

QUALITY & SAFETY COMMITTEE - MINUTES

Venue: Meeting held via WebEx

Date: 30th April 2021, 11:30-13:00

Members:

Harjinder Kang	(HK)	Non-Executive Director (Chair)
Richard Samuda	(RS)	Non-Executive Director/Trust Chair
Lesley Writtle	(LW)	Non-Executive Director
David Carruthers	(DC)	Medical Director
Mel Roberts	(MR)	Acting Chief Nurse
Kam Dhami	(KD)	Director of Governance
Richard Beeken	(RB)	Interim Chief Executive
Chizo Agwu	(CA)	Deputy Medical Director
Kate Thomas	(KT)	Non-Executive Director
Dave Baker	(DB)	Director of Partnerships & Innovation
Liam Kennedy	(LK)	Chief Operating Officer
Parmjit Marok	(PM)	GP Rotton Park Medical Centre
Helen Hurst	(HH)	Director of Midwifery

In Attendance:

Susan Rudd (SR) Assoc. Director of Corp Gov.

Minutes	Reference
1. Introductions [for the purpose of the audio recorder]	Verbal
Chair RS (Acting Chair in the initial absence of HK) welcomed Committee members to the meeting.	
2. Apologies for absence	Verbal
There were no apologies.	
3. Minutes from the meeting held on 26th March, 2021	QS (04/21) 001
The minutes of the meeting held on 26 th March 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 (04/21) 002
<ul style="list-style-type: none"> • <i>QS (03/21) 006 - 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.</i> <p>HH acknowledged that the Trust had high term admissions but explained that the Trust delivered</p>	

excellent care to the babies and that NAP data had improved. She referred Committee members to further explanation in the paper. **Completed.**

4.1 Feedback from the Executive Quality Committee and RMC

Verbal

Executive Quality Committee (EQC)

KD reported that there had been a heavy agenda at the EQC including discussion of SIs.

The re-introduction of Schwartz Rounds, supported by the King's Fund through their Point of Care Foundation had also been discussed. KD explained that they provided a structured forum for staff at all levels of seniority, to discuss emotional, key events and social elements of work and helped staff reconnect with values and motivation at work. A programme of work had been put in place with expressions of interest already received from staff prepared to be trained to lead the Rounds, and an internal advert would also be placed.

The Q3 safeguarding report had been discussed along with the infection prevention control papers and the BAF.

Other points of discussion had been policy development and clarity around the clinical guidelines. Flow charts had helped explain the process and tracking using myDocs had also been explained.

Risk Management Committee (RMC)

The Groups' current 'red' rated risks had been discussed and these would be brought to the Trust Board. The low likelihood, high impact risks were also reviewed (those currently rated green or yellow) which, if they were to happen, would have a high impact on the organisation.

5. Patient story for the Public Trust Board

Verbal

MR reported that the story would concern a male YHP patient (Primary Care). He had become unwell with COVID-19 and had initially been managed at home with the help of an ACP and utilising a pulse oximeter. He had been later admitted to Sandwell for a short period of time and had received excellent care with good communication from staff.

MR commented that the story from Primary Care would coincide and be aligned with National Nurses Week.

DISCUSSION ITEMS

6. Gold update on COVID-19 position, including vaccine update

QS (04/21) 003

MR reported that the Trust's community infection rate continued to decline and inpatient numbers had fallen to 18. D17 ward was the only 'red' area currently operated within the Trust. The health and wellbeing area for the staff on the ward had been a focus because it had been a 'red' area from the beginning of the pandemic.

MR commented that a restructure of the ward might be necessary as COVID-19 patient demand continued to drop.

There had been new guidance issued concerning the contact ward. MR reported there was no necessity now for a contact ward and Covid patients would be nursed primarily in bays or side rooms.

Swabbing was still being undertaken on admission via point of care testing in ED and on days three and seven. There had only been one positive case in the last seven days through ED.

The 'red' AMU was being reviewed on the City site. Gastroenterology had consolidated at Sandwell.

LAMP testing for staff had been rolled out on 25th March 2021 and the Trust was currently at 36% but there was more work to be done on the roll out. Within the STP Wolverhampton had been running at around 50% but other Trusts were slightly lower than SWBH. A plan was in place and a dashboard in operation for supervisors and ward managers.

The vaccination centre at the hospital hub had closed for second vaccines on 26th April 2021, the Tipton vaccination hub was continuing. The vaccination hub had also carried out 500 first jabs for staff to meet a fresh demand for vaccination following a communication and promotion campaign.

The Pfizer jab had been confirmed as the vaccine of choice for the under 30s visiting the Tipton vaccination hub. The Astra Zeneca vaccine would continue to be used for second doses. Tipton would be open until 3rd October 2021 to meet the second dose timetable.

MR reported that first doses of vaccine continued to be pushed to staff and inoculation rates were currently around 70%. The vaccination status of around 1,000 staff was currently uncertain and being followed-up.

In terms of PPE, MR reminded the Committee that the initial decision to move away from national guidelines had been reviewed and the Trust was now operating within national guidelines, with the exception of high-risk members of staff who had been advised to follow their personal risk assessment plans.

LW queried the issue of LAMP testing. MR commented that it had been difficult to persuade some staff to take part but take up had been improving by about 3% per week. DC stated there were multiple factors involved in take-up rates. Face-to-face meeting risks were being reviewed in the light of vaccination rates and the easing of contact restrictions.

PM queried whether any cases concerning the Indian variant [of COVID-19] had been observed in the hospital. DC confirmed there had been one patient identified with the strain who had been managed appropriately.

In response to a query from RS, MR reported that staff whose vaccination status was uncertain were being contacted. She expressed the view there was still some work to do to encourage vaccine uptake by hospital staff.

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

From April 2021, the Trust would be working to the national average caesarean section rate of 30%. At the end of the year the Trust's figure had been 29.7% (just within target). HH expressed the view it was a fair average.

In terms of perinatal mortality, there had been four stillbirths in March 2021, three of them at term. One had been under the surveillance of the diabetic team and the death had been discovered on her caesarean section date with no complaints of reduced fetal movement. The other two term pregnancies had demonstrated no risk factors. The fourth case concerned a death discovered in labour.

There had been no neonatal deaths in February 2021 and the Trust's Neonatal mortality rate had been positive over the course of the year. Infections were the biggest cause of admissions to the Trust's neonatal services along with meconium staining or aspiration. Work was ongoing to try to reduce the numbers.

Cot days remained low but unfortunately the reduction in the numbers of babies requiring admission to the Neonatal Unit was due to the lower number of births which was a national trend.

Grade 1 caesarean section interval delivery rate had been a positive with only 7.7 not achieving the target of 30 minutes. NAP data showed the Trust was performing extremely well especially in relation to being seen in the first 24 hours.

Post-partum haemorrhages had remained static which was a positive as the Trust had previously been observing an increase. HH acknowledged that antibiotics use was higher, but this triangulated with the greater term admission for infection.

In response to a query from RB, HH reported that a trial of administering IV antibiotics earlier in labour would be undertaken as obstetric opinion was divided on this issue.

CA raised the issue of the high rate of maternal mortality and stillbirths by ethnic minority women in the UK and queried how this impacted the Trust and how it was addressing any disparity. HH reported that a specialist midwife had recently been appointed to improve knowledge in this area and work with communities. The same piece of work was being carried out with Tower Hamlets and Bradford.

DC queried whether there was routine data about the ethnicity of stillborn and neonatal deaths. HH reported that this figure would always be higher for SWBH because of the local population demographic.

KD enquired about progress of the whistleblowing programme with the Maternity Services workforce. HH reported this was on track and had been going very well.

DB suggested the inclusion of a patient satisfaction indicator in the dashboard. HH agreed to add it to the clinical paper going forward, noting that patient experience survey results were included in the Board paper.

Action: HH to add patient satisfaction indicators to the Maternity dashboard.

7.1. Investment in Maternity workforce and Training Proposal

QS (04/21) 005

- **HK arrived at the meeting and took over the Chair role from RS.**

MR explained that the topic related to the Ockenden Report. HH reported that NHSE/I had released £95.9m to support the introduction of the essential actions required. Bids had been requested around three key areas:

- Midwifery workforce
- Obstetric workforce
- Mandatory training

HH reported that a huge piece of work had been undertaken nationally and SWBH was aware it had a large deficit of midwives.

The lead role for fetal monitoring had been appointed to but there was no PA in support.

HH reported that the total cost of the bid was £700K in 2021/22 with a recurrent cost of £1.27m. Next steps would be submission. The LMNS would give its approval by 4th May 2021 for a 6th May submission. National teams were expected to feedback allocations by 27th May 2021. The system would be sent revised plans back by 3rd June 2021 should they be required. HH reported that the submission was a work in tandem with LMNS, hence the requirement for approval. The bid had been well supported by the Trust's HR and Finance teams.

LW queried the strategy to entice people into the Trust in terms of recruitment. HH acknowledged the difficulty and stated there was a possibility that money might need to be refunded if the Trust could not successfully recruit but work was already ongoing in that area including internationally.

LK commented that the Ockenden report focused on personalised care for each mother. The Committee **APPROVED** the bid.

8. Reintroduction of Partners into Maternity Perinatal Medicine

QS (04/21) 006

MR reported that patient visiting had been re-introduced in certain areas within the Trust from 12th April 2021. This move had affected the community sites, neonates, children and Maternity Services.

Partners attending both scans had been oppressed because of the COVID-19 restrictions. Lateral flow testing had been introduced. New guidance was expected.

HK queried whether the Trust was confident that partners were proficient in terms of lateral flow testing. MR reported that partners and families were being supported to carry it out but data was enhanced with a questionnaire.

LK queried whether the requirement to carry out lateral flow testing was causing delays in the appointments process. MR reported that test timings had been incorporated into the schedule but acknowledged that waiting areas were not entirely adequate, however no complaints or issues had been raised.

9. HSMR review

QS (04/21) 007

DC referred Committee members to the paper which reiterated the importance of HSMR and how it might have a negative impact on the organisation.

It was reported that the Trust had been reviewing the quality of care in the clinical areas and issues around documentation, which might link to adverse changes within the HSMR, already aggravated because of hospital acquired infection rates.

DC stated that there was a huge amount of work ongoing in relation to the Quality of Care Reviews and through Learning from Deaths.

Discussions around coding; however, would need to be rapidly developed.

DC further reported that it was likely the HSMR would worsen in the next months because of the recent COVID-19 peak which had led to an increase in community and hospital acquired infections.

In response to a query from HK regarding recruiting someone to tackle the issue, DC acknowledged this would need to be an individual who understood coding, clinical aspects and Unity. A meeting would shortly take place to determine how this multi-skilled individual would be found (i.e. externally versus internally sourced).

RS queried the CQC impact. KD reported that the Trust had been in touch with the CQC and had expressed eagerness to engage. CQC would likely be looking at the IQPR, the Trust's Board reports and the insight data.

CA commented that one of the key issues would be whether there had been more COVID-19 deaths recently than in the previous waves. NHS England had reported that SWBH was in the middle of the ranking table, therefore, there were no particular concerns.

10. CQC inspection preparedness

QS (04/21) 008

KD reported that any visit by the CQC remained uncertain however, it was known that their future visits would be more targeted towards areas rated as 'requires improvement, so the medical wards, assessment units and paediatrics. The Trust was currently rated 'inadequate 'in terms of well led for paediatrics.

KD reported that most of the wards had taken part in the self-assessment process. Surgery had been an outlier. Improvement work had been identified.

In-house inspections would shortly re-commence. Triangulation with other services would be important in this programme.

KD reported that an Oversight Group would be established – including executives and potentially including a Non-Executive Director - to talk to and support ward managers. Public View would be monitored for indicators of performance. Staff engagement would be key to CQC preparedness. Information packs had been distributed.

LW expressed concern that there was little evidence that the trust fully understood how prepared it was for the CQC inspection. KD commented that it was hoped improvement plans that were being implemented on wards in response to self-assessment, would give an indication of progress.

LK queried whether, in terms of paediatrics, a wider approach across the organisation might be useful. KD acknowledged this point. LW expressed the view that the in-house visits would be really important to get a sense of the Trust's genuine position.

11. Public View: Trust performance benchmarking position

QS (04/21) 009

DB referred Committee members to the paper and highlighted the 41 metrics contained in Public View and the Trust's percentiles.

DB commented that out of the ten most important indicators, the Trust was in the bottom quarter of five of them, including Friends and Family, Staff Hospital Mortality Indicator (SHMI), the Sickness Absence Rate, and complaints. Performance in A&E had recently improved which was a positive.

The overall hospital benchmarking score based on the ten metrics showed that the Trust had been very close to achieving a 'Good' rating in June 2019, but it had now dropped within the 'Requires Improvement' rating.

In response to a query from HK, DB clarified that Public View had created the list of metrics using Artificial Intelligence (AI) and data from 'good' and 'outstanding' Trusts. DB expressed the view that the metrics, benchmarking and other data could be used by the Trust to plan a route to improvement and evidence that it was being executed effectively.

RS commented that cancer services appeared to be a focus for NHSE/I. LK agreed, commenting that the Trust's track record in this area had been very good and had been in the top quartile nationally. However, the Trust was currently in a worse position because of its reliance on UHB which had suspended its services during COVID-19. The knock-on effect was long waits for dermatology and breast cancer services. Gynae-oncology sessions at the Priory had also been unexpectedly lost – dropping from eight sessions per week to two per month. LK stated that plans were in place to address the problems.

LK further commented that the Trust had continued to operate cancer services throughout all the COVID-19 waves but because other Trusts had suspended them, this had repercussions on SWBH. NHSE/I had been made aware of the issues.

12. Results endorsement

QS (04/21) 010

DC summarised that the Trust's position was to achieve a paperless system across all results. It was known that around 30% of tests were currently not ordered or corrected properly and this needed to be worked on so that endorsement was possible through Unity.

DC advised that education and training would be promoted as part of the Unity optimisation programme. Reports would be produced by department and ward area.

The biggest risk was around Radiology and a report was due to be finalised for circulation. Groups had been asked to focus on getting the results endorsed in real time.

In response to a query from RS, DC confirmed that in some areas there had been issues concerning the hardware in terms of functionality and people's use of it. A process conducted with the IT team had

involved visits to ward areas to check on malfunctioning hardware.	
13. Integrated Quality and Performance Report: Exceptions	QS (04/21) 011
DB reported that positive progress had been made on the data quality dashboard and the A&E data set had been hitting its target for the first time. MR reported that an update in relation to the falls detailed in the paper would be expected shortly	
MATTERS FOR INFORMATION/NOTING	
14. Learning from deaths dashboard	QS (04/21) 012
Noted.	
15. Planned Care and Recovery report	QS (04/21) 013
Noted.	
16. 2021/22 Clinical Audit forward plan	QS (04/21) 014
Noted.	
17. Q4 complaints report	QS (04/21) 015
Noted.	
18. Matters to raise to the Trust Board	Verbal
It was suggested the following topics be raised at the Trust Board: <ul style="list-style-type: none"> • Gold update • Maternity dashboard and the Ockenden paper • CQC inspection preparedness • Forward planning on HSMR. • Cancer summary. 	
19. Meeting effectiveness	Verbal
None discussed.	
20. Any other business	Verbal
On behalf of the Committee, HK acknowledged that it was the last Q&S meeting for RS and extended thanks for his service.	
Details of next meeting	

The next meeting will be held on 28th May 2021, from 11:30 to 13:00, by WebEx meetings.

Signed

Print

Date