



Ashford and St. Peter's Hospitals
NHS Foundation Trust

TRUST BOARD
29 September 2022

AGENDA ITEM	16.2
TITLE OF PAPER	Quality of Care Committee Minutes from July 2022
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 22 nd September 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	BAF Risks 1.1, 1.1a, and 1.2
AUTHOR	Zoe Buchanan, Corporate Quality Manager
PRESENTED BY	Arun Thiyagarajan, Associate Non-Executive Director
DATE	September 2022
BOARD ACTION	Receive

QUALITY OF CARE COMMITTEE (QoCC) MINUTES

21 July 2022

10:30 – 13:30

CHAIR:	Jane Dale (JD)	Non-Executive Director
MEMBERS	Dami Adedayo (DA)	Non-Executive Director
	David Fluck (DF)	Medical Director
	Chris Ketley (CK)	Non-Executive Director
	Paul Murray (PM)	Chief of Patient Safety
	Sal Maughan (SM)	Associate Director of Corporate Affairs & Governance
	Jacqui Rees (JRe)	Associate Director of Quality
	Julianne Smith (JS)	Chief Executive
	James Thomas (JAT)	Chief Operating Officer
	IN ATTENDANCE:	
	Zoe Buchanan (ZB)	Corporate Quality Manager (meeting administrator)
	Ellen Bull (EB)	Deputy Chief Nurse
	Charlotte Broughton (CB)	Head of Patient Experience and Involvement
	Amanda De Jonge (ADJ)	Nurse Consultant / Deputy Director of Infection Prevention and Control
	Andy Field (AF)	Chairman
	Jo Finch (JF)	Head of Quality & Regulation
	Shashi Irukulla (SI)	Deputy Medical Director
	Yvonne Jones (YJ)	Head of Clinical Effectiveness
	Neil Patel (NP)	Consultant, Medicine & Clinical Governance Lead
	Deborah Nicholson (DN)	Interim Quality Lead at NHS Surrey Heartlands
	Mike Parris (MP)	Divisional Director, General Surgery, Anaesthetics & Critical Care (GS-ACT)
	Gemma Puckett (GP)	Head of Midwifery
	Tom Smerdon (TS)	Director of Strategy and Sustainability
	Jaime Squire-Dean (JSD)	Divisional Chief Nurse, Urgent and Emergency Care (UEC)
	Rachael Strauss (RS)	Associate Director of Operations, Diagnostics, Therapies & Cancer (DTC)
APOLOGIES:		
	Andrea Lewis (AL)	Chief Nurse
	Radcliffe Lisk (RL)	Divisional Director, Urgent & Emergency Care (UEC)
	Hannah Spencer (HS)	Head of Nursing - Women's Health and Paediatrics (WHP)
ITEM		
52 / 2022	Apologies for absence All apologies are noted as above.	

53 / 2022	<p>Minutes of the last meeting The Minutes were approved as a true record.</p>
54 / 2022	<p>Action Log 72/2021: The Divisions to include more information around SSIs including benchmarking data and 24/2022: The next Quality Report was to include a 3-month rolling average of SSI rates. The additional resource burden was discussed and a meeting between AL, DF and SI was to be scheduled to address the plan moving forward. Action: Completed and closed. 31/2022: The next IPC BAF to include a summary of open and closed actions and highlight changes at the next Committee. Action: Completed and closed. 31/2022: IPC BAF to include a breakdown of lateral flow compliance of staff groups. Action: Take forward to the September QoCC. 56/2022: Performance Report to include Sentinel Stroke National Audit Programme (SSNAP) data going forward. Action: Take forward to the September QoCC. Extraordinary Maternity Quality of Care Committee 3/2022: To support the Maternity Team with the recruitment of administrative roles. Action: Completed and closed. Extraordinary Maternity Quality of Care Committee 3/2022: To support maternity to prioritise completion of safety checks. Progress was to be reported at the Quality of Care Committees going forward via the Maternity Report. Action: Completed and closed. Extraordinary Maternity Quality of Care Committee 3/2022: TS discussed the Trust Medical Devices Group and suggested that a representative from the Maternity Leadership Team were part of this. Action: Completed and closed.</p>
55 / 2022	<p>BAF - JRe presented the report The proposal was for BAF risk 1.1 to be increased to 20 and for 1.1a and 1.2 to maintain their risk scores of 16. The decision was deferred until all papers had been presented.</p>
56 / 2022	<p>Performance Report (Quality Safety & Risk) – JAT presented the report The impact of the launch of Surrey Safe Care (SSC) in May 2022 was acknowledged to have caused considerable operational challenges.</p> <p>There was an inability to book outpatient appointments and difficulties viewing patient tracking lists, which included cancer two-week rule (TWR) and endoscopy patients. Cancer performance was challenged and would continue to be for the coming months. In June 2022, this had significantly impacted breast and dermatology TWR appointments.</p> <p>There had been challenges around the clinic templates in SSC, which caused a significant negative impact on outpatient capacity & activity. The implementation of SSC also resulted in a reduction in Trust performance reporting. This included the suspension of Referral to Treatment (RTT) and diagnostics reporting.</p>

	<p>Performance in the ED was impacted by SSC and the Committee recognised that performance measures were not captured accurately. Work was underway to complete full performance validation.</p> <p>In June 2022, there were 50 ambulance handover delays over 60 minutes and handover delays of 30-60 minutes had increased. The ambulance handover process remained under review and continued to take longer following SSC going live.</p> <p>The number of patients that waited overnight in the ED for a ward bed had reduced to an average of 3 patients per day. This was due to improved patient flow through the Clinical Assessment Unit (CAU), and the initiatives introduced through the Trust's main effort programme.</p> <p>Cancer performance was significantly challenged following the launch of SSC, which was expected to continue for the coming months. This had impacted Breast and Dermatology TWR appointments in the reporting period. Recovery groups to focus on these challenges were introduced, with a specific workstream focused on cancer. The group was identifying the key issues and was working with the SSC team to prioritise and address the concerns.</p> <p>The Trust had recorded considerable high levels of nosocomial infection of COVID in the reporting period and the Committee acknowledged that this was due an increase of COVID in the community.</p> <p>A third-party expert had been appointed to undertake data quality validation and provide operational backlog support, to restore performance promptly. A structured Trustwide stabilisation programme was also in place, and operational teams were working closely with the SSC implementation and Digital Teams. The Committee acknowledged that the Trust priority was to resolve and mitigate these issues.</p> <p>The report was received for assurance.</p>
57 / 2022	<p>SIRI Report (closed) - JRe presented the report</p> <p>The number of patient safety incidents reported had increased from the same reporting period in 2021. The number of incidents of low and no harm, accounted for 98.4% of incidents reported.</p> <p>There were 11 new SIRI's reported, across 6 different categories: surgical invasive procedures, treatment delay, maternity, a screening incident and 1 medicine incident Never Event.</p> <p>There were 19 SIRI reports submitted and reviewed by the Clinical Commissioning Groups (CCGs) and 21 SIRI's were open at the time of reporting. Key learning included the review of the Trust ambulatory emergency care pathway for deep vein thrombosis (DVT) and the introduction of a "STOP" check with theatres.</p>

	<p>The Committee welcomed the Duty of Candour (DOC) compliance improvement to 87%. Discussions between the Patient Safety Team and SSC were underway on how to systemise the recording of DOC moving forward.</p> <p>For incidents graded 3 or above, where care and service delivery concerns were raised a rapid review was undertaken. The rapid reviews had been well received by staff, and the Patient Safety Team continued to support the process.</p> <p>Reducing the number of overdue Datix was identified as a quality priority and the aim was to sustain a 50% reduction by September 2022.</p> <p>There were five clinical claims closed in the reporting period. A key learning related to the inappropriate administration of Gentamicin and because of this incident, a Standard Operating Procedure (SOP) for the administration of Gentamicin was developed.</p> <p>There were two Coroner inquests in the reporting period. An immediate review of the vascular referral pathway had been undertaken and a SOP was put in place with clear guidelines for referral.</p> <p>The Committee also discussed the Maternity incident reported as a SI in July. A rapid review had been completed and the case referred to the Healthcare Safety Investigation Branch (HSIB). The Division were also undertaking a Perinatal Mortality Review Tool (PMRT) review.</p> <p>The report was approved.</p> <p>Never Event Paper</p> <p>The Trust reported 6 Never Events in the last 3 financial years, 5 were related to wrong site surgical procedures. The Committee sought assurance that the Trust was learning and welcomed the focused refresh around strengthening safety checks. The reporting of Never Events and the Clinical Teams subsequent swift actions were commended by the Committee.</p>
58 / 2022	<p>Patient Safety Strategy Update (included Patient Safety Specialist Role)- PM presented the report</p> <p>Board level discussion around implementation of the NHS Patient Safety Strategy was a national requirement. Good progress was made following initial publication of the strategy in 2019. Further steps to reach the national requirements were progressing and the Committee recognised the Patient Safety Specialist role was pivotal moving forward.</p> <p>The National Reporting and Learning System (NRLS) and the Strategic Executive Information System (STEIS) was being replaced by a new system called Learn from Patient Safety Events (LFPSE). The change was anticipated in late 2022.</p> <p>The report was approved.</p>

59 / 2022

Quality Report - JRe presented the report

The Trust complaints response standard was not met in the reporting period. However, this improved from 64% in March 2022 to 88.57% in June 2022. Reducing the number of complaints and PALS related to appointment letters, and discharge were new quality priorities for 2022/2023. Complaints around appointment letters was expected to improve with the stabilisation and resolution of issues associated with Surrey Safe Care (SSC).

A new process was implemented between PALS and the Discharge Lead, to address discharge concerns. In addition, relatives were receiving an e-mail sharing the Trust discharge and admission policy and were provided with information about community services and how to access these.

The Trusts response rate for Friends and Family test was 8.7% for May 2022 and 7.2% for June 2022. Work to improve included supporting areas where ViewPoint engagement was limited. Compliments received in the reporting period were acknowledged and commended by the Committee.

The number of reported incidents relating to medication was below the target for the reporting period. The focus following the implementation of SSC was on identifying and delivering support to staff, to enhance medicines safety.

COVID numbers declined in April 2022 and May 2022 but increased again in June 2022, which coincided with an increase in cases both regionally and nationally. National benchmarking of IPC measures showed the Trust continued to perform well. The number of Clostridioides difficile (C.diff) and E.Coli cases exceeded the Trust target number for the reporting period. The Trust threshold was recognised as challenging as it was based on good performance in 2021/2022.

Hand hygiene audits results suggested high compliance across the Trust. However, it was acknowledged that further work was required to ensure hand hygiene was accurately recorded.

The report was approved.

Updated Quality Account Priorities for Year ending March 2023 - ADJ presented the report

It was proposed that the IPC Quality Account Priorities were aligned with the NHS contract, which was released after the priorities were set. The Trust was a good achiever of last year's targets and was subsequently set challenging NHS contract targets for 2022/2023. Aligning the priorities to the NHS contract enabled for benchmarking with other Trusts. MRSA and MSSA were no longer included in the contract, however it was proposed to continue reporting these and the hand hygiene target. The IPC Team proposed not to have a target for COVID, which was set at zero, but would continue to report on the measure. The IPC Team also requested to remove the priority related to glove usage, due to the challenges with data collection. The Committee agreed to all the proposals, except for the COVID target. It was suggested that the IPC Team revise the target of zero, but present possible options that could be

	<p>measured (a percentage reduction was suggested as a possibility). Action: ADJ to provide possible targets for Hospital Acquired COVID for the Committee to decide upon at the next meeting.</p> <p>The Committee commended the IPC Team for their work in the last year.</p> <p>There was a subsequent discussion about SSC and a suggestion that there was a quality objective to be considered around this. It was requested that some possible targets around SSC recovery and related/emerging risks were brought back to the meeting. Action: JRe to provide some targets around SSC related/emerging risks.</p> <p>The report was approved.</p>
60 / 2022	<p>Exception Reports</p> <p>Urgent & Emergency Care (UEC)- JSD presented the report Plans were progressing to move to a culture that supported improvement and the sharing of learning, both in the Division and more widely in the Trust. Further work was needed to improve the completion of audits, and subsequent actions in a timely manner. Ambulance delays and the impact of SSC to patient flow was discussed and the Committee agreed this should be included in the report moving forward. Action: UEC triumvirate to ensure ambulance delays and SSC impact on flow, were included in the next report.</p> <p>Diagnostics, Therapies & Cancer (DTC)- RS presented the report The Division were considerably challenged following the implementation of SSC and there were 47 risks on their Divisional risk register at the time of reporting. Challenges around the tracking of outpatients had been a particular concern. The Committee were assured by the progress being made around the availability of letter templates on SSC. However, assurance on patient experience needed to be amended from acceptable to partial assurance.</p> <p>Safety huddles in Endoscopy were well embedded and had enabled the teams at the grass roots, to find solutions and improve patient flow. In addition, there was an improvement to staff morale. The safety huddles had proved to be successful and was recognised as a positive step by the Committee. The response rate for ViewPoint data in the Division was also commended.</p> <p>Womens Health & Paediatrics (WH&P) - GP presented the report Nursing and midwifery staff shortfalls combined with acuity and the volume of patients in Neonatal Intensive Care Unit (NICU) had required the closure to the neonatal network on 11 occasions as well as restricted access to maternity on 18 occasions, in the reporting period. The Division had seen a cluster of culture positive sepsis in NICU and, overcrowding was a particular IPC concern, which was on the Divisions risk register.</p> <p>Surgical Site Infections (SSI) following caesarean sections had shown a sustained improvement. Data collection was ongoing. There was one paediatric death accepted by the Healthcare Investigation</p>

	<p>Branch (HSIB). This was expected to provide network wide learning and was on-going.</p> <p>In Gynaecology, there was a 30% increase in TWR referrals caused by reduced capacity due to clinician shortfalls and delayed recruitment to the Colposcopy Nurse post.</p> <p>The Committee recognised that workforce remained challenged, which impacted the Divisions ability to embed learning from incidents and was a risk on the maternity risk register.</p> <p>An immediate and essential action from Ockenden, was that an external neonatal expert reviewer was established for all Perinatal Mortality Review Tool (PMRT) panels. An external obstetric expert was being secured on a case-by-case basis. This had been escalated to the Strategic Lead Midwife at the Local Maternity and Neonatal System (LMNS).</p>
61 / 2022	<p>Maternity (includes CNST) and Neonatal Report - GP presented the report The midwifery workforce continued to have an increasing vacancy rate. An action plan was in place to mitigate workforce risks and workforce remained on the corporate risk register.</p> <p>The pause around the Maternity Incentive Clinical Negligence Scheme for Trusts (CNST) had ended. The elements of incomplete compliance were safety actions 5 and 8, and further assessment of compliance with the PMRT publication of reports was being validated.</p> <p>The Estates challenges for the Division were discussed. An action plan was agreed in April 2022, to address issues that could affect patient safety.</p> <p>Action: GP to include feedback from the Ockenden regional visit, in the next Maternity and Neonatal Report.</p> <p>The report was received for assurance.</p>
62 / 2022	<p>Learning from Mortality Reviews Quarterly Report - YJ presented the report The Risk Adjusted Mortality Index (RAMI) chart showed the Trust continued to track above its peers. However, this was not considered a good indicator of quality of care and more significant was the percentage of avoidable deaths, which was not benchmarked nationally.</p> <p>The increase in mortalities coincided with the number of deaths on Willow Palliative Ward. Patients receiving end of life care were being recorded in the Trust's RAMI. Further work to validate this data had started and would be reported to the Committee once complete. Progress around increasing the number of Structured Judgement Reviewers (SJR's) in the Trust was on-going. There were 22 reviewers at the time of reporting, and training was planned for Registrars. The Mortality Improvement Lead was due to commence in September 2022.</p>

	<p>The report was approved.</p>
63 / 2022	<p>Patient Experience/Patient Survey Annual Report - CB presented the report</p> <p>The Patient Experience Team (PET) were impacted by long term absence, however, the team appointed two temporary complaint handlers in February and April 2022, which had supported recovery.</p> <p>The most common complaint theme had been treatment process queries, with staff behaviour noted as a factor. The themes in Patient Advice and Liaison Service (PALS) were appointment enquiries and communication.</p> <p>The team worked closely with departments to escalate and address the concerns and reach a resolution. Weekly Divisional meetings were held, to discuss and triangulate patient complaints.</p> <p>The Committee acknowledged that the findings of the national patient surveys correlated with the overarching themes of PALS, complaints and ViewPoint. Further work was required to review how to improve patient experience.</p> <p>In February 2022, a new Bereavement Team was implemented, and a new working model created to ensure service continuity was in place. Going forward the team would report to the Mortality Improvement Lead.</p> <p>The healing arts programme had made progress in promoting the value of creating calm and inspiring environments to benefit the well-being of patients and staff. An Arts and Design Manager was appointed, and the Committee recognised that work to raise the profile of what was on offer, was ongoing.</p> <p>The Committee acknowledged that the Trust response rate target of 20% by September 2022 was ambitious and unlikely to be achieved.</p> <p>The report was approved.</p>
64 / 2022	<p>Health & Safety Biannual Report - TS presented the report</p> <p>RIDDOR incidents was approximately one per month, which was about the same as pre COVID levels. The most common injury was a fracture following a fall.</p> <p>The number of incidents related to aggression and physical assaults of staff had increased post COVID. Although violent and aggressive behaviour was common in hospitals the Trust took this issue seriously. Measures in place included improved restraint training and the wearing of body cameras. More work was required to improve security for staff, and a business case was being considered for dedicated security provision in the Emergency Department.</p> <p>The report was approved.</p>

65 / 2022	<p>IPC BAF- ADJ presented the report</p> <p>The Trust was compliant with 7 of the 10 standards. The standard to ensure infectious patients were not moved was challenged with implementation of SSC, as this did not provide a list of infectious patients. Ensuring monitoring of good IPC practices was also challenged due to resource issues within the IPC team. A Trust wide ventilation assessment was also a required standard that was not completed. Action and escalation had been taken for each of the standards not met.</p> <p>The report was received for assurance.</p>
66 / 2022	<p>BDO Audits Action Plan progress updates for SSI, DoLs, Falls and Medical Devices.</p> <p>All reports were taken as read and the Committee were assured that the appropriate actions were in place and progressed. A Trustwide standardisation of the usage and management of medical devices was a key ambition for the Trust moving forward.</p> <p>All reports were received for assurance.</p>
67 / 2022	<p>Corporate Quality & Regulation Report- JF presented the report</p> <p>The Trust was compliant with the CQC regulation around medical devices in theatres. However, there were delays with the repair works in theatres and the Trust remained non-compliant for that regulation notice. A comprehensive action plan to drive and monitor all actions for improvement had been progressed.</p> <p>The CQC had appointed the Trust a new Relationship Manager as well as a new CQC Inspector. The delayed quarterly engagement with the CQC was with the Urgent & Emergency Care (UEC) Division in July 2022.</p> <p>The CQC continued to focus on their new regulatory model. This included their new role in reviewing and assessing integrated care services (ICS).</p> <p>The report was received for assurance.</p>
	<p>BAF Review</p> <p>The Committee agreed with the recommendation to increase Quality of Care Committee BAF risk 1.1 from 16 to 20, due to the levels of uncertainty following the implementation of SSC. It was agreed that risks 1.1a and 1.2 would maintain their risk scores of 16.</p> <p>The Trust's annual risk appetite was discussed, and the Committee agreed to maintain the current position.</p>
	<p>Any other Business</p> <p>None</p>
	<p>Date of next meeting: 22nd September 2022</p>