

## Board of Directors (in Public)

### Item 5.1.3

**Subject:** Annual Assurance Report - Quality Committee 2019/20  
**Date of meeting:** Tuesday 28<sup>th</sup> April 2020  
**Prepared by:** Sue Pemberton, Director of Nursing and Quality  
 Dr Nicholas Brooks, Non-Executive Director & Quality Committee Chair  
**Presented by:** Dr Nicholas Brooks, Non-Executive Director & Quality Committee Chair

BAF Ref	Impact on BAF
1.1,1.2	None

#### 1. Executive Summary

The purpose of this report is to provide assurance to the Board of Directors on the performance of the Quality Committee. The Annual Report summarises activity of the Trust's Quality Committee for the financial year 2019/20 and outlines how it has met its Terms of Reference (ToR) and key priorities. The committee met on four occasions during this financial year.

The purpose of the Quality Committee is laid down in its ToR; in summary, it is responsible for providing the Trust Board with assurance on all aspects of quality including delivery, governance and clinical risk management. The report identifies the core issues discussed and debated and the assurances received. It also highlights where improvements are required for 2020/21 to strengthen the assurance on quality for the Board of Directors.

#### 2. Background

The Trust has four assurance committees of which the Quality Committee is one. The Committee operates via a work plan devised from its terms of reference. In January 2019 the Trust underwent an unannounced CQC inspection where the surgical specialty was inspected. This was followed by a planned well led inspection which was carried out between the 5<sup>th</sup> and 7<sup>th</sup> February 2019. The Outcome of these inspections was that surgery was rated outstanding which was an improvement from 2016 when they were rated good and the Trust was rated outstanding for well led.

#### 3. Main Priority and Objective

The Quality Committee shall provide the Board of Directors with a means of independent and objective review of quality governance. The committee's main priority is to review and scrutinize assurances that the Trusts strategic priorities for quality improvement are identified, implemented and monitored.

## 4. Duties and Responsibilities

The Committee will promote safety and quality in patient care and experience and help to identify priorities and risks arising from clinical care and treatment on a continuous basis.

### 4.1 Quality Strategy

The Committee received the Trust's updated Quality and Safety Improvement Strategy (2017-2020) in October 2018 and received assurance on the delivery of the strategy as below.

### 4.2 Quality Impact Assessments (QIAS) relating to cost improvements

The committee received quality impact assessments and assurance on the process of sign off for QIAS at its meeting in April 2019. Further assurances on the process were received in July 2019, October 2019 and January 2020.

### 4.3 Clinical Effectiveness

The committee receives a quality report via the Quality and Patient and Family Experience Committee and a Quality dashboard which provides assurance on all domains of quality. The key areas of note are:

**Mortality** – Mortality data were reviewed in all four meetings of the Quality Committee. The process involves examination of HSMR data and feedback from the Medical Director on the performance of consultants. In its April 2019 meeting the Committee received the mortality annual report. The Hospital Standardised Mortality Ratio (HSMR) indicators were slightly above unity, but had improved since 2017 and were statistically within the expected range. Outlier data – prompting 'alerts' from Dr Foster - were reviewed, discussed at the Board of Directors and reported to the CQC. The Medical Director and the Director of Research & Innovation are in regular contact with Dr Foster to enhance data quality. Members of the Quality Committee accepted assurance from the rigorous analysis from which it was concluded that these alerts and the increase in unadjusted hospital mortality is attributable to the new national guideline compliant policy of accepting heart attack patients who have been resuscitated from cardiac arrest in the community (out of hospital cardiac arrest; OHCA). The number of patients coming to LHCH on the PPCI pathway with OHCA, who experience an average mortality rate of over 50%, has increased and is likely to increase further. A deep dive was carried out into surgical mortality over a fifteen month period. This was presented at surgical audit day. The outcomes were well within acceptable limits and no clear trends identified.

**Falls and Pressure ulcers** – The committee has received assurance of the work undertaken to reduce the incidence, and noted continued improvements.

**Sepsis** – The committee has monitored the Trust's compliance with sepsis policies throughout the year and noted the major educational efforts and improvements that have been put in place to address completion of the sepsis bundles with a significant improvement in two of the main KPIs (one hour and three hour times to antibiotic administration). However this remains an area of focus for the Quality Committee with the current emphasis for improvement upon timeliness of blood cultures which at the last Quality committee in January 2020 year to date was at 82% compared to the 95% target. The clinical areas receive their data weekly on sepsis screening and individual KPI data which can be tracked to individuals for improvement. The sepsis annual report was received by the committee in July 2019. The committee were assured that everything possible was being done to improve the documentation and timely management of suspected and proven sepsis and also that no evidence exists to suggest any deterioration in patient outcomes.

**Medication safety** – At its April 2019 meeting the committee received the Medications Assurance Report. The report provided comprehensive information on the Trust medicines policy, the results of monitoring and of multiple audits, and on numerous improvement initiatives both in training and equipment. The Chief Pharmacist emphasised that the level of harm had been minimal; that harm reports are reviewed regularly and that an improvement project is in place. Another member considered that it would be useful to see documentation of the extent to which performance had

improved over time, but accepted that with changes in data collection this would have limited value. At its July 2019 meeting the committee received the safe medications annual report. This noted that there had been a 58% increase in incident reporting which was considered to reflect a change in reporting culture. The committee noted that improvement work was ongoing. A further paper was received by the quality committee in January 2020 in relation to medications incidents. The committee noted that the majority of medication errors are rated minimal or no harm and that the Trust has a good record for monitoring and learning from such incidents and can demonstrate system improvements. Benchmarking data with comparable organizations demonstrated that the Trust's reported number of medication incidents was in line with that of peers. The chief pharmacist explained the need to see further reporting to ensure that we are capturing all incidents inclusive of near misses. The committee accepted assurance of good medicines management in the Trust.

**GIRFT deep dive into post-operative stroke.** The committee was assured that the rate of post-operative stroke at LHCH is not high in comparison with published national and international data. There appears to be significant under reporting from a number of UK units with several declaring no strokes at all. This makes LHCH appear an outlier. The plans put in place to minimize the risk of this complication were also noted including the purchase of ultrasound probes to scan the aorta for fragmented atheroma.

**GIRFT report actions and progress.** The committee was updated that cancellations had improved with an overall downward trend over the last 12 months. Day of surgery was highlighted as an improvement for patients which had now been extended to all elective and cardiac and thoracic patients.

**Infection Prevention.** The committee has received updated reports at each meeting on the numbers of infections that have occurred in the Trust. As at December 2019 the Trust has breached its MRSA bacteraemia target of 0 as one has occurred, and also its C. Diff target of 3 as there have been 7 cases this year. MSSA bacteremia X 9 this year and gram negative bacteremia x 7 have occurred in this financial year. All of these have been discussed at the infection prevention committee. The committee received assurance that all infection prevention measures are in place and that all cases are rigorously investigated. The committee accepted the assurance provided by the low rate of infections.

**CQUINS** – assurance has been provided at all meetings of progress in achieving national and local CQUINS, and good performance has been noted.

**Consent.** The committee received an update from the Medical Director in relation to consent following a previous MIAA audit report from June 2017 in which a number of recommendations had been made. A repeat audit in 2018 had revealed similar results with few minor improvements. The Committee was assured of the importance and continuing focus attached to this issue by the Medical Director and clinical leads.

**Quality risks.** The committee received an update at all meetings on the current risks relating to quality and the mitigating actions in place to address them.

**The sentinel stroke audit and stroke update** demonstrated further improvement over the last 2 years such that by quarter 2 2018/19 all key indicators were being met. It was noted that the previous year's difficulties in achievement of the 72 hour swallow assessment had been resolved by the appointment of two speech and language therapists.

#### **4.4 Additional assurances received**

**The committee received assurance of key performance indicators compliance and improvement work in relation to:**

- readmissions to critical care
- fasting in medicine and surgery,
- the implementation of Natsips and Loccsips across the Trust
- mortality reviews

- incident reporting
- infection rates
- radiology alerting
- dementia screening
- VTE screening
- PPCI call to balloon times
- patient and family experience
- quality priorities
- CQUINS
- complaints management
- resuscitation update and do not resuscitate compliance
- radiology discrepancy reporting
- CQC updates

#### **4.5 Annual Reports**

The committee has received assurance on annual reports at the committee or via the Quality and Patient and Family Experience committee for;

- Diabetes
- Medications assurance
- Drugs and Therapeutics
- Safe medications
- Mortality
- Infection prevention
- The NHS National patient survey
- Cancer
- Complaints
- Patient and family experience
- The clinical quality forward plan 2018/19 Nice and new technology
- Incidents, complaints and claims
- Tissue viability
- End of life
- Clinical audit and effectiveness
- Sepsis

#### **4.6 Annual Quality Report**

The quality report has been completed in accordance with statutory requirements, forming part of the annual report.

#### **4.7 External Regulations**

In January 2019 the Trust underwent an unannounced CQC inspection where the surgical specialty was inspected. This was followed by a planned well led inspection which was carried out between the 5th and 7th February 2019. The Outcome of these inspections was that surgery was rated outstanding which was an improvement from 2016 when they were rated good and the Trust was rated outstanding for well led.

#### **4.8 Patient and Family Experience**

The committee has been provided with assurance against the Patient and Family Experience measures via the quality report and an annual report.

#### **Research and Development**

The Committee has received assurance relating to objectives included in the updated research and

development strategy document. It was noted that two of the principal research initiatives had been taken forward. The department has implemented an action plan to prepare for an anticipated Medicines and Healthcare Products Regulatory Authority (MHRA) inspection.

## 5. Membership and Attendance

Three nominated Non-Executive Directors, one of whom will be Chair and one Vice Chair. In attendance at all meetings: Director of Nursing and Quality, Medical Director, Director of and Director of Research and Informatics.

Position - month meeting occurred	Nick Brooks (Chair)	Mark Jones	Karen O'Hagan	Sue Pemberton	Raph Perry	Marga Perez-Casal
April 2019	√	√	X-Marion Savill attended	√	√	X
July 2019	√	√	√	√	√	√
October 2019	√	√	√	√	Apologies –MK attended	X
Jan 2020	√	√	√	√	√	√

## 6. Equality and Inclusion

The committee is due to receive its Equality and inclusion update in April 2020.

## 7. Priorities for 2020/21

Priorities for 2020/21 include:

- Continued focus on improving sepsis - continuous improvement in documentation and management
- Continued reduction in infection rates
- Mortality reduction
- Consent improvement

## 8. Conclusion

Throughout the past twelve months the Quality Committee has received assurance on quality and the key priorities of responsibility that are identified in the committee's ToR. The Committee has met on four occasions with meetings occurring quarterly. Review of the recorded minute taking documentation confirmed good attendance of all Committee members.

This annual assurance report review has identified from the minute recording documentation that the Committee has received assurance against the criteria of the ToR. Amendments have been made to the ToR to highlight areas that need attention in 2020/21 which require Board approval.

## 9. Recommendations

The Board of Directors are asked to approve the changes proposed within the Terms of Reference, and to note the areas requiring improvement in Trust performance.