

TRUST BOARD
25 July 2019

AGENDA ITEM	15.2	
TITLE OF PAPER	Quality of Care Committee Minutes – 23 May 2019	
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 18 July 2019.		
<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 noting	
SPECIFIC ISSUES CHECKLIST:		
Quality and safety	√	
Patient impact	√	
Employee	√	
Other stakeholder	√	
Equality & diversity	√	
Finance	-	
Legal	√	

Link to Board Assurance Framework Principle Risk	Yes
AUTHOR	Jo Finch, Corporate Quality Manager
PRESENTED BY	Professor Hilary McCallion, Chair of Quality of Care Committee
DATE	18 th July 2019
BOARD ACTION	Receive

QUALITY OF CARE COMMITTEE (QCC) MINUTES
23rd May 2019
Room 3, Chertsey House
11.00 – 13.30

CHAIR:	Professor Hilary McCallion (HM)	Non-Executive Director
MEMBERS PRESENT:	Matthew Barker (MBk)	Deputy Chief Nurse for Workforce
	Professor Mike Baxter (MB)	Non-Executive Director
	Sarah Burton (SB)	Divisional Chief Nurse, Medicine & Emergency Services
	Dr Erica Heppleston (EH)	Associate Director of Quality
	Chris Ketley (CK)	Non-Executive Director
	Dr Andrew Laurie (AL)	Divisional Director Diagnostics & Therapies
	Andrea Lewis (ALe)	Deputy Chief Nurse
	Dr Paul Murray (PM)	Chief of Patient Safety / Deputy Medical Director
	Suzanne Rankin (SR)	Chief Executive
	Jacqui Rees (JRe)	Assistant Director of Patient Safety
	Sue Sexton (SS)	Divisional Chief Nurse TASCC representing Mr Shashi Irukulla
	James A Thomas (JT)	Chief Operating Officer
	Marcine Waterman (MW)	Non-Executive Director
	Mr Faris Zakaria (FZ)	Divisional Director WH&P
IN ATTENDANCE:	Andy Field (AF)	Chairman
	Jo Finch	Corporate Quality Manager (Minutes)
	Beth Shepherd	Clinical Improvement Support

	Mr Jonathan Trickett (JTr)	Consultant Colorectal Surgeon
APOLOGIES:	Dr David Fluck (DF)	Medical Director
	Mark Hinchcliffe (MH)	Programme Office Manager
	Dr Melanie Irvin-Sellers (MIS)	Joint Divisional Director MES
	Mr Shashi Irukulla (SI)	Divisional Director, TASCSC Represented by Sue Sexton
	Sue Tranka (ST)	Chief Nurse. Represented by Andrea Lewis
	Dr Jonathan Robin (JRo)	Joint Divisional Director MES

Abbreviations: Acute Medical Unit (AMU), Accessible Information Standard (AIS), Children Adolescent Mental Health Services (CAMHS), Clinical Commissioning Groups (CCG), Clostridium difficile (C Diff), Cost Improvement Plans (CIPs), Clinical Negligence Scheme for Trusts (CNST), Care Quality Commission (CQC), Commissioning for Quality and Innovation (CQUIN), Divisional Director (DD), Director Infection Prevention Control (DIPC), Deprivation of Liberty Safeguards (DoLS), Diagnostics Therapies Trauma Orthopaedics (DTTO) Emergency Department (ED), Electronic Patient Records (EPR) ,Friends and Family Tests (FFT), Getting It Right First Time (GIRFT), Intensive Care Unit (ITU), Key Performance Indicators (KPIs), Integrated Musculoskeletal (iMSK), Local Maternity Service (LMS), Medicine and Emergency Services (MES), Mental Health (MH), Methicillin-resistant Staphylococcus aureus (MRSA), Patient Experience Monitoring Group (PEMG), Project Management Office (PMO), Quality Experience Workforce Safety (QEWS), Quality Safety Impact Assessment (QSIA), Quality and Safety Half Days (QUASH), , Registered Mental Health Nurse (RMN), Resident Medical Officer (RMO), Risk Scrutiny Committee (RSC), Referral to Treatment (RTT), Surrey and Borders Partnership (SABP), Specialty and Associate Specialist (SAS), Serious Incident Requiring Investigation (SIRI), Structured Judgement Reviews (SJR), Theatres Anaesthetics Surgery Critical Care (TASCSC), Terms of Reference (ToR), Two Week Rule (TWR)Trust Risk Register (TRR), Workforce and Organisation Development (WOD) Whole Time Equivalent (WTE), Women’s Health and Paediatrics (WHP)

ITEM		Action
34 / 2019	Apologies for absence Noted above.	
35 / 2019	Minutes of the last meeting The minutes were approved.	
36 / 2019	Action Log Actions have been updated on the action log.	

	<p>The Ophthalmology service review has not yet taken place. SS is to advise once the review is complete. The item can be removed from the action log now.</p>	
<p>37.1 / 2019</p>	<p>Divisional Director Exception Reports</p> <p><u>DTTO</u></p> <p>AL presented the report on behalf of the Division.</p> <p>Progress made with completing mortality reviews in Trauma and Orthopaedics was noted. The trajectory in terms of performance for complaints, incidents and the SIRI backlog has improved now that the Governance Team has been restored.</p> <p><u>MES</u></p> <p>SB presented the report on behalf of the Division.</p> <p>Observations not recorded on time were noted as less than 70%. Emergency ITU admissions when correlated against delays in observations did not show evidence for concern. Further work is underway to break down the observation delays.</p> <p>MES has a high number of open incidents. Plans to address this include training and a rota for reviewing incidents. The main issue appears to be closing down the incidents on Datix after actions have been completed. A Datix day has been arranged to enable staff to access training and support to close off their incidents.</p> <p>The scope of the operational challenge for MES with numerous escalation areas open was identified. Escalation areas are not reflected on the QEWS Dashboard.</p> <p>Action: DCN's to work together to provide quality assurance for escalation areas and to report back at the next meeting.</p> <p>A general discussion was held noting that overseas staff require greater support. The success of Pride In Nursing day was acknowledged.</p> <p><u>WH&P</u></p> <p>FZ presented the report on behalf of the Division.</p> <p>The review of observations recorded on time was discussed. Improvement work includes introduction of safety huddles on Labour Ward and Joan Booker. Timely observations were recorded as 1% for Joan Booker. This reflected a mixture of observations not required, not performed, those not recorded appropriately, and those not completed within the expected time frame.</p> <p>Action: The Committee requested that this level of explanation</p>	<p>DCNs</p> <p>FZ</p>

<p>37.2 / 2019</p>	<p>be included in the report.</p> <p>Observation data was discussed in light of the limitations of VitalPac. It was identified that the VitalPac protocol of care in many maternity cases is unlikely to be appropriate. This would be more concerning if it triangulated with poorer outcomes and a theme of missed or failure to maintain observations, where ladies have deteriorated, but this was not evident.</p> <p>Policies and guidelines are being worked on and continue to be updated. The Neonatal Team and Paediatric Team are near to completion with the majority of their guidelines and policies.</p> <p>The length of time for National Perinatal Mortality Review Tool (NPMRT) reports, which is 4 months from the date of a baby's death, was raised. Although this is lengthy, it is the national standard timeframe.</p> <p><u>TASCC</u></p> <p>SS presented the report on behalf of the Division.</p> <p>The Division has experienced problems with the recording of medicines management compliance and therefore the figure in the report does not reflect the hard work of the Division to improve compliance. Learning and Development are aware of the situation and are working to resolve the recording issues.</p> <p>QSIA for CIPs have been completed and are awaiting sign off from the DD.</p> <p>A comprehensive assurance paper on the Kingfisher Ward Deep Dive has been submitted to Board. The paper demonstrated that Kingfisher is a well-managed ward and patient safety is not affected by its high vacancy rate. Kingfisher's observation rates are more timely than any other ward.</p> <p>The Committee recognised that appraisal data in this organisation follows the financial year but in some reports last year's data is still being used.</p> <p>Action: MB to raise the appraisal reporting practice at the People Committee and report back on this.</p> <p>A similar point was raised in relation to the QSIAs.</p> <p>Action: Divisional Teams to ensure the time frame for completion and sign-off is such that QSIAs are completed before clinical changes from the plans take place.</p> <p>Exception reports in relation to safe staffing, often state 'work ongoing'.</p> <p>Action: All Divisional reports should record the improvement</p>	<p>MB</p> <p>Triumvirates</p>
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	<p>work actually happening, the specific actions and when this is likely to be achieved. A realistic long-term timescale can be used where appropriate.</p> <p>The reports were noted.</p>	Triumvirates
38 / 2019	<p>Performance Report</p> <p>JT presented the Performance Report.</p> <p>Attendances and admissions were higher in April 2019 compared to April 2018, due to the ongoing high occupancy of the hospital. The recovery plan is aiming to adjust and increase bed stock with consideration to opening beds at The Runnymede Hospital and a ward at Ashford is currently being scoped. Escalation areas are continuously open in pockets around the organisation and the Trust is assessing funding for a more substantive solution with the right nursing and medical staff mix.</p> <p>April's recorded performance is 84.5% compared to 91.4 % this time last year. This is in line with the pressures the Trust has been experiencing since December 2018 although is not the seasonal trend normally experienced. The Trust would be expecting to be moving out of 'winter pressures' and there has been little indication of this. Attendances and admissions are up 12% and 6.8% respectively with a slight increase in length of stay (LOS).</p> <p>There is an overall Trust recovery programme being finalised addressing a number of themes around discharge and flow, ED, workforce and performance, estates, and liaison with care agencies. The Trust is being supported by NHSI and The National Intensive Support Team. Overall the focus is on immediate actions and something more sustainable prior to next winter.</p> <p>Increased LOS correlates with increased patient complexities, co-morbidities and patient frailty. LOS is an important aspect of bed stock recovery as are the other workstreams described.</p> <p>The impact of re-attendances and how this may affect outcomes was raised. The difference between a re-attendance and a re-admission was noted.</p> <p>Action: JT to include the readmission rate in future performance reports so this goes to Board.</p> <p>The need for a piece of work on how the effect on quality of care is captured within the performance report was identified.</p> <p>Action: JT to work on how this can be achieved and bring to the next meeting.</p>	<p>JT</p> <p>JT</p>

	<p>The Trust recorded a return to a compliant performance against the 92% RTT standard. A total of 7 specialties were non-compliant at specialty level. An anomaly within the cancer figure is being investigated.</p> <p>The report was noted.</p>	
39 / 2019	<p>Quality Report</p> <p>EH presented the Quality Report.</p> <p>The report has been updated to include the new year's quality account and internal quality improvement priorities (KPIs). Any comments should go to EH please. There are no significant exceptions. Complaints KPI has significantly improved since the pilot centralisation of the complaints administration service.</p> <p>It was reflected that patients and relatives feel able to complain when they have concerns. HMC asked if the Trust recorded compliments, and if these could be recorded in the quality report as well.</p> <p>The End of Life Care (EOLC) section was discussed.</p> <p>Action: The key issues should link to the executive summary and the EOLC summary will be shown on the front page before this goes to Board.</p> <p>The report was approved noting the change to be made to EOLC.</p>	EH
40 / 2019	<p>SIRI Report</p> <p>JRe presented the SIRI Report.</p> <p>Three SIRIs were reported in April. The key piece of learning was the introduction of a safety checklist in Outpatients for minor surgery processes. The learning from NICU around a rare complication from the use of parenteral nutrition umbilical venous catheters was noted.</p> <p>Trends are generally unchanged, the main one being diagnostic delay. A deep dive into diagnostic delays will be reported to June Board. The framework around SIRI reporting and completing investigations on time is encouraging given the pressures already discussed, and the Divisional Teams have performed well.</p> <p>Action: JRe to present to the September meeting on the new national SI Framework once released in July.</p> <p>There have been ten clinical claims over two months. One high volume claim was in relation to a child with sepsis. There were</p>	JRe

	<p>four coroner's cases; one resulted in a Prevention of Future Deaths (PFD) Notice which was about a safety net for the reporting of Troponin results that may have been missed by clinicians. This was not an ASPH PFD, however, the Trust gave attention to it as this was a wider practice issue.</p> <p>The report was approved.</p>	
41 / 2019	<p>7 Day Services BAF</p> <p>EH advised that the 7DS BAF paper was unable to be finalised for Quality of Care Committee (QCC) owing to information still being sought. EH advised the next QCC is in July and noted that good process is for this to pass via QCC before going to Board. Therefore it was agreed by AF for the Board, and HM for Quality of Care Committee, that HM would take chair's action (outside the meeting) to approve the paper going to Board on behalf QCC, after the paper is finalised, circulated, and approved by DF.</p> <p>The final 7DS paper will be submitted to Board, by DF, for approval in June 2019, before submission to NHSI/E the next day.</p>	
42.1 / 2019	<p>Annual Quality Account 18/19</p> <p>Confirmation that the draft had been appropriately circulated was given. The format of future reports will be refreshed to align with the Annual Report.</p> <p>The report was approved.</p>	
42.2 / 2019	<p>Auditor's report on Annual Quality Account</p> <p>EH presented the External Auditor's Report on the Annual Quality Account.</p> <p>External Auditors are required to give the Board a report on their findings of the Annual Quality Account and this involves reviewing mandatory indicators. Auditors are also required to give an opinion to the Board of Governors and this year the SHMI was chosen in line with national recommendations. The statutory content of the report had no exceptions. A point was raised regarding the SHMI about the dating of Doctors' Discharge Summaries. This is an improvement point to be taken forward but the finding did not alter the accuracy of the indicator and the SHMI received a clean rating.</p> <p>4 hour A&E performance did not get a clean rating, and this has been an ongoing situation despite the improvements made already. Historically this has not been known to be a material outlier compared to other organisations. The gaps in the</p>	

	<p>validation of changes on PAS were confirmed as one of the reasons the Trust failed that indicator. To fully resolve the issue the Trust needs to implement the EPR system in a way to achieve this.</p> <p>The report was received.</p>	
43.1 / 2019	<p>Volunteers Annual Report</p> <p>EH presented the Volunteers Annual Report.</p> <p>The service has 490 volunteers which averages 1 new joiner every month and growth of 3.3%. The service has gained recognition in both the Staff Achievement Awards and the Runnymede and Spelthorne Volunteer Awards.</p> <p>The National Helpforce Partnership Campaign has been launched to recruit more volunteers and work with Royal Holloway University is underway to give students an opportunity to volunteer in the Trust. Volunteers Support North Surrey provides additional resources to help maintain the grounds. A discussion took place on school student's ability to receive work experience here.</p> <p>The report was approved.</p>	
43.2 / 2019	<p>Patient Experience Annual Report</p> <p>EH presented the Patient Experience Annual Report.</p> <p>Comments from the Patient Experience Monitoring Group (PEMG) have been incorporated into the report. A summary is included on how Trust Strategy aims are measured.</p> <p>The key achievement for this year is the R-Outcomes pilot, which has provided a practical way of measuring FFT, Trust Strategy Aims, and a measure for the Accessible Information Standard. Next steps include taking an electronic patient experience feedback (EPEF) pilot to ED. The EPEF solution is a different provider to R-Outcomes and is more akin to the kind of feedback options in airports or supermarkets</p> <p>Work with both patients and carers in the patient experience redesign programme was acknowledged. The next event will be held at the end of June for patients and staff to hear feedback.</p> <p>The report needs to consider and include how compliments are gathered. The report was approved subject to inclusion of reference to social media feedback.</p> <p>Action: Social Media feedback is to be referenced within the Patient Experience Annual Report before it goes to Board.</p>	EH
43.3 / 2019	<p>National Inpatient Survey Update</p>	

	<p>EH presented the National Inpatient Survey Update paper.</p> <p>The report has been modified to reflect feedback from PEMG. The challenge with comparing surveys with different questions across time was explained. ASPH moved from around the bottom to the middle of the national group approximately 4 years ago. The report demonstrates how the Trust performed with the subset of measures from the Quality Account which is nationally benchmarked. The next survey results will be released shortly.</p> <p>The catering score doesn't accord with other more recent reports such as the PLACE Survey. The reduced number of complaints received in relation to hospital food over time provides a level of assurance over this.</p> <p>Action: Patient Experience Monitoring Group to review and triangulate feedback from different surveys such as PLACE and National Inpatient Surveys.</p> <p>Surgery is introducing a Patient Care Champion who will have a dual role also including working on discharge flow. The Patient Care Champion will be able to give the time to listen to patients and address their concerns as they arise. This role is in addition to asking patients for feedback. The Spiritual Care Team were identified as a further resource and willing team who can spend time with patients.</p> <p>The report was approved.</p>	AL
44 / 2019	<p>CNST Standards</p> <p>The Committee was asked to note the papers. No major areas of concern were identified.</p> <p>Standard 4 regarding the GMC junior doctors' survey and action plan was discussed. A new team for scheduled planned caesarean sections will form within Maternity Services in the forthcoming year. This has historically been a quality issue and is now necessary to meet the standard.</p> <p>The papers were noted.</p>	
46 / 2019	<p>Corporate Quality and Regulation Report</p> <p>A summary of the Domains in Clinical Practice audit is included in the report and each area receives a more detailed report of results to guide improvement areas.</p> <p>Action: Areas with red scores will be asked to focus on these and the Outpatients 50% score must be looked into and a response obtained.</p> <p>The CQC has identified fire exits as a concern on a number of</p>	EH

	<p>occasions. This is monitored on the frontline using the Perfect Ward App and plans are in place to increase the number of questions for fire standards. The Estates and Facilities Team is working to devise additional questions and will also complete a separate review.</p> <p>The report was noted.</p>	
47 / 2019	<p>NHS Long Term Plan (LTP) and Trust Strategy Discussion</p> <p>[After the meeting the Chairman was given a detailed summary record of the various points discussed in readiness for the end of month away day.]</p> <p>Themes discussed at the high level are noted below. This included the different role of an acute hospital in future.</p> <p>Initiatives may take some years to take effect in combination with demand increases. Demographics and population-level health improvement as well as personal responsibility is key. Our workforce may look quite different downstream. Workforce and local citizen readiness both need consideration, including young people who will be our health service users of the future. The 'Well North' initiative is relevant. An 'immersion approach' to understanding team ambitions and those of communities was raised.</p> <p>Action: EH to co-ordinate gap mapping analysis for quality areas against the NHS Long Term Plan.</p>	EH
48 / 2019	<p>Risk Scrutiny Committee Exception Report</p> <p>The report was noted.</p>	
49 / 2019	<p>Healthcare at Home Report</p> <p>The report was noted.</p>	
	<p>Any Other Business</p> <p>No items.</p>	
	<p>Date of next meeting: 18 July 2019 11.00-13.30, Room 3, Chertsey House</p>	