

Trust Board
31 January 2018

AGENDA ITEM	16.2
TITLE OF PAPER	Quality of Care Committee Minutes – November 2018
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 24 January 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:	
AUTHOR	Beth Shepherd, Clinical Improvement Support
PRESENTED BY	Professor Hilary McCallion, Chair of Quality of Care Committee
DATE	24 January 2019
BOARD ACTION	Receive

QUALITY OF CARE COMMITTEE (QCC) MINUTES

22 November 2018

Room 2, Chertsey House

11.00 – 13.30

CHAIR:	Professor Hilary McCallion (HM)	Non-Executive Director
MEMBERS PRESENT:	Marcine Waterman (MW)	Non-Executive Director
	Russell Wernham (RW)	Deputy Chief Nurse
	Tom Smerdon (TS)	Director of Operations for Urgent & Emergency Care
	James A Thomas (JT)	Chief Operating Officer
	Sue Tranka (ST)	Chief Nurse
	Dr David Fluck (DF)	Medical Director
	Jacqui Rees (JRe)	Assistant Director of Patient Safety
	Chris Ketley (CK)	Non-Executive Director
	Suzanne Rankin (SR)	Chief Executive
	Dr Erica Heppleston (EH)	Associate Director of Quality
	Dr Andrew Laurie (AL)	Divisional Director Diagnostics, Therapies, Trauma and Orthopaedics
	Mr Shashi Irukulla (SI)	Divisional Director, TASCC
	Olatokunbo Ogunbanjo (Toks) (OO)	Chief Pharmacist
	Sarah Burton (SB)	Divisional Chief Nurse, Medicine & Emergency Services
	Sal Maughan (SM)	Associate Director of Governance and Communications
IN ATTENDANCE:	Konstantina Stavrakelli (KS)	Head of Midwifery
	Gemma Puckett (GP)	Deputy Head of Midwifery
	Andy Field (AF)	Chairman
	Farhana Nargis (FN)	Quality Team Administrator
	Beth Shepherd	Clinical Improvement Support (Minutes)
APOLOGIES:	Professor Mike Baxter (MB)	Non-Executive Director
	Dr Paul Murray (PM)	Chief of Patient Safety / Deputy Medical Director
	Louise McKenzie (LM)	Director of Workforce Transformation
	Mr Faris Zakaria (FZ)	Divisional Director WHP
	Dr Melanie Irvin-Sellers (MIS)	Divisional Director MES
	Dr Jonathan Robin (JRo)	Divisional Director MES
	Mark Hinchcliffe (MH)	Programme Office Manager
	Cathy Parsons (CP)	Director of Clinical Services, iMSK, Diagnostics, Therapies & Trauma
	Sue Sexton (SS)	Divisional Chief Nurse, Theatres, Anaesthetics, Critical Care, Surgery

¹ Abbreviations: Diagnostics Therapies Trauma Orthopaedics (DTTO), Intensive Care Unit (ITU), Medicine and Emergency Services (MES), Emergency Department (ED), Women's Health and Paediatrics (WHP),

Theatres Anaesthetics Surgery Critical Care (TASCC), Divisional Director (DD), Quality Experience Workforce Safety (QEWS), Acute Medical Unit (AMU), Serious Incident Requiring Investigation (SIRI), Risk Scrutiny Committee (RSC) Workforce and Organisation Development (WOD) Care Quality Commission (CQC) Cost Improvement Plans (CIPs) Quality Safety Impact Assessment (QSIA) Friends and Family Tests (FFT) Project Management Office (PMO) Clinical Commissioning Groups (CCG) Key Performance Indicators (KPIs) Clinical Negligence Scheme for Trusts (CNST) Commissioning for Quality and Innovation (CQUIN) Integrated Musculoskeletal (iMSK) Local Maternity Service (LMS) Trust Risk Register (TRR) Resident Medical Officer (RMO) Specialty and Associate Specialist (SAS) Quality and Safety Half Days (QUASH) Structured Judgement Reviews (SJR) Mental Health (MH) Registered Mental Health Nurse (RMN) Surrey and Borders Partnership (SABP) Director Infection Prevention Control (DIPC) Clostridium difficile (C Diff) Methicillin-resistant Staphylococcus aureus (MRSA) Children Adolescent Mental Health Services (CAMHS) Deprivation of Liberty Safeguards (DoLS) Whole Time Equivalent (WTE) National Cardiac Arrest Audit (NCAA) Two Week Rule (TWR) Terms of Reference (ToR) Getting It Right First Time (GIRFT)

ITEM		Action
92 / 2018	<p>Apologies for absence</p> <p>Noted above</p>	
93 / 2018	<p>Minutes of the last meeting</p> <p>EH advised minor typographical elements will be refreshed.</p> <p>The minutes were approved.</p>	
94 / 2018	<p>Action Log</p> <p>All actions have been updated on the action log.</p>	
95 / 2018	<p>Divisional Director Exception Reports</p> <p><u>DTTO</u></p> <p>AL presented the report and noted that targets for reporting times in Imaging and Histology remain a pressure point.</p> <p>Swan ward are undertaking ongoing redesign work to address safe staffing issues. RW provided assurance that there had been no SIs or red flags on the ward in November.</p> <p>An improvement notice is anticipated following coroners' case involving imaging contrast anaphylaxis. We are going to work with the family to change the process for completing the pre CT questionnaire.</p> <p>An interim Clinical Governance Manager has been appointed to the Governance team and is working to clear the backlog of tasks.</p> <p>The rate of mortality review completion has fallen. The team are working with Paul Murray to improve the process.</p> <p><u>MES</u></p> <p>SB presented the report and highlighted the issue of nursing staffing levels. Care pathways will be redesigned to allow other staff, including care coordinators and pharmacy technicians, to undertake aspects of care.</p> <p>SB noted a fall for SSNAP data measures in September and October. Causes include staff changes and a reduction in bed base due to the closure of Wordsworth.</p> <p>The planned opening of HASSU has been delayed due to recruitment and nursing competencies issues. HASSU will now</p>	

	<p>open on December 3rd and direct ward access commence on December 17th. The Division will also work more closely with the Bradley Unit.</p> <p>SR noted that the Stroke Division has not yet scheduled regular M&M meetings</p> <p>Action: To update timescale for resolution of actions on action plan to include dates.</p> <p>Action: To schedule M&M meetings for Stroke Division.</p> <p><u>TASCC</u></p> <p>SI highlighted low FFT scores in some areas. This is discussed at Matrons' and Sisters' meetings.</p> <p>SR noted it had been agreed that FFT scores need no longer be reported to Trust Board and suggested collection should cease. Other methods of collecting patient feedback are being explored.</p> <p>Appraisal rates are low due to pressures on Ward Managers. SI reported there was an attempt to reduce Ward Managers' workload by delegating activities. ST suggested that other members of the clinical team could undertake appraisals. SI expects to see an improvement by January 2019</p> <p>Safe Staffing compliance is particularly low on SAU. Workload has increased and morale is currently low. SI commented that SAU staff were doing an excellent job. ST noted that consideration should be given to other members of the clinical team in terms of safe staffing.</p> <p>Action: Further detail on timescale and assurance forum to be provided for Safe Staffing exception for January meeting.</p>	<p>SB</p> <p>SB</p> <p>SI</p>
<p>96 / 2018</p>	<p>Performance Report</p> <p>TS highlighted the Making Every Day Count fortnight in October during which ambulance handover times were significantly reduced. Making Every Day Count will be rolled out as a business as usual care bundle to all wards.</p> <p>The October reduction in ED attendances coincided with commencement of extended access to primary care in North West Surrey.</p> <p>JT highlighted efforts to improve capacity in Ophthalmology including increased weekend work, recruitment, outsourcing work to three hospitals and use of an external company to</p>	

	<p>provide extra capacity at weekends.</p> <p>The Paediatric Maxillofacial backlog will be reduced over the winter period by increasing theatre activity over six weeks.</p> <p>JT provided further detail of a cancer reporting issue noted at the last meeting; the interaction of three IT systems stopped tracking of patients on the TWR who cancelled and rebooked appointments. This led to a fall in performance of approximately 0.25%. The issue still exists but is mitigated by staff completing a daily check of a written list. All the IT systems will be replaced within 12 to 15 months.</p> <p>Action: Performance report to give figures indicating scale of Ophthalmology outsourcing initiatives.</p>	JT
97 / 2018	<p>Incidents SIRI Report</p> <p>JR presented the report, noting 15 SIRIs in October.</p> <p>A process review will be held with Governance teams in December and January to identify barriers to timely reporting on STEIS. Recent recruitment to governance teams is expected to improve performance.</p> <p>Three SIs relate to the management of stroke in ED. Two of these will be investigated as a cluster, together with a further SI reported in August 2018. It was noted that in one case a review found that all correct clinical decisions had been made and there had been no opportunity to prevent the outcome.</p> <p>ST commented that there is no timeline yet for the deferred inquests relating to the Phenytoin medication errors.</p>	
98 / 2018	<p>Quality Open Board Report</p> <p>ST presented the report to the committee for approval.</p> <p>The number of medication incidents resulting in no harm that were reported has risen by 31%; the number of incidents causing moderate or severe patient harm has fallen by 70% since last year. ST thanked OO and team.</p> <p>A draft strategy encompassing key metrics of medication safety will be shared with the committee in the future.</p> <p>The rate of SJR completion has improved but there is still improvement to be made. Two cases in October identified poor care and will be investigated through the SI process.</p> <p>ST reported that paediatric and perinatal mortality will be included in the Learning from Deaths report presented to Trust</p>	

	<p>Board in January. In the last reported data set the Trust rate was below national average.</p> <p>Infection control will be a quality priority in the year ahead. ST highlighted a revised approach which will pull together existing measures in to one strategy.</p> <p>The paper was approved for Trust Board.</p>	
99/ 2018	<p>CQC Regulation Paper and Action Plan</p> <p>EH presented the report for noting. The majority of actions on the action plan are stand – alone. EH highlighted two wider, long-term improvement programmes for ED and Outpatients.</p> <p>QCC will receive updates on how the action plan is progressing as a whole; exceptions will be reported at Trust Board. Action owners will also report to relevant committees as noted on the plan.</p> <p>The paper was approved for Trust Board.</p>	
100 / 2018	<p>Safeguarding and Mental Health Update</p> <p>RW presented the report and highlighted the following points:</p> <p>Training compliance remains under the 95% target but has risen in both Child and Adult Safeguarding.</p> <p>Prevent training compliance is 68.4% against a target of 90%. This is in line with peers across the region. There is no agreed alignment in the CCG as to which staffing groups should receive training in which Prevent area.</p> <p>Following the retirement of the previous post holder, SABP have agreed to recruit a band 7 Learning Disability nurse to work 4 days a week in the Trust. Interim support is received from the retired incumbent and community nurses.</p> <p>MW commented on the number of DoLs referrals that were not accepted. RW confirmed that the local authority had not approved any DoLs referrals due to an acknowledged backlog, but noted a change in law is anticipated with referrals being brought in-house.</p> <p>SR noted for assurance that the Trust has a policy for the management of pregnant children.</p> <p>Future reports could include more granular detail such as the number of sections managed in ED and what happens to patients.</p>	

101 / 2018	<p>Violence and Aggression paper</p> <p>RW presented the report on behalf of LM for noting.</p> <p>Incidents of violence and aggression toward staff have remained consistent the last two years. The majority of incidents involve patients with cognitive impairment or alcohol withdrawal.</p> <p>Changes to Datix have improved the ability to report incidents. The “Respect at Work” campaign publicised the issue and encouraged reporting.</p> <p>CK commented on the rise of incidents in A&E. SR suggested this may reflect increased reporting due to the recent campaign.</p> <p>LM attended a working group with local Trusts concerning body worn cameras.</p> <p>Action: Future paper to breakdown incidents according to whether aggressor is staff, patient or visitor.</p>	LMK
102 / 2018	<p>Maternity Update Report</p> <p>KS presented the report for noting.</p> <p>KS highlighted the appointment of a Better Births Project Lead and establishment of the Quality and Safety Forum across the LMS. The LMS has also created a dashboard of Quality indicators.</p> <p>The Trust would like to conduct a further in depth review of the 6 stillbirth cases where it was identified different care may have altered the outcome. This may be external if we are able to secure the investigators. If a reviewer cannot be secured at the agreed cost other possibilities will be considered.</p> <p>Action: Change wording of report to refer to a run, rather than a rise, in stillbirths.</p>	KS
103 / 2018	<p>Service Review Presentation</p> <p>Women’s Health & Paediatrics</p> <p>The Division reported on challenges and achievements in Q1 including:</p> <ul style="list-style-type: none"> • Best Practice Tariff achieved in the National Paediatric Diabetes audit. • Reduced vacancy in NICU Qualified Specialty Nurses. 1.8% vacancy this year compared to 12% in Q1 2017/18 • Positive collaboration within the LMS with Better Births adoption to deliver National Maternity Strategy. The Surrey Heartlands Pregnancy advice line was nominated for a Health Service Journal award 	

	<ul style="list-style-type: none"> • Actions following the Neonatal Peer Review Report will include a nursing workforce review with 3 year trajectory • Badgernet implementation throughout entire maternity service to support Better Births programme. 	
104 / 2018	<p>Theatres, Anaesthetics, Surgery & Critical Care Presentation</p> <p>Highlights of the presentation include:</p> <ul style="list-style-type: none"> • Consultant of the week model rolled out across all specialties. • New Clinical Lead roles developed in Breast, ITU, Theatres, Day Surgery and UGI. • Nursing roles redesigned, including Ophthalmic Nurse Injectors and Colorectal ANPs. • Volume of bariatric activity increased with Trust set to be a Centre of Excellence. • Non-compliance with medicines Management training to be discussed at all divisional governance meetings. Medicines Management incidents shared at Junior Doctors Forum and Speciality Governance meetings. • Critical Care Strategy to be completed in a month's time. • TASCC senior management have increased their presence on the wards to help improve staff morale. 	
105 / 2018	<p>Any Other Business</p> <p>HM thanked Farhana Nargis for all her support with QCC as she is leaving the Trust.</p>	
	Date of next meeting: 24 th January 2019 11.00-13.30, Room 2, Chertsey House	