

Board of Directors (in Public)

Item: 6.1.2
Subject: Quality Committee BAF Key Issues Report
Date of Meeting: Tuesday 24th November 2020
Prepared by: Sue Pemberton, Director of Nursing & Quality
Presented by: Dr. Nick Brookes, Chair Quality Committee
Meeting Held: Tuesday 6th October 2020

Agenda Item	Lead Exec	Assurance Received	New/Emerging Risks	Actions/Comments
6.2	RP	<p>Cusum curves</p> <p>A question was raised over the surgical CUSUM curves on consultant mortality rates. The Medical Director confirmed that he and the divisional AMDs reviewed the curves and, as part of the Trust's performance management policy, would meet with any consultant outlier in order to discuss any necessary actions to restore their performance. It was noted that, by nature of the statistical process, negative curves took a long time to reflect improved practice. The MD reminded colleagues that the Trust has adopted tighter confidence intervals than are utilised nationally</p>	None	

		such that LHCH picked up any issues earlier than the National Society.		
6.1	RP/SP	<p>Delirium</p> <p>It has been recognised that a new approach is required; a delirium lead is now in place, and the Director of Strategic Partnerships is leading a delirium group to bring selected colleagues together with Merseycare and the Trust's Mental Health Lead to review the changing pattern and identify new ways of working to manage it more effectively. Work is progressing on an SLA with Merseycare to put a plan in place as early as possible for patients presenting with mental health issues.</p> <p>Quality Committee members were also informed that discussions were taking place on additional support from the LHCH in-house psychology team for patients and for staff.</p>	None	<p>Delirium – The Director of Nursing updated from the QPFEC meeting where the Deputy Director of Nursing had made a presentation to the QPFEC which had highlighted an emerging pattern of an ever-increasing rate of aggressive behaviour necessitating more frequent involvement of safeguarding colleagues. The Quality Committee was informed that numerous factors were contributing to the problem; in particular patients with complex needs such as alcohol and drug dependency, compounded by frequent and potentially disorientating moves within the hospital, and Covid, which precluded the presence of relatives to support the patients. The result was that the Trust is encountering an increase in the number of patients with paranoia, hallucinations and suicidal ideation, resulting in considerable pressure on the clinical workforce.</p> <p>It was reported that in the last 12 months 375 patients had had some form of delirium and between April and August 2020, 91% of the referrals to safeguarding related to delirium, low mood, and other mental health issues. Abuse of staff by patients is a considerable problem and examples of these types of behaviour were provided to Committee colleagues.</p>
6.3	RP	<p>Stroke service annual report</p> <p>The Chair acknowledged the high standard of care delivered by the therapies team and the strong assurance provided by the audit results.</p>	None	<p>Quality Committee members were informed that the Trust had experienced a year on year increase in the number of inpatient strokes, which is attributable to the increasing number of patients with multiple co-morbidities and risk factors undergoing complex procedures.</p> <p>The results of the patient satisfaction survey results</p>

				<p>were included for the first time in the report and the question was raised as to how the team planned to address the few less positive results; in particular concern that the diagnosis was often not explained to the patient and relatives by a doctor. The In- Hospital Therapy Lead explained that although there was 24/7 access to the Royal Liverpool, discussion with the patient relied on local colleagues. Usually this took place after the stroke MDT and was often deferred to the therapy team. The team, however, is very conscious that this conversation should be undertaken by a doctor.</p> <p>The In-Hospital Therapy Lead pointed out that conversations about a patient's long-term aftercare should not be conducted at a time when it is too early to anticipate how far they were likely to progress in their rehabilitation.</p> <p>It was agreed that the questionnaire would be reviewed to decide if any changes in format or question content could be made better to align it with the patient care pathway.</p> <p>Quality Committee members had previously suggested that it would be valuable if information on the late outcome of stroke patients could be collected, and this had been taken up by clinical colleagues. It was, however, not feasible to collect the information with the existing staff and clinic facilities. It was suggested that there might be better commitment if this were to form the basis of a research project of which the Director of Research & Innovation would be fully supportive. The MD would liaise with the AMD for the surgery division to encourage involvement from the surgical team.</p>
--	--	--	--	---

6.4	RP	<p>Infection Prevention and control</p> <p>The MD provided an update on the recent Coronavirus outbreak on POCCU and Cedar ward (which was confined to one bay). It was confirmed that several patients and staff had been affected, and more positive tests were seen over the weekend. The Director of Nursing & Quality and the CEO had held discussions over the weekend on how to respond, and the entire Executive and Senior Leadership Team met on Monday 5th October to discuss the matter further. The usual infection prevention and control processes were put in place immediately, with deep cleaning of the affected areas, re-segregating wards and asymptomatic testing of the affected staff groups. On Monday 5th October 2020 it was decided to stop all urgent or non-elective surgery (apart from cancer work) and further options were considered in order to make the hospital even cleaner and safer.</p> <p>Quality Committee colleagues were informed that two staff members had come into work when they were showing symptoms and subsequently tested positive. The Senior Leadership Team had reinforced the message that it would be a</p>	None	
-----	----	---	------	--

		<p>disciplinary issue if colleagues come into work when they have Covid symptoms. It was also confirmed that spot checks on adherence to the rules in non-clinical areas, such as staff rooms, would be taking place.</p> <p>As of Tuesday 6th October, temperature checking on arrival at work has been in place in all departments. The importance of wearing masks has been re-emphasised, and the social distancing rules were also reviewed, ensuring that the signs on the doors contained accurate data relating to capacity. Staff breaks were taking place in a much more structured fashion and daily hand hygiene audits by matrons and ward managers were being carried out. Silver command were meeting daily to consider the measures that had been put in place and to review the audits of the day. The possibility of staff changing their masks from blue to white to signal when they were on a break was being considered.</p> <p>The MD explained that the number of Coronavirus cases in Liverpool continued to rise and it was considered unavoidable that some asymptomatic staff would bring the virus into the Trust from the</p>		
--	--	---	--	--

		<p>community. There was a slight discrepancy with the testing site as LHCH wanted to go to five day testing for all inpatients, however, the calls labs were concerned that they would become overwhelmed if all hospitals did that, although due to the small numbers currently at LHCH it was felt that this wouldn't make too much of an impact and therefore discussions were on-going.</p> <p>Quality Committee members were also informed that fixed transparent screens had been installed in bays across the Trust, and ward staff had been educating patients about not going into another's space. It is now mandatory for patients to wear a mask unless their medical condition precludes them from doing so. The importance of regular cleaning, particularly of toilets and bathrooms, has also be reiterated, with implementation of constant monitoring.</p> <p>It was noted that the changes described above are linked to the earlier discussions over the decline in the mental health of the patients, highlighting the importance of ensuring that adequate support was in place as soon as possible.</p>		
--	--	--	--	--

		<p>It was confirmed that the outbreak would be reportable to STEIS. The MD did confirm that outbreaks had been seen in many of the hospitals across the North West.</p> <p>The Quality Committee took assurance from all the processes the Trust had implemented.</p>		
7.1	RP	<p>Girft progress update</p> <p>The on-going action plan had been progressing well within the surgical division, with it being noted that certain sizeable elements had taken time to implement</p>		<p>The cardiology GIRFT was being dealt with on a regional basis, with data from the Wirral still outstanding. The MD was expecting a partial overall view of any gaps in the service across the patch by the end of December 2020.</p> <p>In relation to the Liverpool Lung Cancer Unit, no specific issues were raised at the recent meeting; however, a full report would imminently be available.</p> <p>GIRFTs for radiology, intensive care and pathology were anticipated, although delays had been experienced due to Covid. Once these reports were published, the MD would present them to the Quality Committee.</p>