



Ashford and St. Peter's Hospitals
NHS Foundation Trust

TRUST BOARD
27th May 2021

AGENDA ITEM	15.2
TITLE OF PAPER	Quality of Care Committee Minutes – 25 th March 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 20th May 2021	
<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	Yes

Assurance Framework Principle Risk	
AUTHOR	Zoe Buchanan, Corporate Quality Manager
PRESENTED BY	Jane Dale, Non-Executive Director and Chair of Quality of Care Committee
DATE	20 May 2021
BOARD ACTION	Receive

QUALITY OF CARE COMMITTEE (QoCC) MINUTES

25th March 2021

10:30 – 12:45

CHAIR:	Jane Dale (JD)	Non-Executive Director
IN ATTENDANCE:	Zoe Buchanan (ZB)	Corporate Quality Manager (meeting administrator)
	Sally Fereday (SF)	Head of Quality, Surrey Heartlands CCG
	Andy Field (AF)	Chairman
	Jo Finch (JF)	Quality & Safety Lead
	Pardeep Gill (PG)	Consultant Intensivist/Organ Donation Lead
	Yvonne Jones (YJ)	Head of Clinical Effectiveness
	Chris Ketley (CK)	Non-Executive Director
	Andrea Lewis (AL)	Chief Nurse
	Sal Maughan (SM)	Associate Director of Corporate Affairs & Governance
	Nadia Munyuro (NM)	Quality Manager, Surrey Heartlands CCG
	Paul Murray (PM)	Chief of Patient Safety
	Mike Parris (MP)	Anaesthetics Clinical Lead
	Gemma Puckett (GP)	Head of Midwifery
	Suzanne Rankin (SR)	Chief Executive
	Priya Ratnasingham (PR)	NHS Graduate Scheme
	Jacqui Rees (JR)	Associate Director of Quality
	Julian Ruse (JR)	Associate Director of Performance
	James Thomas (JAT)	Chief Operating Officer
	Marcine Waterman (MW)	Non-Executive Director & Deputy Chair
APOLOGIES:	Dami Adedayo (DA)	Non-Executive Director
	David Fluck (DF)	Medical Director

ITEM	
14 / 2021	<p>Apologies for absence The meeting was reduced to 2 hours and the Divisions were stood down due to the operational pressures caused by the COVID pandemic.</p> <p>All Committee members' apologies were noted as above.</p>
15 / 2021	<p>Minutes of the last meeting Additional narrative was added regarding DTTO's exception report.</p> <p>DTTO: The aim was to ascertain whether the move to telephone appointments and loss of the face to face pain management programme had a negative effect on patient's symptoms and overall experience. It was reassuring that there was not a negative impact and patient satisfaction remained stable.</p> <p>Typos and amendments were made with the chair prior to the Committee. The Minutes were approved as a true record following the changes.</p>
16 / 2021	<p>Action Log 92 / 2020: Chains and magnets were being removed from fire doors and doors kept open by door closures integrated into the fire alarm system. This should prevent damage to the doors and avoid constant damage to the magnets and chains.</p> <p>Action closed</p>
17 / 2021	<p>BAF - AL presented the report Following the last Committee the risk scores had been reviewed with risk 1.1 reduced to 15 and risk 1.2 reduced to 12. The BAF was updated to reflect the data produced in the performance report in addition to the inclusion of patient experience data. The Committee discussed further reducing the BAF risk score for patient experience, due to the amount of viewpoint data available.</p> <p>The BAF reported 82% of staff vaccinated for COVID-19. However, it was acknowledged that there were variations in the percentages depending on when and what data had been pulled. Clarity around what was being presented would have been helpful.</p> <p>The BAF required further work to ensure the KPI evidence supported the BAF risk score. MW offered to support this work and this was willingly accepted.</p> <p>Action: Amendment to page 2 of the BAF to note that the MEO role commenced in March 2020.</p>
18 / 2021	<p>Performance Report – JAT presented the report The redesigned quality focused performance report reflected the COVID surge and that the Trust had stood down all elective work. Staff had been redeployed to support the ITU and Physicians were working from an on-call rota supporting COVID wards.</p> <p>Activity levels in the UTC and ED had decreased during February 2021. However, ED performance had been impacted due to the number of patients with COVID, in addition to the high bed occupancy in the Trust.</p> <p>Patient flow, continued to be an issue affecting performance during the reporting period. In addition, work was progressing internally and externally to support same</p>

	<p>day discharge from the ED.</p> <p>The report highlighted that the Trust's IPC measures had been successful and that COVID testing completed prior to transfer to wards had been key in preventing cross contamination.</p> <p>The number of patient ward moves (3 or more times) had increased in the reporting period and this was being monitored.</p> <p>Outpatients had retained some activity during the second COVID surge, however, referrals were still down on previous months. The highest clinical risk had been glaucoma within Ophthalmology which had been challenging. However, additional capacity for ophthalmic patient diagnostics via Digital Surveillance Clinics would improve patient waiting times.</p> <p>The 6 week wait for diagnostics had improved during the surge, especially in Endoscopy. There were 444 patients waiting over 52 weeks, which had not been seen previously. The main reason for this had been due to supporting the ITU surge. It was noted that the highest priority patients on the waiting lists had been reviewed and clinically validated.</p> <p>The Trust recovery plan was in place and was broadly in line with Surrey Heartlands recovery trajectory.</p> <p>Action: The NHSI restoration graph was to be included in future reports.</p> <p>The Committee acknowledged that the reframing of the performance report was working well.</p>
<p>19 / 2021</p>	<p>SIRI Report - JR presented the report There were 3 SIs reported in January 2021 and 3 in February 2021.</p> <p>The Trust wide project supported by the Quality Team had reduced the overdue Datix from 2169 to 326 at the time of reporting to the Committee. The key themes identified related to patient discharges and the management of mental health patients in the ED. In addition, the project highlighted that Datix was not being used correctly. A training package had been rolled out across the organisation to address this.</p> <p>There was no maternity SIs for sharing with Trust Board, as per the requirement of the Ockenden Report.</p> <p>A Trustwide virtual learning event was held in February 2021 regarding a closed SI. The varied practice of using different trocars¹ was acknowledged as normal practice and was not a patient safety issue. However the learning event had resulted in some good conversations around practice.</p> <p>The Committee commended the report.</p>
<p>20 / 2021</p>	<p>Quality Report - AL presented the report There had been an increase in medication incidents in the reporting period, which was similar to the first COVID wave. The medication safety programme continued to</p>

¹ A surgical instrument with a three sided cutting point enclosed in a tube, used for withdrawing fluid from a body cavity

	<p>perform well against the target.</p> <p>There had been 2 cases of MRSA bacteraemia and the need to rescreen patients for MRSA before surgery was highlighted by the Root Cause Analysis (RCA).The MRSA policy was amended to reflect the change in practice.</p> <p>The number of Klebsiella infections had increased. RCA confirmed the infections were related to respiratory and intravenous (IV) lines, used for COVID patients in the ITU, which was spread across 3 areas at that time.</p> <p>There had also been an increase in category 2 pressure ulcers and deep tissue injuries (DTIs) due to capillary damage from hypoxia in COVID patients and this was consistent with the numbers reported nationally.</p> <p>The Committee acknowledged the unprecedented pressure at the Hospital, which was also the national picture at the time.</p> <p>Mortality had increased, particularly in January 2021 and demographics were being reviewed. During the second COVID wave the number of male deaths had increased in the 70-79 age group and for females in their 80's. The ethnicity work had reflected a mostly white population that the Trust serves.</p> <p>Action: The Surrey mortality data to be included in the report.</p>
21 / 2021	<p>Becton Dickinson (BD) infusion line disruption- AL gave a verbal update. A national patient safety alert was issued around the sterilisation of the lines which had caused a disruption to the supply. In the Trust, plans to prioritise their use were implemented, in addition to ensuring suitable medications were administered through gravity lines. The Clinical Practice Educators (CPEs) were managing the issue and were overseeing stocks for appropriate use. The Committee noted that the Trust was expected to receive a reduced resupply.</p> <p>The Trust was not expected to carry out a Duty of Candour (DOC) conversation with patients as the Risk of infection was very small. Nevertheless, the Trust would be completing a retrospective 'look back' and going forward the use of BD lines would be under surveillance.</p>
22 / 2021	<p>Learning from Mortality Reviews Quarterly Report - PM presented the report. The number of Structured Judgement Reviews (SJR) carried out had reduced due to the redeployment of staff, and a recruitment drive was underway. The findings from the initial mortality reviews and SJRs had concluded the same findings as those where there had been completed SIs. This was reassuring.</p> <p>The Committee recognised the great resource the Medical Examiners (ME) Team were, especially in the support provided to bereaved families.</p>
23 / 2021	<p>Draft Quality Account Priorities- JR presented the report The target metric for improving medication safety and reducing the number of medication errors resulting in harm was set at 8.8 per month for 2021/2022. The Committee felt that this target needed to be more ambitious and requested that this was reviewed.</p> <p>The priorities for Hospital Acquired COVID-19 and reducing Surgical Site Infections (SSI) remained the same as 2020/2021.</p> <p>The implementation of EPR Surrey Safe Care would in the future assist with</p>

	<p>achieving the quality improvement priorities by reducing the number of clinical system used across the Trust.</p> <p>The Committee also suggested that the Patient Experience measures were not reflective of the Trust Strategy and requested that the Quality Improvement Priorities for this were reviewed.</p> <p>Action: To review the target for medication errors for 2021/2022.</p> <p>Action: To review the patient experience quality improvement measures.</p>
24 / 2021	<p>IPC BAF - AL presented the report</p> <p>The IPC BAF had been revised by NHSI/E and the changes to this were highlighted in the report. Staff compliance with Lateral Flow Testing/reporting required further work with an average of 60% of staff reporting. The Health and Safety Team continued to complete risk assessments in staff areas to ensure social distancing was implemented. Wearing the correct level of PPE appropriate for the clinical situation was discussed. Staff hand hygiene remained a priority as part of IPC practice.</p>
25 / 2021	<p>Organ Donation Annual Report- PG presented the report</p> <p>The Trust performed 15 organ donations in 2019/2020, the highest regionally. In 2020/2021 there were 8 organ donations from the Trust and this was considered to be very successful when considered in the context of a pandemic and was equal to the number of donation in 2018/2019.</p> <p>A solid foundation was established in the organ donor pathway, which included the identification of donors as well as approaching the patient's families at the appropriate time.</p> <p>Deemed consent legislation was introduced in England in May 2020. However, the consent to the harvesting of organs would not happen without the involvement patients' families.</p> <p>The Committee inquired on the lives affected by 1 patient Donor and were informed that on average 1 organ donor can transform the lives of up to 4 patients. It was requested if details regarding the lives transformed by organ donation would be included in the 2021/2022 Annual Report.</p> <p>It was noted the wife of an organ donor was presenting her family story at Trust Board in July 2021.</p> <p>The Committee commended the report.</p>
26 / 2021	<p>Annual Quality of Care Committee Report</p> <p>The 2019/2020 report had not previously been submitted due to the pandemic and was therefore historical, but submitted for the Committee to receive.</p> <p>The 2020/2021 Annual Report would be submitted in May 2021.</p>
27 / 2021	<p>Corporate Quality & Regulation Report- JF presented the report</p> <p>CQC Trust engagement continued virtually, initially with the ED in January 2021 and with Maternity Services in March 2021. The CQC had been assured following both engagements. The next CQC engagement was scheduled with Theatres and Anaesthetics for May 2021, following a number of anonymous whistleblowing concerns raised with the CQC. All concerns had been investigated and staff had been given many opportunities to raise concerns in the Trust.</p>

	<p>The internal CQC style mock inspection programme and the CQC oversight Committee would be recommenced in line with the Trust restoration and recovery plan. The Domains in Clinical Practice audit would initially be completed in the Division of Women's Health and Paediatrics, with the aim to audit the rest of the organisation in May/June 2021.</p>
28 / 2021	<p>BAF Review The BAF risk scores for risks 1.1 and 1.2 would be reviewed to ensure the KPIs aligned to the risk scores and reflected the mitigation in place.</p>
	<p>Any Other Business Revised Divisional Reporting plan: The proposed plan for divisional reporting to the Committee was agreed. The aim, where possible would be to align divisional reporting with annual reports appropriate to the division presenting.</p> <p>BDO Discharge to Assess (D2A) Audit: EB presented the report.</p> <p>The BDO audit was conducted to provide recommendations for improvement within the internal Discharge Programme and 6 recommendations were made. The Committee agreed that the audit results had not provided enough information due to the limited number of patients included in the audit.</p> <p>Going forward, additional work was needed to improve audit designs to ensure the right level of evidence was captured for assurance. MW agreed to conduct a development session with the Executives on Internal Audit.</p> <p>Action: MW to conduct a development session with the Executives on Internal Audit.</p>
	<p>Date of next meeting: 20th May 2021</p>