, commencing 22 March 2021, Sandwell Hospital would be used to vaccinate staff with the second dose. Any additional staff would be diverted to the Tipton Vaccination Centre.
- The Trust had clinical and operational oversight of the Tipton Vaccination Centre. The typical teething problems were being worked through with operational improvements being made as the centre becomes busier each day.
- Drop-in sessions for the AstraZeneca vaccination would be conducted at local community centres and for those with sensory concerns (as the Tipton centre was very loud).
- There is some work needed to ensure that the Trust's patient groups and cancer patients were being contacted and vaccinated prior to commencing treatment.

The Chair noted that the completion of vaccination of the over-40s cohort would remove the biggest risk to hospitalisation and serious disease. To note was the increase in the number of anxiety-related disorders.

RS noted that the take up rate of staff, including care home staff, was significantly lower and very stark. Observations on that issue from colleagues was sought. It was reported that the Trust's uptake was around 60%. There were a lot of anxieties around the vaccine and it had been made clear to staff that support was available if they had concerns. Improvement work was being progressed across the system. PM noted that mis-information regarding vaccine impacts on fertility was a big issue in the young female cohort, particularly those that worked as HCNs in care homes. MR noted that the RCOG had released new guidance which mentioned fertility; also, some people could not be vaccinated due to allergies or conditions.

The Chair questioned why the Trust's infection rate was still extraordinary high, particularly Sandwell. CA advised that it was due to the high percentage of people employed in category A work in Sandwell.

The Chair questioned if they were organised to ramp up for the second round of the Pfizer vaccination. MR advised that weekly meetings were being held and she was confident that it would be easily re-established.

7. Planned Care and Recovery Report	QS (02/21) 004

LK reported the following:

- Had seen a big impact to the Trust's planned care delivery and targets. In December, 75% of activity as an organisation was delivered; which was further reduced in January with the re-deployment of staff to critical care and other areas.
- Most of the continued activity was outpatient and telephone/virtual appointments.
- The February position was difficult to predict; could not see any significant movement.
- In March, the Surgical Restoration Plan would be stepped up.
- One of the four ICU areas at the Sandwell site was empty; remained open just in case.
- ICU occupancy across the site as of today, 94%; compared to 300-ish% a few weeks ago. With community infection rates dropping and the tracking of the seven-day rolling average, it was expected to be maintained and would allow restoration of elective activity in March.
- 22 March 2021 allowed ample time to ease associated staff back into their normal areas and into elective activity; very mindful of what staff had been through and the rationale to slowly deploy them back to allow leave, training, and recalibration with their area of work. It also allowed patients to be booked in a timely manner.
- The Elective Surgery Plan was in development and had been pushed through the Strategic Group. There would be a focus on the P2 patient cohort that require an operation within one month – many had gone beyond that boundary and that data (category against actual wait times) would be presented at the next committee meeting. A green ward and an area for post-op recovery for complex patients would be created at the Sandwell site; currently in the process of working that through with Newton 2 and Newton 1.
- RTT position – 77% as at the end of January 2021; nationally it was a very good position. Outpatient services had continued at a high level; however, elective cases were dragging the RTT position down. Improvement was not anticipated in the near future as it was difficult to work through the surgical cases (take longer and more resource required).
- Referrals – steady for urgent and cancer; routine referrals had reduced to around 70% of pre-COVID-19 activity. Arising from engagement with GP colleagues, it had been identified that routine referrals into the GP stream had been reduced, impacting on referrals to the organisation.
- The 52-week wait position was currently at over 1300. The focus for restoration was going to be on higher priority clinical cases rather than the 52-week wait. The Trust's performance was fairly equal to most others within the region; the Trust was 1.6% of the entire wait list, compared to Wolverhampton (2.1%) and UHB (5.2%).

Key actions in place to ensure themselves of harm amongst patients and the 52-week waits:

  - Development of a Harm Review Template which would be added to Unity.
  - Added an auto flag to PAS to flag when patients exceed their priority timeframe.

- Working on trajectories in March to try and get back on top of those services. Clinical prioritisation would be the key driver as to which patients are seen first.
- To call out from a quality safety perspective, there was no indicative timeline of when oral surgery and vascular surgery would be made available. This was making it difficult to tackle long inpatient waits and high priority in those areas whilst they wait for UHB to provide confirmation of plans.

KT questioned if any service constraints would arise by staff taking leave. LK noted that by the end of day that day, they would have an overview of the leave balance. It would be collated and reviewed to gain an understanding of the leave profile and its impact on restoration. A report would be available at the next meeting.

LK's connection was lost and he left the meeting.

RS noted, as reported by LK, that presentations coming through to the Trust from GPs were at a lower level than primary care. He questioned if there was an equivalent risk analysis (risk assessment of patients) conducted by primary care. PM advised that they were: reliant on patients coming in; red flags were in place; and they actively engage with patients with chronic diseases. The activity within primary care had returned to normal and that would eventually flow through.

The Chair noted the Trust's view that COVID-19 would need less resources going forward; he questioned if their assumptions were incorrect and the demand deescalated more dramatically than that modelled, could elective activity be expedited? CA advised that any limitations would be staff wellbeing; it would be inappropriate to expect staff to suddenly ramp up activity. The Chair questioned if the decay rate was significantly less, had more work been done into greater recovery planning. SR advised that LK and Matthew had been working on the modelling and also on system-wide modelling that covered exactly that.

The Chair noted that the Trust had SLAs for some treatment options with UHB and questioned if the Trust was an SLA provider for any other organisation. SR advised that the Trust was an SLA for vascular and some other issues; however, work was being progressed to update those to address some of the issues experienced. Part of that was UHBs capacity as they were trying to bring services back on line also.

LK re-joined the meeting.

The Chair summarised the discussion in which LK had missed and questioned again the ability to accelerate catch up on activity if the COVID-19 demand decelerated much quicker than modelled. LK advised that the plan was flexible; however, the key was to allow some downtime for staff.

8. Safe staffing through COVID-19 pandemic	**QS (02/21) 005**

MR advised that the paper set out what the Trust had been doing in regard to nurse staffing during COVID-19. The staffing Acuity Tool through January had identified that both AMUs had an acuity increase; Sandwell acuity was higher than City. The Acuity Tool would continue to be done on a daily basis. An

update to the Acuity Tool was underway in reflection of the impact on the Tool from specialities coming back online. There had been a number of capacity impacts on the workforce during COVID-19:

- staff deployed to critical care,
- sickness, and
- an already challenged recruitment position pre-COVID-19.

A quality impact tool had been developed and completed for adult inpatients, community inpatients, paediatrics and community nursing; maternity and AHPs to be finalised. The tool shows at each ratio of staffing what they expect to be done, what could be done and what the escalation was for that to manage as a whole Trust. There was also workforce mitigation implemented during this time, as detailed in the paper. The Committee could be reassured that there was grasp on staffing throughout the Organisation; however, there was still a lot of work to be done and in recognition of that, a staffing paper would be prepared and presented on a regular basis.

RS noted that this topic arises at both the People OD Committee and QS Committee. In the interest of not replicating matters, he suggested that the QS Committee focus on the risk aspects. KD agreed; the Committee need to discuss the 'Worry Wards' and the mitigation around those.

The Chair questioned if there was a call of judgement component in acuity assessment and the number of staff needed, if so, how were different wards' judgement calls calibrated to ensure consistency. MR advised that the Group Directors for Nursing were in control of that and were double checked on a daily basis. A lot of it was done manually and was not an easy process. HH advised that there were tools within the staffing system that had the Safer Nursing Care tools built into them, which made the job for all staff a lot easier and was able to validate data prior to finalisation within the tool. There were things that could support nursing to get it right and therefore provide evidence to the QS Committee that they were Safe.

The Chair summarised that the Committee wanted to see a section within future staffing reports of areas of concern; where there were exceptions - why were they exceptions? and what were they doing to get out of the situation?

MR noted that acuity shows that the AMUs were high; however, they were not worry areas – the acuity didn't always reflect that. KD noted multi-professional teams would need to be built in around it. DC noted that they also need to understand that many wards were not doing their normal ward practice at the moment.

Action: MR to include a section on areas of concern in future nurse staffing papers.

9. Maternity Dashboard Report	**QS (02/21) 006**

HH advised that it was the first time that the QS Committee had been presented with a full paper based on the Maternity Dashboard. In January, a national dashboard was released as a pilot. For the first time the same data was being collected, the same data was being reviewed and would therefore provide a benchmark facility. Three escalation points were identified in the Paper:

i. Caesarean Section Rate – there was a lot of discussion within the organisation as to what rate they should be achieving. The rate was currently set at a lower level of 25%; work was ongoing to raise that to the national level of 30% as the Trust would always trigger against 25% for various reasons. All caesarean sections are audited the following morning to ensure that the procedure was

performed for the right reason(s) and that they were timely with the best possible outcomes. This also fed into national audits.

ii. Stillbirth – rate of 8.65, which pertained to 3 stillbirths (one full term; two at 33 weeks). All three would be reviewed by the multi-disciplinary team; which now included an external obstetrician and CDOP nurses – making the Trust compliant from an Ockenden Report perspective of how cases are reviewed. The reviews are conducted using the PRMT tool and full-term stillbirths are required to also be investigated by [inaudible 0:56:31] – the abovementioned full-term case was confirmed to have been passed onto the Authority for investigation.

iii. Reduction in Births – the Trust had a huge proportion of women in which they didn't birth (45%) and the downward trend in birth was noted both regionally (east/west) and nationally. There was an initial spike in births; however, as COVID-19 continued a downward trend was now evident. As part of the restoration piece of work, they would liaise with local stakeholders to ensure that they are given a choice of where and how they want to birth and to try and position the Trust as the first choice for women residing within the Trust's locality.

Where the Trust had done exceptionally well:

- Delivery decision Interval for Grade 2 EMLSCS greater than 75 minutes – January result of only 2.9% (equating to one birth); a significant improvement and achievement.
- Babies born before arrival – a significant decrease. It had been a national issue for quite some time and came down to communication to mothers.

LK questioned if they were looking to increase the number of births that had a personalised care plan, if that would contradict other data within the dashboard. HH confirmed that was correct; personalised birth plans would always contradict national data. The importance of having informed discussions with women was noted; how those conversations are framed and the support provided to women.

The Dashboard would be presented at each QS Committee and EQC meeting moving forward.

10. Complaints Report: 2020/21 Q3	**QS (02/21) 007**

KD noted that the Complaints Report would also be presented in more detail to the Trust Board. The following key points were noted:

- Response rate (in terms of meeting 30-day target) had worsened; Q1 98%; Q2 77%; and Q3 20%. There were a number of reasons for this: not putting pressure on clinicians and groups to return their responses due to the pandemic, the national pause of response which doubled the workload when lifted; and changes implemented in the Summer of working in a different way. Attempts were being made to catch up with the backlog. KD proposed that the matter be retained on the agenda to allow the Committee to track progress. A target date of 31 March 2021 had been set to clear the majority of the backlog.
- A new system to capture compliments had been implemented locally on wards; it was early days but this was working well.

- Convincing complainants to provide feedback remained a challenge. Various approaches have been tried already.
- Emerging themes – patient property and appointments; investigating further to identify causes and implement change.
- Six complaints had 'bounced' back within the quarter; two due to the first response not being comprehensive.

The Chair questioned if the nature of complaints, what they were complaining about or the way they were complaining, had changed as the result of COVID-19. KD advised that there had been an increase of complaints due to the COVID-19 environment within the hospital, staff treatment of patients and communication.

LK noted that the Trust now had access to Public View; *Complaint Rates* was one area where the Trust was one of the lowest nationally (lower 10%). He questioned the metrics used to measure that. KD undertook to investigate that in Public View.

11. Integrated Quality and Performance Report: Exceptions	**QS (02/21) 008**

DB noted that CLE had discussed re-visiting items which used to be regularly reviewed, such as persistent reds. The CLE had agreed to wait until Public View data was reviewed to identify the right items to pursue. DB, in collaboration with LK and KD, would review Public View and determine some suggestions to bring forward.

DB noted the following key items arising from the IQPR:

- HSMR continued to grow and was not yet expected to reduce.
- Outliers:
    - Stroke – 32 patients missed attending the ward within 4-hours (lowest ever performance). The closure of Newton 4 had redirected patients elsewhere, accounting for 27 of the 32 patients. Three patients had been delayed by clerking, one was a complex patient and one by 'organisation' (unknown what that meant and was being investigated). All 32 patients had been reviewed and confirmed that no harm came to any of the patients.
    - CDiff had increased due to patient acuity.
    - 28-day cancellations – Dermatology (5), Ophthalmology (1). Unknown if any harm had been done, whether the patients had been rebooked and whether there was a root cause within the system. LK undertook to confirm the details; he believed that none were cancer-related.

RS requested a progress update on the investigations into the data quality. DB noted that they were relatively satisfied with the data that made up the IQPR. The Audit & Risk Committee were sighted on 64 quality data items, most which were outside of the IQPR, and the work being undertaken to rectify them.

The Chair noted staff sickness and queried if it was due to COVID-19 or if staff were shielding; and what the recovery plan was to return staff into the organisation. It was advised that the matter had been discussed

at the People and OD Committee; there would be recovery, but it would take several months. The Trust would need to support staff in regard to health and wellbeing.	
12. 2020/21 SBAF	**QS (02/21) 009**
DC provided an update and the assurance levels (shown in brackets) on the following SBAF items: SBAF 4 Vulnerable Services (Limited) – it was hoped that as work starts across the STP ICS, co-working across trust levels would commence. SBAF 14 Reduction in Amenable Mortality (Limited) – 98% of deaths had been reviewed by medical examiners; a vast improvement. The improvement work coding and implementation of those improvements continue. SBAF 15 Research Goals (Adequate) – R&D progress was very much limited due to the effects of COVID-19 on clinical trials and the diversion of all resources.	
MATTERS FOR INFORMATION/NOTING	
13. Learning from Deaths Dashboard	**QS (02/21) 010**
DC noted the report included in the papers.	
14. Matters to raise to the Trust Board	**Verbal**
The following matters were decided to be raised to the Trust Board: • Safe Staffing • Complaints Report • Gold Update	
15. Meeting effectiveness	**Verbal**
Nil discussion.	
16. Any other business	**Verbal**
DC reported: • A Never Event in which there was no patient harm as a consequence. The details were being compiled and would be presented at the Trust Board. • Two staff deaths relating to COVID-19. MR advised that the coroner was satisfied with one case; the second case would be further investigated as the coroner had raised a number of concerns.	
Action: DC to arrange presentation of Never Event to the Trust Board	
16. Details of next meeting	

The next meeting will be held on 26th March 2021, from 11:00 to 12:30, by WebEx meetings.

Signed …….

Print …….

Date …….

Quality and Safety Committee

Action log as of 26th February 2021

Action		Assigned to	Due Date	Status/Response
QS (02/21) 005	Prepare a Worry Wards Report to be presented at the April committee meeting.	MR	26 Feb 2021	