

Trust Board
3 February 2022

AGENDA ITEM NUMBER	15.2	
TITLE OF PAPER	Quality of Care Committee Minutes – November 2021	
Confidential	NO	
Suitable for public access	YES	
PLEASE DETAIL BELOW THE OTHER SUB-COMMITTEE(S), MEETINGS THIS PAPER HAS BEEN VIEWED		
Quality of Care Committee Quality of Care Committee on 27 January 2022		
<u>STRATEGIC OBJECTIVE(S):</u>		
Quality Of Care	√	
People	√	
Modern Healthcare	√	
Digital	√	
Collaborate	√	
EXECUTIVE SUMMARY		
	The minutes are submitted from Quality of Care Committee.	
RECOMMENDATION:	For receiving	
SPECIFIC ISSUES CHECKLIST:		
Quality and safety	√	
Patient impact	√	
Employee	√	
Other stakeholder	√	
Equality & diversity	√	
Finance	-	
Legal	√	
Link to Board Assurance Framework Principle Risk	Yes	
AUTHOR	Zoe Buchanan, Corporate Quality Manager	

PRESENTED BY	Jane Dale, Non-Executive Director and Chair of Quality of Care Committee
DATE	27 January 2022
BOARD ACTION	Receive

QUALITY OF CARE COMMITTEE (QoCC) MINUTES

25 November 2021

1200 – 15:00

CHAIR:	Jane Dale (JD)	Non-Executive Director
MEMBERS		
	Fran Davies (FD)	Non-Executive Director
	David Fluck (DF)	Medical Director
	Chris Ketley (CK)	Non-Executive Director
	Andrea Lewis (AL)	Chief Nurse
	Paul Murray (PM)	Chief of Patient Safety
	Toks Ogunbanjo (OO)	Chief Pharmacist & Divisional Director Diagnostics, Therapeutics & Cancer Care (DTC)
	Suzanne Rankin (SR)	Chief Executive
	Jacqui Rees (JRe)	Associate Director of Quality
	James Thomas (JAT)	Chief Operating Officer
IN ATTENDANCE:		
	Zoe Buchanan (ZB)	Corporate Quality Manager (meeting administrator)
	Ellen Bull (EB)	Deputy Chief Nurse
	Andy Field (AF)	Chairman
	Jo Finch (JF)	Head of Quality & Regulation
	Elaine Inglis (EI)	Lead Quality Manager, BSPS
	Yvonne Jones (YJ)	Head of Clinical Effectiveness
	Sal Maughan (SM)	Associate Director of Corporate Affairs & Governance
	Jane Mitchell (JM)	Professional Head of Safeguarding
	Paul Murray (PM)	Chief of Patient Safety
	Gemma Puckett (GP)	Head of Midwifery
	James Thomas (JMT)	Divisional Director, Women's Health & Paediatrics (WH&P)
APOLOGIES:		
	Arun Thiyagarajan (AT)	Associate Non-Executive Director
	Faris Zakaria (FZ)	Divisional Director SSM
ITEM		
80 / 2021	Apologies for absence All Committee member apologies are noted as above. The presenters of the UEC Exception Report were stepped down, due to hospital pressures.	
81 / 2021	Minutes of the last meeting The Minutes were approved as a true record.	
82 / 2021	Action Log 55/2021: Learning from Mortality Reviews Quarterly Report: Include	

	<p>benchmarking data in the next report. Action completed and closed.</p> <p>67/2021: Performance Report: Provide an update on the voluntary supported transformation initiative in relation to elective activity in Ashford Hospital. Action completed and closed.</p> <p>68/2021: Quality Report: The redeployment of volunteers at Viewpoint kiosks in the main entrance was being considered. Action: Update the progress of the initiative at the next Committee.</p> <p>69/2021: SIRI Report (closed): Reframe the report to triangulate with complaints. Action completed and closed.</p>
83 / 2021	<p>BAF - AL presented the report</p> <p>At the September 2021 Quality of Care Committee (QoCC), the recommendation was for all BAF risks to be maintained at their current levels. It was proposed that the Committee review and consider increasing the BAF risk scoring for the QoCC BAF risks 1.1 and 1.1a, due to operational pressures.</p>
84 / 2021	<p>Performance Report (Quality Safety & Risk) - JAT presented the report</p> <p>The Emergency Department (ED) and Urgent Treatment Centre (UTC) remained under sustained pressure. There were an increased number of ambulance handover delays, with 280 ambulances waiting 30-60 minutes, and 50 ambulances waited over 60 minutes throughout October 2021. Attendance levels in the ED were exceptionally high, and ED continued to work closely with South East Central Ambulance Service, to support management and mitigation of risks across the system. The Committee was assured that emergency patients were treated via the time critical pathways and were not waiting.</p> <p>There were 2 patients waiting over 90 weeks for a follow up outpatient appointment, which was due to patient choice and 74 patients waiting 52 weeks, which remained low compared nationally. This had made good progress and was due in part to the successful utilisation of Ashford Hospital. The number of patients waiting over 4 weeks for urgent surgery remained low and it was noted that some patients had exercised their choice to delay their treatment.</p> <p>Although, all services had been maximising outpatient and inpatient activities, due to annual leave and other staffing pressures (short term staff sickness and COVID isolation) activity was lower than planned. The Committee noted that the pausing of initial routine outpatient appointments was being considered, to free up capacity and focus on reducing the number of patients waiting for follow up outpatient appointments.</p> <p>The plans for restoration of elective work were progressing. There was 97% of previous clock stop activity, which was above our peers and reflected how treating the longest waiting patients were prioritised.</p> <p>Diagnostic performance was challenged due to an increase in demand, especially for non-obstetric ultrasound. Plans to support the demand included an additional Radiologist session and outsourcing. A recovery trajectory was expected in January 2022.</p>

	<p>In Endoscopy, outpatient activity and inpatient referrals increased and there were 734 patients dating back to August 2021, who were now included in the waiting list. Despite these challenges the number of patients waiting greater than 13 weeks was low. There were 344 patients waiting over 6 weeks in October 2021 and the trajectory was approximately 600 patients waiting in November 2021.</p> <p>In October 2021, the cancer position was provisionally non-compliant for the Two Week Rule (TWR), 62 Day Urgent GP Referral to Treatment and the 31 Day Subsequent Surgery Treatment Standards. The position was undergoing validation at the time of reporting.</p> <p>The report was received for assurance.</p>
85 / 2021	<p>SIRI Report (closed) - JRe presented the report</p> <p>The Duty of Candour (DOC) target was not met for the reporting period and the Patient Safety Team was working to recover the position and improve documentation. There were 56 moderate and above harm incidents reported in the period.</p> <p>There were 37 open serious incidents (SIs). The number of overdue SIs had reduced from 20 to 14 since the last reporting period and work was progressing to reduce the number further.</p> <p>A prevention of Future Deaths Report to the Trust was expected, for a high-risk patient that underwent an elective hip replacement, deteriorated shortly following the surgery and died. A detailed action plan was implemented to increase capacity for High-Risk Anaesthetic Clinics at the Trust.</p> <p>The key learnings from the closed SI regarding the delay in imaging and diagnosis of a dissecting aortic aneurysm (AAA) were discussed.</p> <p>Action: The Patient Safety Team to include more information in the report to reflect all the actions in place regarding AAA identification. Action completed and closed.</p> <p>The report was approved.</p>
86 / 2021	<p>Quality Report - AL presented the report</p> <p>There was an increase in complaints in September 2021, due to operational pressures, which impacted receiving a timely response from clinicians. The main themes in complaints for the reporting period were communication and discharge, which triangulated with what the CQC had said. An improvement plan was being implemented to address the issue.</p> <p>The response rate for patient feedback via Viewpoint had improved from 2.9 to 3.7 and was expected to further improve, with the help of Volunteers signposting patients to use the device.</p> <p>Action: JRe to amend Viewpoints first page to display smiley faces option.</p> <p>In October 2021, there was 4 probable and 7 definite Trust apportioned COVID cases, 6 were related to an outbreak on Swift Ward. The reasons for the outbreak were multi-factorial and included patient age and frailty.</p>

	<p>The Sepsis 6 care bundle was discussed, it was noted that more work was needed to improve performance across the bundle.</p> <p>Surgical Site Infection (SSI) rates for caesarean sections continued to show improvement, this was welcomed by the Committee. There was more to be done to reduce the number of SSIs for fractured neck of femur patients, and additional SSI improvement interventions were planned in November 2021.</p> <p>The fall on May Ward with the patient sustaining moderate harm was discussed. The classification of the harm was questioned and would be reviewed.</p> <p>The report was commended and approved.</p>
87 / 2021	<p>Learning from Mortality Reviews Quarterly Report - PM presented the report</p> <p>The completion of the initial mortality screening must be performed in a timely manner. Overdue forms continued to be chased by the Learning from Deaths Working Group. The aim was that the early completion of initial mortality screenings was business as usual and formed part of ward rounds.</p> <p>Interim Hospital Acquired COVID-19 Mortality Report 2021/2021 - PM presented the report</p> <p>All hospital acquired COVID deaths were investigated as SI investigations. There were 85 hospital acquired COVID related deaths in the reporting period. Of these, 49 were probable (onset 8-14 days after admission) and 36 (thought this was 26?) were definite (15 or more days after admission). This was following further validation after the freedom of information request, where 4 additional cases were identified, taking the number of cases for review from 81 to 85 and increasing the definite hospital acquired cases from 26 to 36. A cluster investigation was in progress. There were 2 main areas of concern discussed, community prevalence was high, and compliance of staff home lateral flow testing had fallen in the reporting period.</p> <p>The Committee was assured by the reports.</p>
88 / 2021	<p>Exception Reports</p> <p>BSPS - EI presented the report</p> <p>There was 1 new reported SI relating to the chemical exposure of staff working within immunology. There was no feedback data for pathology from Viewpoint and workstream projects were on-going within the DTC division to address this. The installation of QR code posters within patient areas to enable patient feedback to be captured was welcomed by the Committee.</p> <p>Urgent & Emergency Care (UEC) - The report was not presented due to operational pressures in the ED. However, questions on the report were submitted to the Triumvirate.</p> <p>Action: ZB to liaise with the UEC Triumvirate for a response.</p> <p>Diagnostics, Therapeutics and Cancer Services (DTC) - OO presented the report</p> <p>Pharmacy complete a Trust wide survey on antibiotic use for inpatients. Antibiotic prescribing remained high across the Trust when compared</p>

	<p>nationally. Prescribing compliance overall remained similar to previous audits, with marginal improvement noted.</p> <p>The completion of hand hygiene audits was a concern in some areas in the division. The Infection Control Team was providing support and training to these areas. The management of Clinical Governance in the division was divided into 9 workstreams with representation from departments within the division. This was commended by the Committee.</p> <p>Women's Health & Paediatrics (UEC) - GP presented the reports</p> <p>Going forward all maternity reports were being consolidated and reported as one, at the Committee. Midwifery and Paediatric workforce remained challenged with every possible measure in place to mitigate including daily proactive management of the workforce.</p> <p>The Committee was assured by the reports.</p>
89 / 2021	<p>Maternity Reports - GP presented the reports</p> <p>Maternity SIRI Report (Closed)</p> <p>There were 2 SI investigations closed in the reporting period, a maternal death by suicide in the community and a stillbirth. There was assurance that the learning from SI actions had been shared and was timely.</p> <p>Maternity Papers - (Ockenden and Clinical Negligence Scheme for Trusts (CNST))</p> <p>Year 4 of the CNST was underway, and the 10 safety standards remained unchanged but with some additional requirements. For example, the number of hours maternity staff required mandatory training had increased for standard 8. The Trust received feedback that some data used for evidence did not meet some of the safety standards. At the time of reporting this was being appealed by the Trust.</p> <p>The Committee was assured by the reports.</p>
90 / 2021	<p>Adult & Child Safeguarding Committee Annual Report- EB presented the report</p> <p>There was increased oversight and ownership of safeguarding cases across the divisions in the reporting period. In 2021, the compliance of safeguarding mandatory training was impacted by operational pressures, which was due to the pandemic.</p> <p>All divisions had been tasked to meet the Trust target by the end of March 2022. The Committee was assured that there was mitigation in place, especially around paediatric safeguarding training.</p> <p>The Medical Examiners Team attend the Learning Disability Mortality Review panel (LeDeR) and the Safeguarding Team would also attend the panel going forward.</p> <p>The report was commended and approved.</p>
91 / 2021	<p>Health & Safety Biannual Report --DF presented the report</p> <p>The number of Riddor incidents had reduced and correlated with the number of patients attending on site and more staff working from home. Violence and aggression related incidents remained consistent, with the main issues centred on patients who had a cognitive impairment. The Trust employed a range of tactics to address violent & aggressive behaviour and support staff.</p> <p>Security was discussed and further discussion was planned outside of the meeting to determine if a separate security paper was required.</p>

	<p>Action: CB to include COVID related health and safety data in the report.</p> <p>The report was approved.</p>
92 / 2021	<p>Seven Day Hospital Services (7DS) Biannual Report- DF presented the report</p> <p>Of the 4 priority standards the Trust remains compliant with 2 of these, standards 5 and 6. The Trust has not reached the 90% target for standard 2, first consultant review within 14 hours, and standard 8, ongoing consultant review. This was a drop in performance as in March 2021 we reported compliance with all the priority standards.</p> <p>It was also noted that the audit for these standards has a low sample size and so there can be wide variation and in order for the data to be more reliable a wider sample was needed. This should be possible with the introduction of Cerner, which will remove the manual aspect of auditing notes. Work continues against the outstanding improvement standards and the medical handover standard operating procedure (SOP) was produced to ensure compliance with standard 4.</p> <p>The report was approved.</p>
93/ 2021	<p>Risk Scrutiny Committee Annual Report - SM presented the report</p> <p>The report summarised the key areas of activity for September 2020 to September 2021. There was good progress with the internal audit report. The Committee noted that an integrated risk needed to be described. The terms of reference for the report required a review, to consider which Committee the report should be presented at.</p> <p>Action: SM to provide clarity in the terms of reference.</p> <p>The report was approved.</p>
94 / 2021	<p>IPC BAF- AL presented the report</p> <p>Compliance with the 10 standards of the national framework remained good, which was confirmed at the recent CQC inspection.</p>
95 / 2021	<p>Corporate Quality & Regulation Report - JF presented the report</p> <p>The Care Quality Commission (CQC) reports released in the reporting period were discussed.</p> <p>The September 2021 Insight Report showed overall performance for the Trust was about the same and performance was stable in all 5 of the key lines of enquiry (KLOEs).</p> <p>Action: Future reports to include assurance reflecting the actions in place for Trust wide indicators that declined.</p> <p>The Committee commended the report.</p> <p>CQC unannounced Inspection- AL presented the report</p> <p>The Trust received a 3 day unannounced inspection between 16th to 18th November 2021. The rationale for the inspection related to recent whistleblowing reports in Theatres and Anaesthetics and concerns raised around discharge. The Inspection focused on the safe and well-led domains.</p> <p>Much of the feedback following the visit was positive, with patients being well cared for and the leadership, in Ashford particularly, was acknowledged as</p>

	good. One area for improvement included medical equipment management in Theatres.
96 / 2021	BAF Review The Committee agreed to the proposed changes to the risk scoring for risks 1.1 and 1.1a. With the amendment, all Quality of Care Committee BAF risks were 16.
97 / 2021	Any other Business Revised Quality of Care Objective Following a discussion, it was agreed to amend the wording and circulate to the Committee for final sign off.
	Date of next meeting: 27 January 2022