

**QUALITY AND SAFETY COMMITTEE**

**SUMMARY REPORT**

**11 July 2023**



<p><b>Committee Governance</b></p>	<ul style="list-style-type: none"> <li>• Quorate – Yes</li> <li>• Attendance (membership) – 75%</li> <li>• Action completion status (due items) – 100%</li> <li>• Agenda completed – Yes</li> </ul>
<p><b>Current activity and issues raised</b></p>	<p><b>Committee Terms of Reference</b> The committee’s terms of reference for 2023/24 were approved.</p> <p><b>Infection control update</b> The update focused on the continued roll-back of COVID-19 requirements (the rates are now in the green zone). The board assurance framework is being revised and will come to QSC in due course. Overall, it is business as usual for IPC. The following issue was raised:</p> <ul style="list-style-type: none"> <li>• There has been one reported case of endophthalmitis (the previous one was in October/November 2022). There was no evidence this was part of a wider pattern or trend.</li> </ul> <p><b>South Division Presentation</b> The committee received an annual update from South Division. This focused on the services delivered from its sites, the top three achievements, its challenges, resolved and unresolved issues, and looking ahead, including the introduction of the Osteo-odonto-keratoprosthesis (OOKP) service. The following issues were raised:</p> <ul style="list-style-type: none"> <li>• Wayfinding at Croydon is a significant issue (highlighted by FFT comments) and the team was putting in plans to improve this.</li> <li>• Referral pathway communications was a significant factor in a recent incident (concerning a 48-hour wait by a patient). An after-action review of this incident was underway following consideration at the serious incident panel.</li> <li>• A review of the <i>Failsafe</i> processes, division-by-division. This will come back to the committee as a future full agenda item.</li> </ul> <p><b>Patient experience and engagement</b> This presentation was in two sections: the first covered the Patient Experience and Customer Care team (including PALS, other comments, and complaints); the second part was about the development of the patient experience framework, including the patient experience principles, and how this is being implemented. There was a discussion about the level of formal complaints and whether they are higher or lower than might be expected. Numbers are likely to be influenced by overall access to the complaints process, which the team continue to work on. Formal complaints are likely to be reduced by an effective PALS service and the general (positive) trust policy to resolve complaints locally. Formal complaint numbers had been fairly consistent for a few years, although increased for a period following COVID-19.</p> <p><b>Annual Reports</b> The committee received four annual reports:</p>

- Clinical Governance & Clinical Audit
- Complaints
- Resuscitation
- Safeguarding Adults.

It was noted that the complaints report had been included in the previous item, and there has been an annual update (March 2023 was the last) about clinical audit. The resuscitation, and safeguarding adults reports were presented. The following issues were raised from the annual reports:

- Concerns were raised about the resourcing for the continuation of the Schwartz rounds which are known to be beneficial. This is being discussed by the Quality and Workforce teams.
- The space available for the resuscitation team, particularly in relation to Oriel was raised. This is being discussed as part of preparing for Oriel.
- It was noted that the safeguarding team had not been at its full complement since 2019; this has been resolved, although additional specialist training provision still needs addressing.

#### **Fire Safety**

This item focused on the review of the fire safety policy (and the transition to more localised processes), the recent fire safety audit (and the positive feedback from two satellite sites), and the project to improve the deployment of fire wardens.

#### **Serious Incidents (SIs)**

Current progress with two current SIs (incorrect IOL, Never Event, Ealing), and allegation of assault (City Road) were summarised, together with a Duty of Candour update. One SI report was presented (Patient death following cataract surgery); although the date for the inquest is still awaited, actions are being implemented where possible.

#### **Quality and Safety**

Included within the report was PSIRF (which will be an agenda item at the next meeting), and a patient experience update (already covered on the agenda). Other highlights for the period include clinical audit week, walkabouts (including a CQC-style mock inspection of MPEC), and the robust policy and procedural document process. The quality and safety report for Q1 was presented; along with the Q1 Q&S report from Moorfields UAE.

#### **Summary reports from committees**

The committee received summary reports from the following meetings: Risk and Safety Committee (meeting on 14/06/2023), Research & Development Quality Review Group (22/05/2023), Information Governance Committee (23/05/2023), and Clinical Governance Committee (12/06/2023). The following concern was raised:

- The report from the Risk and Safety Committee highlighted racial abuse of staff by patients. This will be covered as part of a future QSC item.

<b>Escalations</b>	There were no escalations for Trust Board.
<b>Date of next meeting</b>	19 September 2023