Paper ref: QS (04/21) 001

Sandwell and West Birmingham Hospitals NHS Trust

QUALITY & SAFETY COMMITTEE - MINUTES

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

Members:			**In Attendance:**		
Harjinder Kang	(HK)	Non-Executive Director & Chair	Susan Rudd	(SR)	Assoc. Director of Corporate Governance
Richard Samuda	(RS)	Trust Chairman			
Kate Thomas	(KT)	Non-Executive Director			
Lesley Writtle	(LW)	Non-Executive Director			
Liam Kennedy	(LK)	Chief Operating Officer			
Mel Roberts	(MR)	Acting Chief Nurse			
Kam Dhami	(KD)	Director of Governance			
Dave Baker	(DB)	Director of Partnerships & Innovation			
Helen Hurst	(HH)	Director of Midwifery			
Chizo Agwu	(CA)	Deputy Medical Director			

Minutes	**Reference**
1. Introductions [for the purpose of the audio recorder]	**Verbal**
Chair HK welcomed Committee members	
2. Apologies for absence	**Verbal**
Apologies were received from David Carruthers and Parmjit Marok.	
3. Minutes from the meeting, held on 26th February, 2021	**QS (03/21) 001**
The minutes of the meeting held on 26th February 2021 were reviewed. The minutes were **ACCEPTED** as a true and accurate record of the meeting.	
4. Matters and actions arising from previous meetings	**QS (03/21) 002**
It was noted that the two actions in the log were either completed or would be discussed later in the agenda.	
4.1 Feedback from the Executive Quality Committee and RMC	**Verbal**
Executive Quality Committee (EQC) KD reported that there was a focussed conversation about Unity training. The Unity system had been launched in September 2019, but ongoing training following the initial period had been lacking. This was perceived to be a prevailing safety concern and therefore, some further targeted training was now	

required, perhaps leading to an annual refresher.

Clinical group scorecards had been discussed (audits, complaints, duty of candour etc.) along with the CQC's new inspection regime and preparation for a visit. Since then, there had been an announcement that the CQC would recommence its inspections in April 2021 prioritising Trust's rated as inadequate or RI.

Risk Management Committee (RMC)

Themes discussed at the RMC had included MMUH and eight unmitigated risks which would be brought to the Board around equipping, affordability, and readiness of the workforce for MMUH's opening in 2022.

5. Patient story for the Public Trust Board	**Verbal**

MR advised that the Patient Story was centred on a female patient who spent two weeks in the NIV Unit. The story contained both positive and negative aspects of her experience.

She had reported that the nurses and the medics had been very kind and compassionate when she was admitted to hospital during the height of the COVID-19 response. However, her case had raised some dignity issues – at one point she was the only female in a block of male patients, which she had found challenging.

There had been questions raised about nutrition and the number of times the end-of-life topic had been raised. As a 52-year-old she had found this very upsetting.

DISCUSSION ITEMS

6. Gold update on COVID-19 position, including vaccine update	**QS (03/21) 003**

LK referred Committee members to the paper and reported that new COVID-19 infection rates had been falling in Sandwell (less than 40 new infections per day, compared to peak rates of around 700 per day).

The age range with the highest infection rate was now 13-17-year-olds, potentially linked to the return to schools and the fact that the vaccination programme had been focused on older people.

No new infections had been observed in the over 80s age group category over the past three weeks, possibly linked to the vaccination programme.

In-patient numbers had also drastically reduced since January 2021. ICU departments were still stretched however (still operating at over 100%), and reservists were continuing to support the units to enable Critical Care staff to attend mandatory training, take leave, reflection time etc. LK summarised that it was an improving picture, but some pressures remained.

Newton 3 was still a Contact Ward on the Sandwell site. Contact ward arrangements for the City site were being addressed.

Swabbing was currently being carried out at both Emergency Departments (EDs). Point of Care testing was now available for all admissions at the Sandwell site and at the City site (after 2pm) which was an improved position. LK commented this should help reduce nosocomial infection and the segregation of

patients into the correct areas which was a positive. Both EDs still had streaming (COVID-19/non COVID-19) in place.

The Gastroenterology project was on track and would consolidate on the Sandwell site at the end of April/early May 2021. This would mean all the Trust's medical specialties were consolidated on a single site.

MR reported that staff testing had moved from Lateral Flow to LAMP testing across the organisation which had been going well.

The Vaccination centre/Hospital Hub had recently reopened. There were some uncertainties around vaccine supply going forward, but this issue would not affect second doses. MR advised that the latest data on the vaccine would be shared at the upcoming Trust Board meeting.

The Tipton Hub had administered around 14,000 vaccines since opening. Second doses of vaccines would commence on 3rd May 2021, but there would be four weeks in April when the Hub would not be running at full capacity because of lower vaccine supplies. The focus would be on some of the harder to reach groups, and those individuals with learning disabilities plus their carers but the advice had been to concentrate on priority cohorts 1-9. MR advised that cohort 10 would not commence until the STP believed it had vaccinated as many people in the higher priority categories as possible.

In terms of PPE, MR reminded the Committee that the Trust had chosen to go above and beyond national guidance following a risk assessment earlier in the year because of community and in-patient infection numbers. However, a review of the position had been discussed at RMC and it had been agreed to return to national guidelines based on falling infection rates.

HK queried if the younger age bracket of infected individuals had changed clinical outcomes. LK clarified that the age range had been observed in the community and had not translated into hospital admissions.

CA commented that rising numbers of infections had been observed worldwide in children with auto-immune diseases such as Type 1 diabetes.

LW queried staff resilience, sickness rates and general wellbeing. MR commented that staff were beginning to be re-deployed back from Critical Care to their usual areas of operation and were going through a health and wellbeing session as part of this move. Health and wellbeing continued to be a focus for the groups and it had been suggested that QIHD address this topic in April 2021.

Staff sickness rates had not changed hugely in recent weeks, but required management to ensure staff had the support they required to return to work.

RS queried staff vaccination and national guidance on interventions etc. CA commented that guidance re vaccination was currently being cascaded from the Clinical Advisory Group through the layers of the organisation.

KT queried general community vaccination rates. MR commented that vaccination rates for the over 50s had been variable - Sandwell had been doing very well, whereas pockets of West Birmingham had struggled. The picture was very different across the Black Country.

A question and answer session for Black and Minority Ethnic (BAME) staff would shortly be held to

encourage uptake of the vaccination.

7. Improving Hospital Standardisation Mortality Ratio (HSMR)	QS (03/21) 004

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

The Hospital Standardised Mortality Rate (HSMR) had continued to rise however, the Medical Examiners' work continued to give assurance. The biggest variant was in Sepsis, Pneumonia and Lung Cancer. There had been improvements in Sepsis being treated within an hour, since work had started last year to boost performance.

Progress had also been made in helping doctors get the primary diagnosis correct through the introduction of a new learning module.

There was an issue around excessive Finished Consultant Episodes, but this had been generally falling which was a positive, but over the last month there had been a rise.

The HSMR for October 2020 was currently being reported. Data showed there had been 31 spells where COVID-19 had fallen outside of the second episode. It had continued to rise in November 2020 and January 2021 which would negatively impact HSMR.

The number of COVID-19 related Palliative Care episodes had dropped after initial increases.

Patients who had died with a Charlson [Co-morbidity] Index (CCI) score of less than 6 had been identified so that a review of their documentation could be made to identify amendments to try to increase the number and achieve better coding. The number of deaths with low CCI numbers had been rising.

DB commented that the last peak of COVID-19 in January and February 2021 had negatively impacted data and therefore, expressed the view that it was unlikely that the HSMR would reduce sustainably for a while. Whilst there was a lot of good work ongoing, the issue was not an easy one to fix.

CA commented that the Improvement Team had undertaken a piece of work in relation to Pneumonia – the Mouthcare Initiative. This had shown a 45% drop in hospital-acquired Pneumonia which had been a very significant impact. It was planned that the Initiative would be rolled out across the organisation.

Colon cancer and Bronchial cancer deaths had been reviewed and it had become clear that a significant proportion of patients had presented very late and had died in a short period of time. A public campaign was being considered to highlight signs and symptoms etc.

RS queried why a business case would be required for the Mouthcare Initiative. CA clarified that this related to nursing time and equipment. LK commented that it would be considered as part of the COVID-19 costs conversation.

KD reported that such a HSMR was concerning. This would likely be picked up by the CQC. CA confirmed that one of the biggest impacts was caused by excessive Finished Consultant Episodes and how the Trust managed them. She expressed the view that the issue needed to move from the taskforce to become business as usual within the Groups and the operational teams, which would be the best chance of a permanent solution. LK confirmed that the issue was playing a huge factor.

LK further commented there appeared to be a conflict in how the Trust taught and developed medical staff and the clinical team's coding rules which might be causing coding inefficiencies.

8. Infection prevention and control: BAF	**QS (03/21) 005**

MR referred Committee members to the two papers in relation to this topic:

NHSE/I update

MR reminded the Committee that there had been two visits to the Trust by NHSE/I in September and November 2020 when the Trust had been evaluated 'Red' with several actions put in place. It was reported that two action plans had been combined and had been reviewed by the Infection Control Committee. MR highlighted the following progress points:

- The improvement plans would be managed through the Infection Control Committee and would be viewed by Q&S Committee every quarter.
- The Matrons' job description had been reviewed to include a section on the ICP. This would be further developed in the coming months.
- The 'I am Clean' green tagging initiative had been implemented
- The daily Matron checklist was in place
- The BAF was regularly reviewed for IPC on a monthly basis

MR reported that she had been talking to NHSE/I about the Trust's infection control and the hospital acquired infection rate (the Trust was in the top ten in the region). However, MR further reported that NHSE/I had been assured by some of the measures that had been put in place during the COVID-19 response.

The team had been slightly restructured to include a Deputy Director of Infection Control. The new infection Control Doctor would be Mark Li.

A bid for funding had been made to increase the Infection Control team. Perfect Ward (discussed later in the agenda) would be implemented. A self-assessment against the Hygiene Code was planned in the coming weeks.

MR summarised that there had been a huge amount of progress in terms of Infection Control, but that there was still more to do ahead of a repeat visit from NHSE/I (June 2021).

BAF

The BAF had changed nationally to reflect COVID-19, i.e., PPE, infection control, swabbing, testing for staff etc. and to ensure that the BAF was seen quarterly by the Trust Board.

HK queried how the Trust was measuring the impact of the initiatives put in place. MR reported that a dashboard was in its early stages which would reveal infection control data. This would be brought back to the Committee for discussion.

DB commented that, through Public View, the Trust's record on hospital acquired infections had been

generally strong. It was acknowledged that COVID-19 had been causing problems. MR commented that it would be important for infection control practices to increasingly become part of 'business as usual' and that the right audit processes were in place.

LW queried the focus of mandatory training and suggested a focus on infection control might be useful. MR reported that the focus had been on Matrons to get the message out to wards. NHSE/I had offered masterclasses for Matrons and wards which the Trust planned to take up.

HK queried whether there were any behavioural matters that would need to be considered as teams recovered. MR confirmed that the messaging around social distancing and mask wearing for example, were important and were continuing.

9. Maternity Dashboard and Neonatal Data Report	**QS (03/21) 006**

HH referred Committee members to the extended paper and reported that it included the HSJ response and the overall Improvement Plan for Maternity Services. It was noted that the Neonatal data had been included as requested by the Board.

The following highlights and escalations were referred:

The Trust's Caesarean section rate remained in line with the national level but was out of kilter with the Trust's expected level. HH commented that it was pleasing that it had been agreed at CLE to move to the national average (from April 2021), to assess the Trust's Caesarean section rate.

There had been two stillbirths in February 2021. One case concerned a 27-week pregnancy which had been a severe Inter-uterine Growth Restriction (IUGR) case, which had been monitored by the Fetal Medicine Unit and the mother had been fully counselled about the high risk of stillbirth.

The second case had been a late booker who had arrived for her first appointment at 26 weeks when it was discovered that her baby was deceased.

The Neonatal death had been a sad case of a 25-week pre-term delivery with unexpected collapse prior to transfer to a Level 3 NICU. HH reported that this case was being reviewed for assurance that everything possible had been done.

Reduction of births continued but work was ongoing to improve the situation and it was expected that births would increase with the opening of MMUH.

A high number of term admissions to the Neonatal unit had been observed. A programme called ATAIN had been part of a drive to reduce this number. The Trust was well above the regional figure of 5%. The Trust had worked well to address the national trends of hypoglycaemia and hypothermia but the top three reasons for admissions were related to infections or meconium. HH reported that the opening of the Induction Suite would help tackle this issue.

The Cot day rate had been below plan – this was a positive because it reflected not needing support for newborns but more negatively, reflected low birth rates,

HH reported that births on the Serenity Midwifery Led unit had continued to rise which was pleasing.

The HSJ report and the Improvement Plan were noted.

HK queried whether any other organisations had seen an upturn in births. HH reported that her weekly meeting with the Regional Chief Midwifery Officer had revealed that the regional trend had also been downwards over the last three months. Birmingham Women's Hospital which had a cap, had maintained numbers but had not seen an increase in requests. The expected COVID-19 lockdown baby boom had not materialised.

LK raised the issue of the term admission numbers and queried how it was being tackled. HH reported that the ATAIN group (a multi-disciplinary group of obstetricians, neonatologists, nurses, midwives etc.) reviewed all cases before they were presented to QIHD. Nationally, the two biggest causes had been hypothermia and hypoglycaemia, but in the Trust, infections had been the cause.

An improved use of antibiotics would be piloted for labours involving pre-term, ruptured membranes cases. HH reported this was slightly outside of national guidance but here was enough evidence in the organisation of an increased infection rate. HH commented that Obstetricians and Neonatologists from the Royal College had differing views over the timing of antibiotic administration.

LK commented that a lot of the graphs in the papers appeared to present the Trust in a positive light in relation to the national average which was at odds with the term admissions. HH commented that she would request that the Neonatal team triangulate the data.

MR commented that the briefing had been written for National Chief Nurse and Chief Midwife, Ruth May. The likely outcome was that the Trust would be offered an improvement Midwifery advisor which would be welcomed.

LW queried the staff visibility meetings and attempts to engage with staff. HH reported that staff 'listening events' had commenced in 2020. Multiple workstreams were in place to improve staff engagement. An external individual had been employed to have individual, private staff conversations from 19th April 2021. Another external company had been engaged to help the organisation develop a kinder culture. Support forums also regularly took place.

Action: HH to request that the Neonatal team triangulate the data to explain the high term admissions figures in relation to the other more positive Maternity/Neonatal metrics.

10. Never Events Report	**QS (03/21) 007**

MR reported there had been two similar Never Events in February 2021 – One in Critical Care and the other in AMU.

MR explained that, in 2016, the Trust had received an NHS improvement notice around the matter at issue [air flow confusion]. The notice had required barriers to human error to be put into place and these had been implemented. Air flow monitors had been either removed or fitted with moveable flaps.

The two Never Events had involved patients who had temporarily received air when they required oxygen. The incidents had occurred one day apart. Neither of the patients had been harmed.

The Group Directors of Nursing had been contacted to advise them of the incidents and it had been requested that all Air Flow metres be removed from the air outlets unless they were in high-risk areas requiring both air and oxygen.

However, MR reported that there was some further work to do to resolve this issue longer term at MMUH. A learning alert had been released and a medical engineer was investigating whether there was a cap available for the outlets which might assist (different coloured caps). There would be a formal review and an audit process would follow.

An additional Never Event had been reported very recently where the patient had received oxygen when they required air.

HK queried whether there was a standard of flow plumbing across the organisation. MR confirmed this was the case, but acknowledged that currently the design of the system could be unclear under pressure.

11. The Perfect Ward	**QS (03/21) 008**

MR explained that the Perfect Ward SMART inspection app had been discussed as a potential replacement for the Safety Plan. It would make quality inspections easy and efficient and would support the triangulation of data. Its key feature however, was the delivery of real time results and could be utilised through Trust iPads and Trust mobiles in ward areas.

MR commented that the reason for utilising Perfect Ward would be to support assurance and top performance.

MR further reported that the app would be implemented across the organisation in two phases. The first phase would 'go live' on certain wards on 6th April 2021.

The implementation would involve a Critical Champions group and also a Perfect Ward Champions group and weekly meetings were taking place.

MR referred Committee members to a set of draft audit questions (which had now been finalised) in the annexe to the papers. These questions covered 40 different areas.

The roll-out of Perfect Ward would take around six months and it would not be replacing the Safety Plan until this was complete. MR commented that it would be important to decide on what reporting would look like both internally and externally. Work was ongoing in this area.

HK queried whether data protection issues had been taken into account. MR confirmed this was the case and IT had been included within the Critical group.

DB queried the triangulation of data and whether it was compatible with the existing system. MR commented that further consideration would be done to determine fit.

KT queried how widely the system was being used externally. MR advised that it was currently utilised by around 60 health and care organisations including Walsall [Healthcare NHS Trust]. MR commented that the app offered greater insight into patient experience which would be helpful from a CQC perspective.

HH commented that, in Norwich, it had been observed that Perfect Ward had led to wards competing

positively with each other.

12. Integrated Quality and Performance Report: Exceptions	**QS (03/21) 009**

DB reported that ED performance had been recovering but was behind the other Acute Trusts in the Black Country.

ON RTT, the Trust had 3,226 patients that had missed their clinical prioritisation date. This was a high number that needed to be addressed carefully.

There had been a serious fall where a stroke patient had died. This case had been referred to the Coroner to determine cause.

There had been three patient breaches of the 28-day guarantee – oral surgery patients who needed treatment delivered by UHB. DB reported their treatment was likely to be very delayed and unfortunately, the Trust did not have the capability to do the work required. LK commented that a treatment date from UHB had been unavailable but the Trust had been pushing for a date to be provided. He suggested this be flagged as a risk for the organisation.

Re-admissions had jumped to 11.3% which was high.

LK commented that the Trust's ED reported differently to other providers and utilising the same methodology would improve statistics in this area by around 8-9%, thereby lifting the Trust into the upper quartile based on March indicators for ED performance. DB commented that this was vey important to note.

LK further commented that some of the readmission data had been alarming and was being reviewed, particularly in terms of coding. There was real concern around prioritisation. This was an issue experienced regionally, was being closely monitored and had been added to the Trust's Risk Register.

MATTERS FOR INFORMATION/NOTING

13. Planned Care and Recovery Report	**QS (03/21) 010**

Noted.

14. Safeguarding Q3 Report	**QS (03/21) 011**

Noted.

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

- Issues around the service provision received by the Trust from UHB
- The Never Events
- Mortality rate
- Improvement Plan/HSJ (to be highlighted)

• Perfect Ward	
16. Meeting effectiveness	**Verbal**
None discussed.	
17. Any other business	**Verbal**
None discussed.	
Details of next meeting	
The next meeting will be held on 30th April 2021, from 11:00 to 12:30, by WebEx meetings.	

Signed …….

Print …….

Date ……