

## Board of Directors (in Public)

### Item 6.2.3(i)

**Subject:** BAF Key Issues Report – Quality committee  
**Date of Meeting:** 22<sup>nd</sup> January 2019  
**Prepared by:** Sue Pemberton, Director of Nursing and Operations  
**Presented by:** Sue Pemberton, Director of Nursing and Operations  
**Meeting Held:** 5<sup>th</sup> March 2019  
**Purpose of Report:** To Note

| Agenda Item | Lead Exec | Assurance Received  | New/Emerging Risks | Actions/Comments  |
|-------------|-----------|---|--------------------|---|
| 6.1         | RP        | <p><b>Sepsis</b></p> <p>It was noted that for patients with indications of sepsis, the appropriate taking of blood cultures prior to the first dose of antibiotic remains below the required standard. The percentages of patients receiving at least one sepsis antibiotic within one hour and three hours were reported as above target in month.</p> <p>It was explained that system changes had been made to EPR, with the introduction of search strings to enable the data to be extracted without the need for manual input.</p> | None               | Work is ongoing to improve the sepsis screening and relevant documentation. |

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|     |    | <p>The Surgical Division had previously conducted a review of patients not on the sepsis bundle and confirmed that all had received their antibiotics in a timely manner.</p> <p>In response to a question from the committee it was explained that all CIPs above £25,000 underwent a QIA by the quality improvement team and that any below the value of £25,000 were reviewed by the divisions.</p> |      |  |
| 6.2 | SP | <p><b>Quality Impact assessment</b></p> <p>The Head of Quality Improvement presented the Cost Improvement and Quality Impact report.</p> <p>The outstanding QIAs from the previous meeting had been approved and no issues had been identified. The CIP process is now into 2019/20 and the first few QIAs have been identified.</p>   | None |  |

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| 7.2 | RP | <p><b>Getting It Right First Time: Stroke Report</b></p> <p>The Medical Director provided an update on the GIRFT report that had identified the Trust as an outlier for post-operative stroke. A deep dive by a surgical Consultant had confirmed that LHCH was reporting accurately.</p> <p>However, the report identified several possible explanations for the heightened risk, relating to the nature and complexity of the surgery and underlying co-morbidities. On-going work is focused on improving risk assessment and to the implementation of pre-and per-operative measures to reduce the risk. A report outlining the findings is anticipated for March 2019.</p> | None | The Board will receive a report in March 2019 |
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| 9.1 | RP | <p><b>Serious incident update</b></p> <p>The Medical Director presented the report and root cause analysis of a labeling error in Pharmacy which resulted in a patient taking more Gabapentin than originally prescribed.</p> <p>The Committee was assured that safety processes for dispensing and checking drugs within the Pharmacy Department had been reiterated to the relevant staff members and that the nursing staff had been reminded of the correct procedures for discharging patients with medication.</p> |  |  |
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