

**Trust Board**  
July 2022

<b>AGENDA ITEM NUMBER</b>	/ 2022	
<b>TITLE OF PAPER</b>	Quality of Care Committee Minutes – May 2022	
Confidential	<b>NO</b>	
Suitable for public access	<b>YES</b>	
<b>PLEASE DETAIL BELOW THE OTHER SUB-COMMITTEE(S), MEETINGS THIS PAPER HAS BEEN VIEWED</b>		
Quality of Care Committee Quality of Care Committee on 21 July 2022		
<b>STRATEGIC OBJECTIVE(S):</b>		
<b>Quality Of Care</b>	√	
<b>People</b>	√	
<b>Modern Healthcare</b>	√	
<b>Digital</b>	√	
<b>Collaborate</b>	√	
<b>EXECUTIVE SUMMARY</b>		
The minutes are submitted from Quality of Care Committee.		
<b>RECOMMENDATION:</b>	For receiving	
<b>SPECIFIC ISSUES CHECKLIST:</b>		
Quality and safety	√	
Patient impact	√	
Employee	√	
Other stakeholder	√	
Equality & diversity	√	
Finance	-	
Legal	√	
Link to Board Assurance Framework Principle Risk	Yes	
<b>AUTHOR</b>	Zoe Buchanan, Corporate Quality Manager	
<b>PRESENTED BY</b>	Jane Dale, Non-Executive Director and Chair of Quality of Care Committee	

<b>DATE</b>	21 July 2022
<b>BOARD ACTION</b>	Receive

## QUALITY OF CARE COMMITTEE (QoCC) MINUTES

5 May 2022

11:00 – 13:30

CHAIR:	Jane Dale (JD)	Non-Executive Director	
MEMBERS	Dami Adedayo (DA)	Non-Executive Director	
	Andrea Lewis (AL)	Chief Nurse	
	Radcliffe Lisk (RL)	Divisional Director, Urgent & Emergency Care (UEC)	
	Sal Maughan (SM)	Associate Director of Corporate Affairs & Governance	
	Paul Murray (PM)	Chief of Patient Safety	
	Jacqui Rees (JRe)	Associate Director of Quality	
	Jonathan Robin (JR)	Divisional Director, General Specialist Medicine (GSM)	
	Julianne Smith (JS)	Chief Executive	
	IN ATTENDANCE:	Zoe Buchanan (ZB)	Corporate Quality Manager (meeting administrator)
		Ellen Bull (EB)	Deputy Chief Nurse
Emma Bradley (EBr)		Deputy Head of Midwifery	
Charlotte Broughton (CB)		Head of Patient Experience and Involvement	
Nilofer Dawoodani (ND)		Quality Manager, NHS Surrey Heartlands Clinical Commissioning Group	
Jo Finch (JF)		Head of Quality & Regulation	
Yvonne Jones (YJ)		Head of Clinical Effectiveness	
Karin Leslie (KL)		Consultant Obstetrician	
Mary Mault (MM)		Matron for Robin Ward, ESAC & Urology	
Sian McDonnell (SM)		Consultant Obstetrician and Maternity Safety Champion	
Nikki Okedele (NO)		Quality Lead, NHS Surrey Heartlands Clinical Commissioning Group	
Neil Patel (NP)		Consultant, Medicine & Clinical Governance Lead	
Gemma Puckett (GP)		Head of Midwifery	
Sue Sexton (SS)		Divisional Chief Nurse, General Surgery, Anaesthetics, Critical Care, Theatres (GS-ACT)	
Julian Ruse (JRu)		Associate Director of Performance	
APOLOGIES:		Andy Field (AF)	Chairman
		David Fluck (DF)	Medical Director
		Dawn Gantley (DG)	Divisional Chief Nurse, Specialist Surgery & MSK (SSM)
		Shashi Irukulla (SI)	Deputy Medical Director

	Chris Ketley (CK)	Non-Executive Director
	Theresa Matthews (TS)	Divisional Chief Nurse, General Specialist Medicine (GSM)
	Tom Smerdon (TS)	Director of Strategy and Sustainability
	James Thomas (JAT)	Chief Operating Officer
<b>ITEM</b>		
38 / 2022	<b>Apologies for absence</b> All apologies are noted as above.	
39 / 2022	<b>Minutes of the last meeting</b> The Minutes were approved as a true record.	
40 / 2022	<p><b>Action Log</b></p> <p>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. <b>Action:</b> The outcome of the meeting to be shared at the July QoCC.</p> <p>28/2022: EB to meet with the senior Maternity Team to discuss the use of utilising non-clinical roles on a more regular basis. This was included as part of the maternity workforce action plan. <b>Action completed and closed.</b></p> <p>28/2022: JMT and TS to discuss the timeline and the planned estates work in the Abbey wing and feedback to the Committee. Outcome and plans included in the Maternity and Neonatal Report. <b>Action completed and closed.</b></p> <p>31/2022: Lateral flow compliance data to be circulated to Committee members. The action was completed in March 2022. The Committee requested receipt of the latest data with compliance split by staff groups. <b>Action:</b> IPC BAF to include a breakdown of the compliance of staff groups.</p>	
41 / 2022	<p><b>BAF - AL presented the report</b></p> <p>The proposal was for BAF risks 1.1 and 1.2 to maintain their risk scores of 16 and to reduce risk 1.1a from 16 to 12. The Committee questioned the reduction of risk 1.1a, due to the limited data on the number of surgical site infections (SSI) and the potential challenges following the launch of Surrey Safe Care in May 2022. The decision was deferred until all papers had been presented.</p>	
42 / 2022	<p><b>Performance Report (Quality Safety &amp; Risk) - JRu presented the report</b></p> <p>Urgent Care was under sustained pressure and admissions from the Emergency Department (ED) remained consistent. The resumption of Frailty Services and the implementation of the Criteria to Admit Decision Support Tool, impacted inpatient flow out of the ED in a positive way. There was also high bed occupancy in the Trust and 20 beds were closed across the Trust due to infection prevention and control measures, with outbreaks of COVID across multiple wards.</p> <p>Significant progress was made in reducing Referral to Treatment (RTT) long waiting patients. There were no patients waiting over 90 weeks, and 142 patients waiting over 52 weeks, which was significantly lower when compared with other providers regionally and nationally. Surgery rotas resumed to</p>	

	<p>business as usual in February 2022. The number of Priority 2 patients waiting over 4 weeks for urgent surgery had increased during the Easter period but was improving. The number of patients waiting over 6 weeks for urgent appointments in some specialities (Neurology, General Surgery, Dermatology, Cardiology and Gastroenterology), was reducing following the high demand during the winter months. The Trust were engaged with insourcing and outsourcing partners to provide additional capacity for patients waiting over 18 weeks for an appointment in challenged specialties (Gynaecology, Dermatology, Neurology and Oral and Maxfac).</p> <p>The Trust provisionally reported compliance with 5 of the 8 cancer standards. Non-compliance was provisionally reported for the 62-day Urgent GP Referral to Treatment, the 62-day Cancer Screening Performance and 31-day Subsequent Surgery Treatments. Non-compliance was due to complex pathways, patient illness, cancellations, patient choice and staff sickness. The Committee acknowledged the on-going work to ensure there was agility to respond flexibly to referral surges. There were daily specialty cancer meetings, which together with the clinical review harm protocol previously implemented had ensured there was no harm caused by delays.</p> <p>Overall diagnostics performance had improved since January 2022, although diagnostics remained susceptible to the impact of community COVID infection and surges in demand. There was additional capacity to meet demand, which included an increase in Radiologist sessions and extra weekend and evening lists to resolve the backlogs recorded in the winter months. There were challenges in patients waiting greater than 6 weeks in Endoscopy, Ultrasound, Computed Tomography (CT) and bone density scans (DEXA scans). Plans were in place to increase capacity which included extra lists and outsourcing.</p> <p>The Committee noted that Sentinel Stroke National Audit Programme (SSNAP) data had not been reported for some time.  <b>Action:</b> Performance Report to include SSNAP data going forward.</p> <p>The launch of Surrey Safe Care (SSC) was discussed, with the transfer of patient data taking place on 14 and 15 May 2022. The Committee were assured by the measures taken to ensure patients details were tracked. Reduced activity was planned for 3 weeks during the initial roll-out, enabling teams to adapt to the new ways of working.  <b>Action:</b> JRu to update the Trust website advising patients to contact the Trust if they hadn't received their appointment.</p>
43 / 2022	<p><b>SIRI Report (closed)</b> - JRe presented the report  The number of patient safety incidents remained static with no significant change in March 2022. There were 4 new serious incidents (SIs) reported across 2 different categories: treatment delay and maternity. There were 6 SIs submitted and reviewed by the CCG for closure. Key learning from one SI was that reasonable adjustments for patients with learning difficulties were</p>

	<p>made and the Learning Difficulties Nurse was notified to ensure patient advocacy.</p> <p>Duty of Candour (DOC) compliance was 76.2%. Work continued to recover the position, with a mandatory field being considered in SSC. There were 7 clinical claims and no non-clinical claims received in March 2022.</p> <p>The report was approved.</p>
44 / 2022	<p><b>Annual SIRI Report (closed)</b> - JRe presented the report The report covered the period April 2021 to March 2022.</p> <p>The full complement of the Patient Safety Learning and Investigation Team was in post by June 2021. The team worked in collaboration with the Divisions to implement the National Patient Safety Strategy. A soft launch of the Patient Safety Incident Response Framework (PSIRF) was expected in April 2022, with full implementation by 2023. The Trust has 90 staff trained in Patient Safety Incident Investigation methodology and 6 virtual learning events were held.</p> <p>There were 55 confirmed SIs in the period. Examples of improvements were discussed and included the Code 5 improvement project, which launched a new Standard Operating Procedure and ensured Code 5s were signed off and actioned within 4 days. In Dermatology, photos of skin lesions that required surgical removal were being recorded in the patient's records, to ensure the correct skin lesion was removed. The number of overdue SIs reduced from 41 at its peak in July 2019, to 6 at year end, which was commended by the Committee.</p> <p>As part of Ockenden requirements a separate maternity report was submitted, which included learning from SIs and progress against the Ockenden and CNST requirements.</p> <p>There was a discussion around the change of process from automatically reporting hospital acquired pressure ulcers and inpatient falls with harm, as SIs. The Committee sought assurance that learning had continued, and the findings of a deep dive were discussed. The Harms Free Care Team worked closely with all Divisions and localised action and improvement plans were developed. In addition, there were regular thematic reports provided to Divisional Teams via Datix dashboards, and monthly governance reports to improve practice and avoid repeated harms.</p> <p>There were 86 requests made by Staff via Datix to be contacted by a Wellbeing Ambassador for a Post Incident Stress Debrief (PISD). The levels of follow up and support would be reported from April 2022, and the PISD policy was being ratified at the time of reporting.</p> <p>The Committee commended the Patient Safety Learning and Investigation Team for their comprehensive work in 2021/2022.</p> <p>The report was approved.</p>

45 / 2022

**Quality Report** - AL presented the report

The report covered March 2022; April data was not included due to the Committee date being brought forward.

There was a decline in complaints response time to 64%, due to a combination of staff sickness in the team and clinical capacity. A recovery plan was in place, which included the appointment of 2 interim Complaint Handlers, and the Trust standard was expected to be met by the end of June 2022. PALS performance was 89%, due to a number of complex cases not resolved within the 5-day response time.

The Friends and Family Test (FFT) response rate was 6.7% and there was a Viewpoint improvement project in place, with the aim of reaching 20% by the end of September 2022. As part of the Healing Arts Programme, the Eternal Garden opened on 28 April 2022. At the time of reporting, positive feedback had been received by patients and staff through engagement with those who had accessed the garden.

In March 2022, 6 medication incidents were reported as low harm and 2 reported as moderate harm, which were related to adverse drug reactions. Incidents were reviewed or investigated at Medication Safety Huddles and learning was routinely shared Trustwide. The Committee noted that the reporting of medication incidents was likely to increase following the release of Surrey Safe Care.

The number of definite hospital acquired COVID cases had increased in March 2022 and were associated with hospital outbreaks. April data was indicating this had improved, with no hospital outbreaks at the time of reporting. There had been good progress with Infection Prevention and Control (IPC) and the number of blood stream infections (BSI) remained on target in the reporting period. National benchmarking for IPC measures showed that the Trust performed well.

Further work was required around antimicrobial stewardship in the Trust. A review of the guidelines for common infections was planned and the antibiotic prescribing prevalence re audit was scheduled in September 2022.

The data for Surgical Site Infection (SSI) rates was discussed and assurance was sought around the actions in place to reduce the number of SSIs following knee replacement surgery. SI informed the Committee that the Lower Limb Team were collaborating with the SSI Team to implement an improvement pathway and a progress update was expected at the next QoCC.

The 2021/2022 target for hospital acquired category 2 pressure ulcers was met, but the hospital acquired category 3 and/ or unstageable pressure ulcers target was not met. The Committee acknowledged that improved

	<p>compliance around pressure area care and documentation was required and this was underway.</p> <p>The 2021/2022 falls reduction targets were not met. A falls action plan to reduce the number of falls had been implemented and was monitored monthly at the Falls Prevention Steering Group. A monthly Divisional Harms Free Care meeting and Harms Free Care Oversight Group, where all patient harms were discussed, was also in place. There had been a reduction in falls numbers for April 2022.</p> <p>Learning from deaths data previously identified that the Trust had tracked above regional peers for in hospital deaths. However, in March 2022, the RAMI for regional peers increased and was tracking above the Trust. Trust overall Mortality was within expected levels compared with peers. There were 9 deaths that required a Structured Judgement Review (SJR), which were not completed at the time of reporting, and 101 non-coronial deaths with 99% of these scrutinised within 72hrs. A comprehensive improvement plan was in place. The post for a Mortality Improvement Lead was readvertised and recruitment was progressing. The Committee agreed that Morbidity &amp; Mortality (M&amp;M) meetings were the best forum to capture and share the learning across all specialities.</p> <p>The report was approved.</p>
46 / 2022	<p><b>Exception Report: General &amp; Specialist Medicine (GSM)</b> - JR presented the report</p> <p>Theresa Matthews, Divisional Chief Nurse, was leaving the Trust and her positive contribution in the Division was recognised.</p> <p>The Divisions CQC rating had improved to good in the safe domain and their good rating for the Well-led domain was maintained. This was commended by the Committee.</p> <p>The reporting period, December 2021 to February 2022, was due to reports previously being stepped down and the data included the bulk of the 3<sup>rd</sup> wave of COVID. Divisional Exception reports would usually be 1 months in arrears.</p> <p>There were 7 open SIs and 5 SIs closed, with 6 overdue code 5s reflecting the changes around the code 5 process, which was welcomed by the Committee. Infection Prevention and Control measures had improved, especially around hand hygiene with Tenable audits achieving 100% in many areas. The Division acknowledged further work was required around improving the timeliness in completion of mortality review forms. The Team were working with Consultants to improve the completion rate and SSC was expected to help improve compliance. There were 5 SJRs completed in the reporting period, which showed adequate or good care.</p> <p>There was an increase in Nurses recruited throughout the Division and successful Health Care Assistant recruitment events were held.</p>

	<p>Planned closure of the Walton Care Unit was discussed. The unit was opened as part of the winter capacity solution and the Committee acknowledged its valuable contribution and the positive feedback received.</p> <p>The report was commended by the Committee</p>
47 / 2022	<p><b>Maternity and Neonatal Report</b> - EBr/GP/HS presented the report</p> <p>Following the Maternity Extraordinary Meeting in April 2022, the Committee were assured that the key actions were progressing.</p> <p>As part of the final Ockenden Report, Trusts were asked to review, and if necessary, suspend the roll out of Midwifery Continuity of Care (MCoC). The Maternity Team were submitting their MCoC plans to the Local Maternity System (LMS), in line with the national Maternity Transformation Programme.</p> <p>The backlog of Perinatal Mortality Review Tools (PMRT), divisional grade 3 and SI reports were completed and ready for sharing with families.</p> <p>Progress was made around embedding risk assessment completion and audit at every antenatal contact. Clevermed (maternity software provider) had reviewed BadgerNet (electronic maternity healthcare record system) to include personalised care plans in risk assessments, to meet the national requirements.</p> <p>The Clinical Negligence Scheme for Trusts (CNST) remained paused, with no change reported. Concerns around meeting action 5 (supernumerary status of the Labour Ward shift leader 100% of the time) and safety action 8 (Midwifery Mandatory Training) remained.</p> <p>Wellbeing support was made available to the Maternity Team with a listening event held in May 2022. Further events were planned throughout 2022. A Maternity Service Manager had been appointed with the recruitment of additional administrative support progressing. This was welcomed by the Committee.</p> <p>An update on the Neonatal Service was provided and highlighted the Neonatal Intensive Care (NICU) risks around infrastructure, staffing, and junior doctor contracts impacting on weekend working. Assurance was provided that Neonatal care was included in the Divisions action plan and the establishment review, which included reviewing weekend staffing cover.</p> <p>The issues around Estates were briefly discussed, with work progressing around the action plan previously implemented.</p> <p>The report was received for assurance.</p>
48 / 2022	<p><b>Seven Days Hospital Services Programme Biannual Report (7DS)</b> - PM presented the report</p> <p>The Trust had not reached the 90% target for standard 2, first Consultant review within 14 hours, and standard 8, ongoing Consultant review. Lack of Consultant review had contributed to a SI.</p>

	<p>New guidance was issued in February 2022, stating that audit against priority standards 2 and 8 were no longer required. However, standards 2 and 8 were 2022/2023 Trust Quality Priorities and would be reported to the Committee via the Quality Report. The recommendation for the 7DS Report to be annual was agreed.</p> <p>The report was approved.</p>
49 / 2022	<p><b>Volunteers Annual Report</b> - CB presented the report</p> <p>Partnership with the Royal Holloway University of London provided a younger demographic of volunteers, which was welcomed. The use of the Assemble app was expected to significantly improve the process around the recruitment of volunteers. A volunteer's week was scheduled in June 2022, with afternoon tea planned as a celebration of thanks. Improving the volunteers page on the Trust Website and raising the profile around available volunteering roles, was a key ambition.</p> <p>The Committee extended thanks to the volunteers for all their work in supporting the Trust.</p> <p>The report was commended and approved.</p>
50 / 2022	<p><b>Quality of Care Committee Annual Report (inc. ToR)</b> - JF presented the report</p> <p>The Quality of Care Committee (QoCC) Annual Report reviewed the work of the Committee between April 2021 and March 2022.</p> <p>The Committee complied with its Terms of Reference during the period under review and maintained oversight and governance during the year.</p> <p>The report was commended and approved.</p>
51 / 2022	<p><b>Safety &amp; Quality Committee Annual Report</b> - PM presented the report</p> <p>The Committee met 6 times between April 2021 and March 2022, 2 meetings were not quorate. The Committee noted that divisional attendance required improvement going forward. All Divisions shared the learning from SI investigations during the year and the schedule allowed flexibility depending on the cases the Divisions have available to share. Membership would be reviewed to extend to a wider audience.</p> <p>The report was approved.</p>
	<p><b>BAF Review</b></p> <p>The Committee agreed to maintain the risk scoring of 16 for all Quality of Care Committee BAF risks.</p>
	<p><b>Any other Business</b></p> <p>The Chief of Patient Safety was thanked for his contribution to the Committee.</p>
	<p><b>Date of next meeting:</b> 21<sup>st</sup> July 2022</p>