

Board of Directors (in Public)

Item 6.1.2
Subject: BAF Key Issues Report – Quality Committee
Date of Meeting: Tuesday 26th January 2021
Prepared by: Sue Pemberton, Director of Nursing & Quality
Presented by: Dr Nick Brookes, Chair Quality Committee
Meeting Held: Tuesday 5th January 2021

Agenda Item	Lead Exec	Assurance Received	New/Emerging Risks	Actions/Comments
6.2	RP	<p>VTE and PPCI</p> <p>It was noted that the Trust had fallen below the national average of 150 minutes for call to balloon time. The Medical Director was to look into those patients who had been thrombolysed included in the report.</p> <p>The Trust had seen a drop in the VTE targets. A new VTE lead had been recruited, the policy is being rewritten. The Divisions were aware of this as it was presented each month to the Operational Board.</p>	None	<p>Work is ongoing to understand the deterioration in 150 minute call to balloon time led by the Medical Director.</p> <p>A new lead has been appointed for VTE.</p>

6.4	RP	<p>Covid Update</p> <p>It was noted that the Trust had completed a significant amount of excellent work had taken place with regards to the Covid pandemic.</p> <p>The Medical Director confirmed that the oxygen supply for the Trust would not become an issue due to the fact the Trust only has a small amount of patients. The problem in surge one was quite different to surges two and three. In surge one there were no medical treatments and patients were ventilated early, at that time the Trust did not have their own patients it was patients who had been transferred – following this a learning document for the Intensive Care Society with outcome data for people who had been ventilated. In surges two and three medical treatments were required and there were a significant amount of patients in hospital, particularly in DGH's, the number of ventilated patients remained low.</p> <p>During the early stages of Covid the Trust completed thorough testing with the Estates and Supplies department, the Trust had always remained confident that oxygen supplies would never become a concern.</p>		
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6.7	RP	<p>Delirium</p> <p>The Director of Strategic Partnerships joined the meeting and noted that the purpose of the paper was to take a fresh look to see if there was anything that the Trust had not considered, it was decided that a more holistic approach as opposed to solely treating patients who presented with symptoms. Taking the holistic approach into consideration, the task and finish group had identified four themes for which improvements could be made:</p> <ul style="list-style-type: none"> • Staff support and safety • Patient support and safety • Multi-disciplinary clinical leadership • Education and training <p>There were two large investment proposals, one being the Psychiatric liaison contract with Merseycare and the second would be to invest some additional resource in psychology support within Critical Care so that Psychology was no longer seen as a referral process but that it would be at the forefront of the multi-disciplinary team and the decision making process – both were yet to be fully considered by the Executive Team in terms of the Business Cases although they had been fully socialised. Some work was yet to be completed, however, it was anticipated that this would be completed</p>	None	
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7.2	RP	<p><u>Dr Foster Mortality Deep Dive</u></p> <p>The Director of Research and Innovation outlined the Dr Foster Mortality Deep Dive.</p> <p>Points were raised at the previous Quality Committee, however, the Director of Research and Innovation continued to be unsure of the RAG rating and percentages. Work with the Senior Analyst of Research was to be completed and brought back to April's Quality Committee.</p> <p>The Quality Committee received assurance in relation to the locum surgeon who had since become a fellow.</p>	None	
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