

Trust Board  
29<sup>th</sup> JULY 2021

<b>AGENDA ITEM</b>	15.2
<b>TITLE OF PAPER</b>	Quality of Care Committee Minutes – 20th May 2021
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 22 <sup>nd</sup> July 2021	
<b>STRATEGIC OBJECTIVE(S):</b>	
Quality Of Care	√
People	√
Modern Healthcare	√
Digital	√
Collaborate	√
<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>	22 <sup>nd</sup> July 2021
<b>BOARD ACTION</b>	Receive

## QUALITY OF CARE COMMITTEE (QoCC) MINUTES

20 May 2021

11:00 – 14:00

<b>CHAIR:</b>	Jane Dale (JD)	Non-Executive Director
<b>MEMBERS</b>	Dami Adedayo (DA)	Non-Executive Director
	David Fluck (DF)	Medical Director
	Andrea Lewis (AL)	Chief Nurse
	Suzanne Rankin (SR)	Chief Executive
	Jacqui Rees (JRe)	Associate Director of Quality
	James Thomas (JAT)	Chief Operating Officer
	Marcine Waterman (MW)	Non-Executive Director & Deputy Chair
<b>IN ATTENDANCE:</b>	Zoe Buchanan (ZB)	Corporate Quality Manager (meeting administrator)
	Andy Field (AF)	Chairman
	Jo Finch (JF)	Quality & Safety Lead
	Yvonne Jones (YJ)	Head of Clinical Effectiveness
	Nadia Munyuro (NM)	Quality Manager, Surrey Heartlands CCG
	Shashi Irukulla (SI)	Divisional Director General Surgery, Anaesthetics, Critical Care, Theatres
	Sal Maughan (SM)	Associate Director of Corporate Affairs & Governance
	Paul Murray (PM)	Chief of Patient Safety
	Jonathan Robin (JR)	Divisional Director General & Specialist Medicine
<b>APOLOGIES:</b>	Ellen Bull (EB)	Deputy Chief Nurse
	Chris Ketley (CK)	Non-Executive Director
	Sally Fereday (SF)	Head of Quality, Surrey Heartlands CCG
	Tom Smerdon (TS)	Director of Strategy & Sustainability
	Arun Thiyagarajan (AT)	Associate Non-Executive Director
<b>ITEM</b>		
29 / 2021	<b>Apologies for absence</b> All Committee member apologies are noted as above.	
30 / 2021	<b>Minutes of the last meeting</b> The Minutes were approved as a true record.	
31 / 2021	<b>Action Log</b> 18 / 2021: Performance Report. The NHSI restoration graph to be included in the report. The Recovery Ambition Dashboard & narrative was included to cover this. Action Closed	

32 / 2021	<p><b>BAF</b> - JRe presented the report</p> <p>The KPI data was up to March 2021. Data for April 2021 was not available at the time of reporting.</p> <p>There was a proposal to reduce the risk rating for BAF risk 1.1 to 12 from 15. The strategic risks to deliver the Trust Strategy were discussed and the need for consistency across the Committees was expressed.</p> <p><b>Risk Appetite statement</b>-SM presented the statement</p> <p>As part of the annual forward planning process the Committee was asked to review the risk appetite statement for 2021/2022. It was suggested that it remained the same as there had not been any significant shift to affect this.</p>
33 / 2021	<p><b>Performance Report (Quality Safety &amp; Risk)</b> - JAT presented the report</p> <p>Activity in the Urgent Treatment Centre (UTC) and the Emergency Department (ED) had returned to pre-COVID-19 levels.</p> <p>ED performance for April 2021 was 82.2% with the Trust overall at 88.3%. This was an improvement on the last reporting period and nationally put the Trust at 35 and 46 respectively out of 110 other Trusts nationally.</p> <p>Although attendance numbers were reducing, DTA's had increased resulting in ED overnight stays and this did not align to the Trust IPC objective. The Trust had joined "Alliance 16" a clinically led national improvement programme. This brought 16 NHS Trusts together to focus on reducing discharge delays and embed the Right 2 Reside approach.</p> <p>The number of patient ward moves (3 or more times) had reduced for the reporting period. The new elective general surgery inpatient ward (Elliot) opened on 26<sup>th</sup> April 2021, making Ashford Hospital fully operational to perform Orthopaedic and Day Surgery.</p> <p>Outpatients had taken measures to resolve the backlog of patients waiting for appointments and had made significant progress. The highest clinical risk was in Ophthalmology, especially follow up appointments for patients with glaucoma. Additional capacity had improved patient waiting times and good progress had been made, reducing the number of patients waiting for a follow up appointment to zero.</p> <p>The number of patients waiting more than 6 weeks for Endoscopy had reduced. The Trust had undertaken actions to support the reduction in the number of patients waiting for Endoscopy. This included reviewing the surveillance lists and Faecal Immunochemical Testing (FIT), which detects early bowel cancer.</p> <p>There was a clinical review harm protocol in place for all patients that breached the 62-day GP referral to treatment.</p> <p>The Committee acknowledged the COVID-19 Indian variant had the potential to affect the Trust. It was noted that there was no surge testing in the catchment area.</p>
34 / 2021	<p><b>SIRI Report (closed)</b> - JRe presented the report</p>

	<p>There were 6 SIs reported in March 2021 and 8 in April 2021. Duty of Candour compliance was 100% for the reporting period.</p> <p>A Never Event was reported in April 2021, where unintentional connection of a patient to an air flowmeter instead of Oxygen, occurred in the ED. A Trust wide audit ensured all airflow ports were covered with the required black caps and the National Patient Safety Alert was recirculated Trust wide.</p> <p>The number of overdue SIs remained static. Two Learning and Investigation Managers had joined the Patient Safety Team in May 2021, and would support robust investigations and improve timely submission of SIs.</p> <p>There were 6 maternity SI reports available for scrutiny, from the Patient Safety Team. The closed actions listed in the maternity table required tighter assurance. The report was approved.</p>
35 / 2021	<p><b>Quality Report</b> - AL presented the report</p> <p>The Medication Safety target was met and continued to perform well.</p> <p>There were 2 Klebsiella cases, 1 MSSA bacteraemia reported and 21 E.Coli Blood Stream infections (BSIs) in the reporting period, 1 of which was Trust apportioned. There was a decrease in Pseudomonas BSIs with 1 hospital apportioned case. There was 0 MRSA bacteraemia in the reporting period. There were 3 cases of Clostridiodes difficile (C.diff) and the subsequent Root Cause Analysis (RCA) confirmed they were all due to antibiotic use.</p> <p>The Trust benchmarked well nationally with infection rates.</p> <p>There were 4 COVID-19 cases classed as definite healthcare associated infection in March 2021 and 0 in April 2021. There were 2 outbreaks on 2 wards involving 4 patients on each ward. There were 0 definite healthcare associated cases in April 2021 and there were no outbreaks.</p> <p>The Committee acknowledged that when the integrated Trust &amp; Community IPC Team was established, additional work would be completed to audit the impact of community acquired infections.</p> <p>It was acknowledged that the Surgical Site Infection (SSI) data was not up to date and that the aim was to monitor SSI continually, supported by Surrey Safe Care. The Trust had an internal program for data collection and improvement.</p> <p><b>Action:</b> The SSI data to be listed by type of infection and RAG rated where possible.</p> <p>Hospital deaths had reduced and remained within common cause variation. The timely completion of Structured Judgement Reviews (SJR) was affected by the COVID-19 pandemic. A task and finish group had been set up to drive completion of outstanding SJRs. It was acknowledged that the Medical Examiners Office (MEO) had reviewed 98% of deaths, which was positive.</p> <p>There was a decrease in category 2 pressure ulcers and deep tissue injuries (DTIs), which corresponded with the reduced number of inpatients with COVID-19. The falls reduction target for 2020/2021 was met.</p>

	<p>Complaint performance response time had improved with 94.3% responded to in April 2021. Compliments received for the reporting period had significantly increased particularly with the use of the SMS texting facility on viewpoint.</p> <p>The Immediate and Essential Actions required within the Ockenden assurance tool were progressing well. The development of the Perinatal Quality Surveillance Tool in collaboration with Local Maternity and Neonatal System (LMNS) was underway. Seven-day Consultant ward rounds commenced in March 2021, there was a recruitment drive of Midwives and antenatal care had been improved. It was suggested that the maternity actions be presented in a table and considered using a rag rating.</p> <p><b>Action:</b> Maternity actions to be presented in a table with rag rating.</p> <p>The Quality Report was under review with the support of Dr Thang Han, to include more academic rigor.</p>
36 / 2021	<p><b>Exception Reports</b></p> <p><b>General &amp; Specialist Medicine</b> - JR presented the report</p> <p>The Division acknowledged that SI investigation reports had not been completed in a timely manner. It was noted that although the reports were being completed, further refinement was required to ensure reports were ready for sharing with families.</p> <p>Overdue code 5 reports had increased, and the Division were focused on ensuring the right person received the code 5 referral as well as signing them off. Additional ward areas had opened in Medicine and the bed base had changed to enable the Division to better match the resource and increase agility. The report was commended by the Committee.</p> <p><b>Specialist Surgery &amp; MSK</b> - DG presented the report</p> <p>This was the first time the Division had reported since the restructure from 4 to 6 Divisions. There were some data capture issues to be resolved. The Division had implemented a monthly Divisional Harms meeting to triangulate quality data.</p> <p>The Committee noted that the Division had won a National Joint Registry award after successfully completing a national programme of local data audits related to patient safety. The Committee welcomed the Division and the report was commended.</p> <p><b>General Surgery &amp; Anaesthetics Critical Care &amp; Theatres</b> - SI presented the report</p> <p>The amount of elective surgery performed was reduced due to the COVID-19 pandemic. Staff had been redeployed to support the Intensive Care Unit (ITU).</p> <p>The target of 90% for the National Seven Day Services standards 2 and 8 was met. Standard 2 required acutely admitted patients to be seen by a Consultant within 14 hours of admission and standard 8 required at least once daily Consultant review. The outstanding code 5's was being addressed and although this was not an indicator of patient harm, the Division were unable to</p>

	<p>provide assurance. The report was commended.</p> <p>The template for Divisional Exception Reports was being reviewed and would include additional visual (diagrams).</p>
37 / 2021	<p><b>Annual Quality Account Draft</b> - JR presented the report</p> <p>The Committee acknowledged the considerable work involved in producing the draft document in the 22-day timeframe. Feedback was awaited from external stakeholders and the draft would undergo further amendments before final sign off, however it was brought to the Committee for review of the content.</p>
38 / 2021	<p><b>Seven Day Hospital Services (7DS) Biannual Report</b> - DF presented the report</p> <p>Four of the ten standards had been designated as a priority and the Trust was compliant with these four standards in the reporting period of October 2020 to March 2021. These were: standard 2: time to first Consultant review, standard 5: access to diagnostic tests, standard 6: access to Consultant-directed interventions and standard 8: ongoing review by Consultant.</p> <p>The remaining 6 standards would be supported when the Cerner system was in place, especially around medicine reconciliation. Although it was noted that the Trust was doing well against the standards, there were improvements required. Standard 5 inpatient access to diagnostics was highlighted, especially the provision for out of hours Radiology at Ashford Hospital.</p> <p><b>Action:</b> PM to review the impact of standard 5 on Ashford Hospital.</p>
39 / 2021	<p><b>Volunteers Annual Report</b> - JRoc presented the report</p> <p>The number of volunteers had reduced since the pandemic as many had returned to paid work or returned to work following end of furlough.</p> <p>Regular volunteers were visiting the adult wards weekly.</p> <p>The Committee extended thanks to the volunteers for all their work to support the Trust.</p> <p>The Committee commended and approved the report.</p>
40 / 2021	<p><b>Quality of Care Committee Annual Report (2020-2021)</b> - JF presented the report</p> <p>The Quality of Care Committee (QoCC) Annual Report reviewed the work of the Committee between April 2020 and March 2021.</p> <p>Amendments to the report were agreed prior to Trust Board submission.</p> <p>The report was approved following the changes.</p>
41 / 2021	<p><b>Quality of Care Committee Terms of Reference (ToR)</b> - JD presented the report</p> <p>It was noted that the Chief Operating Officer (COO) had been missed from the ToR and this would be amended prior to Trust Board submission.</p> <p>The ToR was approved following the change.</p>

42 / 2021	<p><b>IPC BAF</b> - AL presented the report</p> <p>The Committee noted that COVID-19 infections had reduced. There was good compliance with the IPC measures in place. The areas for improvement had been progressed including workplace assessments and appropriate wearing of PPE.</p> <p>It was explained that the IPC BAF summarised the IPC work happening in the organisation and was not a full comprehensive report of all IPC activity in the Trust. The IPC Team had expanded to become a fully integrated Community and Hospital Team. The Committee was assured.</p>
43 / 2021	<p><b>Corporate Quality &amp; Regulation Report</b> - JF presented the report</p> <p>CQC engagement with Theatres &amp; Anaesthetics was held in May 2021. Verbal feedback was that the CQC had a clearer insight into the service and felt assured. The Trust was appointed a new CQC Relationship Manager, Wendy Kuharska, who was welcomed and would be attending May 2021 Trust Board.</p> <p>The internal CQC Oversight Committee recommenced in May 2021 and mock inspections were being planned. A Domains in Clinical Practice audit was completed for Women's Health and Paediatrics and the rest of the organisation would be audited June 2021.</p> <p>The Trust received a High-Performance Report, released for the first time from the NHS Benchmarking Network. The report highlighted good areas of performance in the Trust. The Committee welcomed the information and found the report to have been informative.</p>
44 / 2021	<p><b>BAF Review</b></p> <p>There was a discussion on the BAF risk score for risk 1.1 and if it was consequence or likelihood that should be reduced. SM explained the risk scoring process and it was agreed that the risk itself would be reviewed and consideration given to separating the risk. SM would support the risk scoring and articulation of the consequences to be better reflected.</p> <p><b>Action:</b> AL/JRe to review BAF risk 1.1</p>
	<p><b>Any Other Business</b></p> <p><b>External Review of WH&amp;P</b> - AL gave a verbal update</p> <p>WH&amp;P had requested to have an external organisation perform a CQC type review. A discussion took place on how appropriate this was and if it should be organisation wide. It would also need to link with the well-led review and there were associated risks that would need to be considered. The Committee agreed that a proposition both to TEC and QoCC would be required in quarter 1 or early quarter 2.</p> <p><b>CNST sign off</b> - AL gave a verbal update</p> <p>Work was in progress and AL explained that this was the last QoCC before the sign off deadline in July 2021. It was agreed that the report would be circulated to Committee members outside of the meeting and prior to holding a Board call</p>

	for final sign off in July 2021. <b>Action:</b> AL to circulate the CNST Report to Committee members outside of the meeting.
	<b>Date of next meeting:</b> 22 <sup>nd</sup> July 2021