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| ITEM 13 | **QUALITY AND SAFETY COMMITTEE**  **SUMMARY REPORT**  **17 May 2022** |
| **Committee Governance** | * Quorate – Yes * Attendance (membership) – 100% * Action completion status (due items) – 100% * Agenda completed – Yes |
| **Current activity** | **Infection control & vaccination update**: Discussion focused on relaxing of COVID-19 measures including social distancing. The new national IPC manual was introduced.  **Serious Incidents update**: The SI tracker was presented alongside a SI investigation report (delayed post-op. appointment at Croydon). An update about the recent biometry serious incident was also presented concerning an error in the measurement of axial length, detected on a biometry machine at City Road. 129 patients have been identified as potentially affected.  **Theatres management**: The committee received a briefing about the ongoing work to develop and support improvement at City Road theatres.  **Divisional Update – South Division**: The committee received the annual update presentation from the South Division. This looked at incidents, complaints, FFT, the divisional risk register, clinical governance (including quality forums), CQC actions, and the Ophthalmology Network in the SWL ICS.  **Death of a patient within 24 hours of elective surgery**: The committee received a presentation about a patient death which occurred in December 2020. This outlined the inquest, engagement with the CQC the key issues, action plans and actions taken.  **Ockenden report briefing**: The committee received a briefing about the Ockenden report, focusing on key findings and learning for Moorfields. There are five directly relevant key areas: workforce planning and sustainability; safe staffing; escalation and accountability; clinical governance; and incident and complaints management. There will be a full review of the Ockenden report and its recommendations led by the chief nurse. Areas for improvement will be identified and actioned.  **Annual Reports**: The committee received its annual report for the year 2021-22, and the complaints annual report.  **Quality Account**: The committee received the draft quality account for 2021-22 including the quality priorities for 2022-23.  **Quality and Safety update (including Q4 Q&S reports)**: The committee received the bi-monthly update. Also received were the following 2021-22 Q4 reports: quality and safety, quality and safety (UAE), WHO audit.  **Summary reports from committees**: These were received from:   * Risk and Safety Committee (met 16/03/2022) * Clinical Governance Committee (met 25/04/2022) * Information Governance Committee (met 29/03/2022) |
| **Key concerns** | * Post-op. patients still recover in theatres – the space is being reviewed and a new recovery area is planned. * The number of companions accompanying patients was discussed. The optimum number is one companion. This is being monitored as Covid restrictions are reduced to ensure patients receive adequate support and avoiding overcrowding. * The need for post-op appointments to be arranged at the time of surgery rather than after surgery was highlighted. This is particularly important with urgent non routine post-op appointments booked following surgery. It was noted that appointments booked more than six weeks in advance are more often changed compared with those booked less than six weeks and this should be considered as part of any improvement plan. * The cause of the biometry machine error serious incident is not known (under investigation by Zeiss). Of the 129 patients, 46 had surgery (full review expected by 20 May), 48 had been booked for surgery; 39 were on a waiting list. Incident has been reported to the MHRA and progress is being tracked through a weekly incident group. * The CQC received anonymous concerns regarding City Road theatres and informed the trust. These are being addressed through a working group (shortly to be included in the work of a new surgical improvement board). Four areas of improvement have been identified and an action plan is due to be presented to Management Executive on 14/06/2022. Regular liaison meetings continue with CQC. * Administrative staffing challenges in Moorfields South were discussed. It was recognised there has been a gap in middle management at St George’s. There is significant turnover with admin and clerical staff. Further support and engagement with staff is taking place to improve the situation and overall performance. * Concerns were raised about patient communication and the complaints received in relation to this. This will be on the agenda for the next meeting. * In relation to a patient death there is on-going communication with the CQC about how improvements and learning are being taken forwards. * The quarterly reports highlight particular issues with the WHO checklist (Private) and patient transport (feedback from the Hoxton diagnostic hub). |
| **Escalations** | * Patient communications (to be brought as a deep dive to the next QSC) * Administrative team support at Moorfields South and across the organisation * Administrative processes particularly bookings and follow up * Post-operative SOPs and processes: how these have changed during the pandemic and whether they need to be updated * On-going review of theatres particularly around cultural improvements. |
| **Date of next meeting** | 19 July 2022 |