

Quality Committee

Item 7.1.1b

minutes

Date of Meeting: 10 March 2015
Time: 14.00
Venue: Boardroom, Executive Office

Present: Lawrence Cotter, Non-Executive Director (Chair)
 David Bricknell, Non-Executive Director
 Mark Jones, Non-Executive Director

In attendance: Debbie Fryer, Director of Strategy and Organisational Development
 Mark Jackson, Director of Research and Informatics
 Sue Pemberton, Director of Nursing and Quality
 Glenn Russell, Medical Director (part)
 Debbie McEllenborough, Support Secretary

Apologies for absence: None

1. **Apologies for absence**
None.
2. **Declarations of Interest Relating to Agenda Items**
There were no declarations of interest,
3. **Patient Story**
Sue Pemberton presented a patient story to the Group. Lawrence Cotter asked for a review of the issues and concerns raised by the patient to be conducted and asked Sue Pemberton to provide feedback to the next Quality Committee.
4. **Minutes of the last meeting held on 20 January 2015**
The minutes of the last meeting were agreed as a true and accurate record apart from a minor amendment to Item 6.1 amend 'due to re-education of' to 'due to reduction of'

SP

DMc

Lawrence Cotter asked that:-

- SP remove the extreme complaint referred to within the quality report as there was not an extreme complaint. MJ to action with his team.
- 'Matters Arising' to be included as an agenda item for the next meeting
- A more detailed report is provided on Re-admissions and this item is included on the Action Log
- Research and Strategy publications are included on the Action Log

MJ

DMc
MJ

DMc

5. Action Log

Discussed above and included as items on the Agenda

6. Clinical Effectiveness – Sepsis Report

Dr Glenn Russell presented a Review of Sepsis management at LHCH and explained that sepsis is an acute blood stream infection and diagnosis of sepsis is dependent on recognising the whole body inflammatory response to bacterial infection. Following cardiac surgery there is often a similar whole body response SIRS (Systemic Inflammatory Response) and the separation of true sepsis from SIRS is often unclear and there is an acceptance that to ensure infection related sepsis is not missed there is over-treatment of some patients with sepsis antibiotics.

There have been problems with poor compliance and documentation that has been exacerbated with the introduction of EPR with the version of the sepsis bundle incorporated being difficult to access and use.

An audit was conducted to establish the most reliable way to identify sepsis in the Trust and once achieved to conduct an audit of compliance against the Sepsis bundle. The Committee was informed that every patient on the sepsis bundle should receive their antibiotics within 1 hour of prescribing and it was noted that delays occurred despite the prescribed drugs being immediately available on the wards. The Committee went on to discuss concerns and considered the following points:-

- Possibility of delays due to initial blood cultures
- Availability of prescriptions on EPR and the process that is followed
- Adequate training of Junior Doctors and Nurses involved in the process
- Diagnosis of sepsis is made in conjunction with Registrars and Consultants and not left to F2 Doctors

Mark Jackson mentioned that order set changes had been implemented on EPR and will be in place for the next induction in April 2015.

To raise awareness there is also a focus on reinforcing teaching and training and also the introduction of a video for training purposes. The Sepsis Bundle will be raised at the Surgical Audit day, the weekly Monday Clinical Groups, the Infection Prevention Committee and will be monitored by the 'Sepsis Group' going forward.

GR

Lawrence Cotter voiced concerns about delays with patients receiving antibiotics within 1 hour of them being prescribed and that it was disappointing to see such a number of shortcomings identified in the report. The Committee agreed that Sepsis is to be included as an item on the Quality & PFEC

Agenda and a paper is to be presented to the Board of Directors on 31st March 2015

SP/GR

6.1 Verbal Update – Shortfall of Junior Medical Staff

Dr Glenn Russell provided an update on the shortfall of Junior Medical Staff and confirmed that the hospital at night model had gone well and that several weeks on there are no patient safety issues identified either at night or during the day. There are well documented notes from the daily Safety Huddles held by the CEO and attended by key staff and the issues raised do not relate to major safety issues or concerns.

Dr Glenn Russell highlighted a number of routines tasks that need to be performed in a timely manner that in the past had been delegated by Middle Grade Surgeons to the SHO doctors. Documentation standards have also been poor with middle grade doctors requiring SHO doctors to retrospectively fill out patient records.

To resolve these issues, Registrars are now working with the SHOs to do some of the routine work before they leave for Theatre. However, some attitudes towards the new way of working had been unhelpful and resulted in a letter of concern being triggered to the CQC. However with only 4 SHOs and 16 middle grades greater involvement and engagement in routine patient care by the middle grades is a key requirement. Mark Jones mentioned middle grade staff's ability to support the routine tasks. It was discussed that this has led to poor feedback to the Deanery and a need for the Trust to provide assistance and proper engagement to improve this.

A recruitment plan is underway with a proposal to appoint

- 6 x Advanced Nurse Practitioners
- 2 x Pharmacists
- 1 x Admin Assistant
- 4 x SHOs (following full induction)

Dr Glenn Russell also went on to say that dedicated training time is an issue for the SHOs with pressure of work preventing this. Time needs to be set aside to ensure reliable training can be delivered. Core Foundation Training in surgery needs to be redesigned within LHCH to address the 2015/16 Foundation Training Programme requirements..

A discussion followed on the unrest, attitudes and behaviours shown by middle grades and consultants being less than exemplary and it was stated that staff will leave if this continues. Lawrence Cotter asked for the conduct issue to be raised at the Trust Board Meeting. It was also noted that a further complaint had been triggered to the CQC resulting in the Trust having two related cases that remain open.

GR

7. Quality Performance

Sue Pemberton presented the Clinical Quality Performance to month 10 to the Group and the main items discussed included:-

- **Cardiac Surgery Mortality** Ratio remains below target. There was an increase in deaths in December 2014- the committee has received detail in relation to these deaths however the detailed mortality review

information will be available for the quality committee meeting in May 2015

- **Re-admissions** - There is a requirement to understand why higher levels of patients than expected were being admitted elsewhere and Mark Jackson is leading a piece of work to review re-admissions of patients to other trusts.
- **Safety Thermometer** – remains positive and an improvement on the previous year.
- **Pressure Ulcers** – none recorded in January and the Committee noted the exemplary work undertaken by Julie Tyler the tissue viability nurse
- **Patient Safety Incidents** – there has been a decrease in the number of reported incidents which may be due to incidents being raised verbally at the Safety Huddle or Speak out Safely campaigns. Mark Jackson informed the Committee of:-
 - a number of incident reporting systems being evaluated for use in the Trust and software vendors demonstrating their systems at the end of April 2015
 - Incidents reported to the safety huddle followed up to ensure they are being recorded on PRISM
 - Sign Up to Safety – a process is being used to extract information from PRISM and populate the Quality Dashboard
- **Medication Errors** are slightly higher than last month and rated as AMBER. The Committee were informed that the majority of errors are administrative and patients are not being routinely prescribed incorrect drugs. Paul Modi is the newly appointed lead for the medications safety group to replace Clare Appleby whilst she is off.
- **Safe Staffing** – awaiting rag rating
- **Patient & Family Experience** – the Trust is performing well in this area. Lawrence Cotter referred to the focus around discharge planning and how improvements have been made although more work is required around discharge. Sue Pemberton mentioned a piece of work led by Tony Wilding to look at the option of implementing a discharge lounge. Mark Jackson to feedback information on discharge to the Quality Committee at the next meeting.
- **Patient and Family experience vision** – performance is good although the number of responses remains low
- **Cardiac Surgery Mortality** – concerns still remain in this area with performance rated as AMBER. Mark Jackson mentioned that the non-PCI and Primary PCI models used are unsuitable for Primary PCI and the figures are not risk adjusted. Mark Jackson agreed to gather information on the number of PCI Patients, trends and relevant details and also to look at respiratory and to present the findings at the next Quality Committee Meeting
- **VTE Risk Assessment** – marginally below the 95% target. Non-compliant records are being audited.
- **VTE Prophylaxis** - below target and currently non-compliant - the records in EPR are being reviewed

MJ

MJ

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8. Cost Efficiency Programme Quality Impact assessments

Debbie Herring explained the major Cost Improvement Programme (CIP) work being undertaken within the Trust that is underpinned by a formal QIA reporting and communication process together with a process for reviewing and signing off schemes for 2015/16. The process had been tested out for the replacement of monitors in ITU to identify the impact on staff and identify any issues with the procurement of equipment.

However, more CIP schemes will need to be worked through the system to ensure there are no inherent problems. Lawrence Cotter referred to the amount of PMO documentation submitted as appendices and the Committee noted it was inappropriate for this level of detail to be circulated with the papers.

In future, a summary of Cost Improvement Programmes will be presented to the Committee with more detailed monitoring of the Projects completed by the Executive team and the Divisional Heads of Operations. Any CIPs initiated between now and May 2015 that impact on quality will be communicated to the members for review prior to the next meeting.

A discussion followed on the role of the Quality Committee and the assurance of CIPs to the Board in relation to both current and future projects. Lawrence Cotter explained that CIPs are planned changes that could lead to an impact on quality therefore it would make sense for them to be summarised and reviewed at this Committee.

Debbie Herring agreed to discuss timelines for Cost Improvement Projects and Quality Impact Assessments with David Jago

DH

9. Review Progress of Clinical Audit and Effectiveness Strategy

Mark Jackson presented a report on Clinical Audit Progress and NICE Adherence. The aim of the clinical audit and effectiveness strategy is to facilitate the delivery of high quality clinical care in all services through incorporation of evidence based practice and continuous quality improvement. The Merseyside Internal Auditors identified two minor recommendations, two of these referred to incorrect / inconsistent committee names being used. Lawrence Cotter asked for CQUINS relating to Clinical Audit Progress and NICE Adherence are brought to the next meeting together with a list of completed Audits

MJ

9.1.1 Clinical Effectiveness – CE01 Clinical Audit Programme

Mark Jackson went on to explain that LHCH are participating in 100% of National Clinical Audits, 11 are part of NCAPO, which are mandatory audits with an additional 4 listed in the Quality Accounts. External Auditors have

9.1.2 assured the Trust that audits are being performed as required.

10. All NICE Publications

Mark Jackson informed the Committee that all NICE publications are being reviewed and changes implemented. A number of delays had been highlighted due to lack of Consultant input, although nothing significant was identified. Lawrence Cotter asked for confirmation of the Action Log referred to

SP

in Ref SG1 and Sue Pemberton agreed to follow up. Document pagination to be incorporated in subsequent documentation (Debbie McEllenborough).

DMc

11. Staff Engagement

Debbie Herring presented the Staff Engagement report that identified staff engagement activities undertaken throughout 2014. Although a large number of activities had taken place during 2014 to improve staff engagement the Trust did not yet have a clearly defined Engagement Strategy with a set of deliverables to measure progress effectively. The HR and Education Department are currently developing an Engagement Strategy aligned to the wider People and Organisational Development Strategy. Some of the initiatives already planned for 2015 include the launch of:-

- Employee of the Month Scheme in April
- Full implementation of the Sign up to Safety Campaign
- A refresh of the Trust's Values and Behaviours framework
- A review of the Trust's Raising Concerns processes
- On-going programme of Health and Well-being activities
- 'Listening into Action Programme'

12. Debbie Herring invited the Non-Executive Directors to attend the larger staff engagement.

DH

The Quality Committee were asked to note the range of engagement activities conducted in 2014 and approve the development of an Engagement Strategy and Plan for 2015/16.. Lawrence Cotter asked for the Engagement Strategy plan to be submitted to the next Quality Committee in May 2015.

DH

CQC Intelligent Monitoring Report

None for consideration

Staffing Levels

Sue Pemberton presented the Theatres and Cath Labs staffing assurance report as the Quality Committee had requested additional information and assurance at the meeting in January. The paper provided details of current staffing levels and gave assurance to the Committee on how staffing is managed to ensure safe and quality care is being delivered to patients. The Committee were asked to note that:-

- In line with the national recommendations for safe staffing additional funding is being explored by the Assistant Director of Nursing for Surgery.
- There is a requirement to increase staffing by two Band 6 posts in Cath Labs and a further 2 Band 5 nursing posts. This is being addressed currently by the ADNS.

13. David Bricknell asked about difficulties with recruiting staff and it was explained that the the quality and calibre of applications received can be below the required standard. Going forward vacancies will be advertised in 'The Nursing Times' and it may be an option for the Trust to look at overseas recruitment.

14. Further discussion followed on the turnover of staff in Theatres as staff move to other areas which may be due in part to the re-banding of grades that had resulted in less opportunities for promotion.

15. **SUIs and Risks**

There were none for escalation

Any Other Business

The Quality Committee is required to produce an assurance report to the board this month that will be sent to members for comment

Date and time of Next Meeting - Tuesday 19 May 2015 from 08.00 – 10.00