

## Quality Committee

### Item 7.1.1.b

## minutes

**Date of Meeting:** 20 January 2015  
**Time:** 14.00  
**Venue:** Boardroom, Executive Office

**Present:** Lawrence Cotter, Non-Executive Director (Chair)  
David Bricknell, Non-Executive Director  
Debbie Fryer, Director of Strategy and Organisational Development  
Mark Jones, Non-Executive Director

**In attendance:** Sue Pemberton, Director of Nursing and Quality  
Mark Jackson, Director of Research and Informatics  
Debbie McEllenborough, Support Secretary  
Glenn Russell, Medical Director

Darren Hargreaves  
Ian Whittle

**Apologies for absence:** None

#### 1. Apologies for absence

As given / none.

#### 2. Declarations of Interest Relating to Agenda Items

#### 3. Patient Story

Sue Pemberton presented a patient story to the Group that was well received and the Committee was also asked to acknowledge the positive feedback that was given to Mr Chalmers and his team. The Chair asked for it to be circulated to the Staff involved

#### 4. Minutes of the last meeting held on 11 November 2014

The minutes of the last meeting were agreed as a true and accurate record and the following points were noted

- Lawrence Cotter referred to Item 9.1 Patient and Family Experience and Sue Pemberton confirmed that red trays were being used across the Trust to ensure patients got enough support with their meals.

- Lawrence Cotter requested a copy of the Mortality Review learning notes that are constructed by Dr Kudavali.
- Glenn Russell informed the Trust of a potential loss of 8 Junior Doctor posts and of a meeting that was planned with the North West Deanery on Friday 23 January 2015 to define what the final numbers will be and how to mitigate the impact to the Trust of the reduction in numbers. The changes will be in place by August 2015.

## 5. **Action Log (All)**

Addressed as items on the Quality Committee Agenda

The Committee reviewed the top ten risks and the main points discussed included:-

- Industrial action expected on 29th January 2015 followed by a work to rule with contingency plans being worked. An update was to be provided to the board.
- Failure to deliver cost improvement plans. The committee discussed the need for any high risk quality impact assessments to appear on the dashboard for the quality committee in March
- Items were being identified but not appearing on the risk register, such as VTE prophylaxis. This was debated and it was agreed that although this was a risk it was not within the top ten risks for the Trust.

## 6. **Quality Strategy**

6.1 Sue Pemberton presented the Clinical Quality Performance to month 9 to the Group and the main items discussed included:-

- The Mortality Ratio remains below target which demonstrated that the number of deaths occurring across the Trust was less than expected.
- There was a requirement to understand why higher levels of patients than expected were being admitted elsewhere and Mark Jackson would be leading a piece of work to review re-admissions of patients to other trusts.
- VTE risk assessment for the year to date remains below the 95% target and was rated amber
- VTE prophylaxis for high risk patients is still below target and currently non-compliant
- mixed sex accommodation breaches were fully complaint (zero)
- the acknowledgement of complaints was exemplary

MJ

Glenn Russell informed the group that due to the reduction in SHOS in the interim, the VTE Prophylaxis figures were expected to remain low although consultants who were not following the correct process have been identified and would be receiving feedback.

Sue Pemberton went on to highlight that there was a higher than expected number of patient deaths in December 2014 compared with the same time last year. There were 20 patient deaths, out of these 7 were palliative care patients, 2 were PCI patients and 11 post-operative patients. Full review of these patients will take place as part of the mortality review process.

Lawrence Cotter voiced concern that Medication Errors were slightly higher

than in the previous month and it was noted that problems were more persistent in particular wards. This reference was to cedar ward who had had a higher number of medication errors than other areas. It was explained that this was predominantly due to measuring control drugs. It was discussed that pharmacy had been involved in this and more accurate measurement now takes place using particular equipment for measuring liquids. Lawrence cotter asked that Clare Appleby be invited to a future committee. It was agreed we would ask her to attend in May 2015. Mark Jackson confirmed Medication Errors are being addressed within the Medications Safety group.

There was one extreme complaint identified (a never event in Nov) and Lawrence Cotter asked Sue Pemberton to ascertain if this was a new or existing complaint and report back to the Committee at the next meeting

SP

The Committee was asked by the Chair to note the superb responses to the Patient Experience Survey which shows staff worked hard to produce such good results. However, it was noted the views of only 6 family members were surveyed during the month and these numbers needed to be increased.

## 6.2 **Quality Governance Review**

Sue Pemberton informed the Committee that Sandra Cudlip had presented the interim quality governance report at the previous Committee. The Committee was asked to receive the final report. The Trust has received an updated score of 3.5 which was an improvement from the interim score of 4.0 that was received in September 2014. The trust is now compliant with the requirement that Monitor sets out for Foundation Trusts which is to achieve a score of 3.5 or less.

Mark Jackson referred to a comment in the paper in relation to Board engagement with clinical members of staff that was identified as good but could be better for those clinicians that do not routinely come into contact with the Board. Mark Jackson then went on to say that the score for question 3B had not changed from September and this raised concerns. SP explained that section 3B is rated in this way as during the assessments many of the items for improvement were in progress and the outcomes therefore could not be measured. SP noted that the actions for improvement will be presented in six months-time at the committee to assess improvement.

David Bricknell stated that the amber / red rating of question 3b was somewhat harsh and reflects the demanding targets from monitor.

MJ said that the risk management action plan is in progress.

The Committee generally accepted the MIAA report and noted that the report will be presented to the board

## 6.3 **Cost Efficiency Programme Quality Impact assessments**

Debbie Herring introduced Darren Hargreaves to the Group and explained that a major programme of work was being undertaken, consisting of 22 projects. Darren Hargreaves talked through conducting a review of the quality impact assessment process that included looking at what had been done previously in terms of QIA. As a result of the review a new template has been developed, for completion on a monthly basis. It is likely that schemes with a high impact will

be reviewed by Commissioners.

The Group expressed concerns with a requirement to review all the QIA's at the monthly Committee meetings. It was generally agreed that only if a trigger was red for a particular scheme then it would be reviewed at the Quality Committee.

It was confirmed that there was no additional effort required in collecting the data just a different method of data collection.

#### **6.4 Safeguarding Annual Report and External Safeguarding Review and associated actions**

Sue Pemberton informed the Committee that the report was late due to an external review on safeguarding with identified changes to roles and responsibilities. SP explained that The Care Quality Commission (CQC) heavily focused on Safeguarding and from April 2015 new CQC fundamental standards will be introduced. SP advised the group of the key findings from the report and the committee noted that all staff spoken to identified safe guarding as an essential aspect of their role.

The report set out 12 key recommendations for improvement and an action plan has been developed to address these.

Sue Pemberton went on to mention that the number of DoLs applications was low and the Committee noted this was an extremely complex area.

David Bricknell raised the issue of judicial decisions and guidance and it was generally agreed that as the number of DoLs applications was low and the Trust was therefore taking a pragmatic approach.

### **7. Patient Safety**

#### **7.1 Safe Staffing Biannual Review**

Sue Pemberton explained that the Trust has been producing this report for the last 3 years and a report is produced every 6 months. All inpatient wards were covered and two tools were used the AUKUH and professional judgement

Lawrence Cotter reviewed the documentation and the following general points were noted.

- Introduction was helpful together with information on the staff survey results and sickness.
- The verbatim comments made by patients were fantastic on Amanda ward and this feedback needs to be filtered through to the ward staff
- Maple absence rate was exceptionally low
- Private patients had a different menu than NHS patients and Lawrence Cotter suggested that it would be good for the Non-Executive Directors to be involved in food tasting
- Friends & Family good.
- There was no particular issue with Holly Suite although the absence rate was quite considerable. They were working with HR to fully understand this ie exit interviews,
- Cath lab – less information than other areas, it would be invaluable to have information on this area. Re bank staff, agency staff, sickness,

turnover. SP to action for March 2015.

SP

### **SACC staffing**

It was noted that Cedar Ward was a hot spot with a high turnover of staff and a high level of medication errors, (majority due to measuring incorrectly). There was also a high number of falls. Sue Pemberton told the group that cedar ward came out in the bottom 5 areas of the culture survey. SP explained some of the challenges including newly qualified nurses cannot be retained mainly due to the complexity of patient care. Additional staff had recently been recruited and the ward will be back up to full establishment by March 2015. Some focus work had been done with staff and more experienced staff had been recruited.. Consultants had commented that they were happy with the level of care when staffing levels were acceptable. Quarterly recruitment is now in place commencing in February 2015 Banking agency meeting planned with HR to look at recruitment to ensure good quality staff were recruited. This paper is also to be presented to the Board in January.

David Bricknell mentioned that the patients were still commenting positively that Cedar ward was providing a high level of care despite the points raised above.

Sue Pemberton mentioned that a discussion was underway about ways in which we nurse patients within specialities looking at the training It was discussed that we are beginning to look at rotational posts for nursing to ensure that we are addressing the training needs so that nursing staff have both cardiac and thoracic skills. Debbie Herring also advised the group that an extra manager had been put on the HDU of Cedar ward.

Theatres – would have benefitted from more information on sickness, staffing, bank staff, agency staff etc. SP to address for March 2015.

## **7.2 Medications Safety**

Mark Jackson explained to the Committee that following on from the successful implementation of the current 'traditional' safety thermometer the NHS was trialling the collection of data regarding the use of four high risk medications that was associated with harm. Information was gathered from a specific day and the information published. The Trust was currently trialling how information would be collected and reviewed by the MDT Team.

Ian Whittle presented the data to the Committee and explained it could be pulled from the 'harm free' care section of the EPR system. It also listed different drugs a patient had been prescribed and what drugs they were admitted with. The system provided an indication of what drugs had been missed (and why) and gave a view of where the Trust stood nationally.

Ian Whittle confirmed that LHCH was doing well compared with other Trusts. The omissions needed to be refined in relation to medications prescribed but not being given and to further drill down to identify where there were medicines that patients may suffer harm from. Ian Whittle went on to explain about

- categorising drugs
- providing pharmacies with the ability to identify harmful drugs
- drugs to include on the safety thermometer
- focus on drugs that were currently being used.

Ian Whittle went on to say that another step was to review patients who had been identified as being prescribed drugs that may be harmful. A form was to be completed electronically and referred to the senior MDT and these cases subsequently reported to the board.

**8. Clinical Effectiveness:**

Glenn Russell was planning to bring a paper to the next meeting in relation to sepsis within the organisation. .

**9.**

**Patient & Family Experience:**  
(nothing to report),

**10. Staff Experience**

Debbie Herring presented an update on the 2014 Annual Staff Survey and the Committee noted that there were cultural changes and areas that require streamlining with insufficient staff going through the PDR process. It was generally agreed that the Trust was trying to implement a lot of things all at the same time and that staging of implementation was a key issue.

Debbie Herring went on to say that going forward the surveys will endeavour to mirror the culture questions. Actual comparison with other trusts was published in February, although trends had been identified and the trust was looking to focus on 5 corporate levels and 5 local levels with results available by ward.

Debbie Herring mentioned that the process was being carried forward for neutral observers to ensure actions were followed up and confirmed the paper was to be presented to the next Board meeting

The Chair noted that it was disappointing that staff didn't feel valued and it was going to be useful to gain a comparison once the national figures were published. There were also poor ratings between immediate and senior managers being mapped back to employers being valued.

**11. Research & Strategy Update**

Mark Jackson explained that the purpose of this report was to provide an update on development against the dimensions of the current research & development strategy. The report was structured around major themes with the ICMS business plan joining two information systems together from 2 hospitals with another IT related development that permits the querying of information from IT systems.

The development of patient outcome measures had suffered a number of delays although these had been overcome and information was expected to be published within the next 6 months.

Mark Jackson went on to say that the Trust was strengthening its links with academia and in collaboration with the Clatterbridge Cancer Centre successfully appointed Pieter Postmus to the Professorship in Thoracic Oncology. Lawrence Cotter asked for a copy of the Professor's CV.

An increase in recruitment to Clinical Trials continues and Mark Jackson went on to say that it is difficult to obtain funding for trials as the Trust was not an

**GR**

academic hospital and on occasions the Trust had narrowly missed out on funding.

David Bricknell reminded the group of a number of new initiatives that had evolved around research and development and these core projects would be developed further with the new intake of staff in August.

Mark Jones informed the group of previous involvement with research boards and offered to provide feedback to Mark Jackson when they have their 1:1.

The Chair asked for a list of the publications and Mark Jackson agreed to provide them at year end.

**12. Intelligent Monitoring**

Sue Pemberton presented the Intelligent Monitoring report for December 2014 to the Committee and advised the Group that the CQC places LHCH in Band 6. This was an improvement since the last report which showed LHCH to be in band 4. The areas highlighted in the report for noting were:

- Risk – Never event incidence (01 Sep 2013 – to 30 Aug 2014)

**13. SUIs and Risks  
(nothing to report)**

**14. Operational Group Minutes**

Approved minutes of meeting held on 12 December 2014.

The Operational Group Minutes were duly noted and David Bricknell commented on the high level of detail and evidence of the discussions that had taken place.

**15. Date and Time of Next Meeting 10 March 2015, 09.00 – 11.00 am in the Boardroom**