

Board of Directors (in Public)

Item: 6.1.2
Subject: Quality Committee BAF Key Issues Report
Date of Meeting: Tuesday 28th July 2020
Prepared by: Sue Pemberton, Director of Nursing & Quality
Presented by: Sue Pemberton, Director of Nursing & Quality
Meeting Held: Tuesday 7th July 2020

Agenda Item	Lead Exec	Assurance Received	New/Emerging Risks	Actions/Comments
6.3	RP	<p>The Director of Research and Innovation presented the Dr Foster mortality dashboard.</p> <p>The information within the report was from May 2020. It was noted that the report highlighted outliers in the following two areas: AMI and Cardiac Imaging, the key findings for AMI related to cases that the Trust had seen last year with some relating to November. It was noted that the Trust had not received any alerts from CQC or from Dr Foster. A deep dive had taken place on the cases that the outliers represented and in all cases the Trust saw that this group of</p>	None	A full deep dive will be presented to the Board on July 28 th 2020

		patients had presented through out of hospital cardiac arrest pathways or patients that were admitted to the Trust had been clinically too unwell for any further treatment to be offered. A significant number of patients did not die at LHCH		
6.1	RP/SP	<p>Quality Impact Assessments</p> <p>The committee received assurance that only two out of 21 schemes had not been fully signed off as per the Trusts procedure, one of those was the Radiology SLA for which the team had completed some work, and however, due to the pandemic this was paused, this has since been reinstated. The second outstanding QIA was in relation to the scheme being greater than £250k therefore this requires operational board sign off.</p>	None	
6.2	RP	<p>Consent Audit</p> <p>The committee received the Consent Audit which showed that there had been little improvement since last year Confirmation of consent had shown issues around consent in litigation terms during the last two years, it was noted that the Trust would need to improve on this. The Divisional teams had been asked to complete a piece of work on this, the Director of Nursing and Quality stated that the Surgical Division were asked to draw up an</p>	None	The committee will require updating on the actions set to improve compliance with the consent audit.

		<p>action plan which was discussed at QPFEC in July, it was stated that the Medicine Division were asked to complete an update report which was discussed at QPFEC, concerns were expressed due to the lack of improvement from an audit that was completed 12 months ago. A member of the Committee noted that timeframes would provide useful on the report, the Medical Director was to look into this.</p>		
6.2	SP	<p>Annual Report Tissue viability</p> <p>The committee received the annual tissue viability report and good assurance on the excellent work by the team. Over the last year the Trust had six pressure ulcers. A significant amount of work being completed on minimizing moisture, during the Coronavirus pandemic the Trust had three pressure related incidents of which none were related to lapses in care.</p>		
6.2	SP	<p>End of Life Annual Report</p> <p>The committee received assurance of the standard of end of life care across the trust via the annual report. The report highlighted good audit results against the NICE standards and the national audit, it was noted that more patients were being seen in intensive care. It was noted that a significant amount of work had been completed during the pandemic which was</p>	None	

		received well by end of life families In addition, the Palliative care team had seen an increase in patients with non-cancer diagnosis which was different to other palliative care teams.		
7.1	MPC	<p>Annual Report Clinical and Audit Effectiveness Strategy</p> <p>The Clinical Quality Forward Plan for 2019-20 had been made available on SharePoint for all Divisions to access. The reporting requirement for the section that described the participation in clinical audit within the Trusts Quality Account for 2019-20 had been provided. It was noted that the clinical audits must be undertaken in order to meet external monitoring requirements and meet contractual obligations – these were the main focus of the team’s resources. The national and specialist commissioning CQUINs had been supported with the collation and submission of information by the Clinical Quality Department. The Director of Research and Innovation noted that the identification, distribution and review of NICE, NCEPOD and National Clinical Audit reports had occurred throughout 2019-20. All of the new technology had been processed following the Governing Introduction and Evaluation of New Interventions and Technology this was excluding the medicines policy. It was</p>		

		<p>stated that the mortality reviews and learning from deaths had been supported at per the mortality review group and reported monthly to the Divisions. Finally the Trust had continued to establish data quality reporting in order for feedback to be provided to consultants on the completeness and quality of their data for NICOR submissions.</p>		
8.2	RP	<p>Infection Prevention Annual Report / Covid-19 update The Medical Director presented the Infection Prevention Annual Report.</p> <p>The annual report was dated to the end of March hence did not include much reference to Covid 19 however it was noted that the quarter one report was being presented to the Board of Directors at the end of July where the Covid issues would be addressed and discussed in more detail along with the six point plan. There had been a small cluster of surgical site infections, these had all been reviewed, and it was noted by the Director of Nursing and Quality that these would be discussed at the next Infection Prevention meeting alongside the analysis that was gathered.</p>	None	
8.1	RP	<p>Mortality Review Annual Report (to including review of cusum curves) The Medical Director presented the</p>	None	

		<p>Mortality Review Annual Report.</p> <p>It was noted that observed risk of adjusting mortality was slightly above target at 1.1 with PCI below target at 0.07, funnel plots had been highlighted with the mortality reduction strategy fully in place. The Committee had nothing further to note.</p>		
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