

Quality Committee

Item 7.2.1a

minutes

Date of Meeting: 19/05/2015
Time: 8:00 am
Venue: LHCH Conference Room

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

In attendance: Janet Doran, Head of Human Resources
 Mark Jackson, Director of Research and Informatics
 Sue Pemberton, Director of Nursing and Quality
 Raph Perry, Associate Medical Director (Part)

Apologies for absence: Debbie Herring, Director of Strategy and Organisational Development
 Glenn Russell, Medical Director

- 1 **Apologies for absence**
 As given above.
2. **Declarations of Interest Relating to Agenda Items**
 There were no declarations of interest to record.
3. **Minutes of meeting held on 10 March 2015**
 The minutes of the meeting held on 10th march 2015 were agreed as a true and accurate record.
4. **Matters Arising**
 The Chair asked for the boardroom to be booked for future meetings.
5. **Action Log (All)**
 The Committee discussed the outstanding items on the action log and the following points were noted:-
 - Item 8. Sepsis** – this item is on the Corporate Risk Register and will be closely monitored and re-audited.
 - Item 9 Benchmarking of complaints** – at present no possibility of benchmarking complaints against other Trusts although nationally each Trust publishes an Annual Complaints report.
 - Item 13 (6.1) – Review of re-admissions** – currently using historical data, requires more timely information from CCGs. Associate Medical Directors (AMDs) to work with nursing staff and determine preliminary findings.
 - Item 13 (6.2) – High Risk Quality Impact Assessments** – to be

identified by the Project Management Office (PMO) lead. All high risk assessments to be presented to and reviewed by the Quality Committee in July 2015.

Item 17 – Shortfall of Junior Medical Staff –The Chair expressed concern regarding consultant involvement and junior doctor's training. The Committee were informed of a number of recent meetings the Medical Director had held with consultants to review ways of working with junior doctors and also of a meeting held with the North West Deanery to confirm progress. Going forward, one to one meetings are being planned with consultants led by the Surgical AMD.

6. Receive Minutes of Operational Group Meeting

The Committee received the minutes of the Operational Group meeting held on Friday 6th March 2015.

7. Patient Story

Sue Pemberton read a patient story

8.. Annual Report on Governance Processes Relating to Mortality

The Committee received a report on the measurement and management of mortality, recently presented to the Board of Directors and the Operational Board. The paper summarised the performance for the year up to December 2014 and reviewed the measures in place to ensure mortality is kept as low as possible, with individual performance monitored where possible to ensure early intervention if deterioration occurs.

In surgery, the recent recalibration of risk adjustment by NICCOR meant that four surgeons had breached the 90% confidence interval for expected performance. The Committee considered the breaches and were informed that performance management and additional scrutiny is causing concern with consultants under supervision both locally within the Trust and nationally across the surgical body.

The surgeons at LHCH are being managed by the Trust's policy 'Measuring and Monitoring Cardiac Surgical performance in Cardiac surgery', providing assurance to the Quality Committee that consultants falling outside the limits follow an effective management process and improve quality.

The Committee went on to discuss the ageing population and a balanced approach required when treating extremely elderly patients with co-morbidities referred for primary PCI. The Committee were informed the Trust does have guidelines and is mindful about accusations of ageism.

9. Mortality Review Group (MRG) – Death during December 2014

The Quality Committee had previously requested a review to be undertaken following the number of deaths reported in December 2014 which was initially reported as being higher than previous months. The Committee received a report that detailed specialty, categorisation of death and learning identified.

It was confirmed that 'learning identified' is shared at audit day and it would be helpful if the Quality Committee received more detail to ensure that learning is being applied. Additionally mortality information is reviewed at the Operational Board and a suggestion was made to cascade this to the Quality Committee

A discussion followed on the 3 incomplete reviews and the Committee requested an update to be provided at the next Quality Committee meeting to provide assurance that all investigations are conducted promptly and key learning shared and applied.

RP

10. **Quality Account**

The Committee received the Draft Quality Account Report and were informed the document is currently under review by the auditors and will be presented to the Board of Directors at their next meeting. The document reflects achievements and provides assurance on how LHCH achieved the quality outcomes for 2014/15 and identified clinical priorities for 2015/16.

The Committee was informed that In preparing the Quality Accounts the Director of Nursing and Quality and the Director of Research and Informatics worked in conjunction with the auditors to ensure that the guidance that Monitor had issued to NHS foundation trust boards on the form and content in relation to the annual quality reports had been followed.

As the report is still in draft format there are a number of anomalies in the detail that will be addressed in the final version.

The Committee were asked to note as outstanding the high number of national audits and national confidential enquiries in which the Trust had participated and the authors were thanked for producing a fine report.

11. **Quality Report**

Sue Pemberton presented the Clinical Quality Performance to Month 12 to the group and the main items discussed included:

- **VTE Prophylaxis** – for high risk patients still below target. Problems identified and reviewed with specific wards (Maple and Amanda). Failure to prescribe anti-thrombosis stockings in medical patients had been addressed by the VTE Steering Group. Development work is underway in EPR to ensure details of a patient's VTE assessments are recorded for both NHS and private patients. Evidence of basic data completeness including mandatory fields and salient information on diagnosis and treatment to be audited and presented to the next Quality Committee.

MJ

Additional discussions planned with nursing staff, surgeons and medics around quality of and expected standard of data recorded on EPR for all patients (private and NHS), together with a review of VTE assessments in comparison to documentation (Feedback to be provided at the next meeting).

SP

- **C.Diff infection** – 4 cases in total this year with only one case found to be due to a lapse of care which led to infection.
- **Emergency re-admissions** –
 - directly back to LHCH continues below target
 - to any provider were slightly higher than usual at the end of 2013/14 with an improvement showed toward year end
- **Falls** – 6 falls in March, still below the 2014/15 overall average. Work underway to promote 'call don't fall' particularly relevant to patients after surgery and sharing information with patients and family should show

improvements. Root cause analysis completed on each fall. More details to be presented on falls analysis at the next Quality Committee

- **Pressure ulcers** - it was commented that from an assurance aspect this is outstanding and the tissue viability nurse and staff to be congratulated on their conscientiousness and quality of nursing.
- **Patient Safety Incidents** –
 - number of reported incidents have dropped significantly.
 - LHCH always appeared in the top 4 nationally for reporting incidents and has dropped to the bottom 4
 - IICC report to be presented to the Board of Directors.
 - Incidents discussed at daily executive safety huddles to confirm that all incidents are reported.
 - Currently looking at a new reporting system and sharing information.
 - Link to access on-line information now available for all wards
 - Team Brief to be used as a conduit for raising awareness
- **Medication Errors** – higher than predicted. The number of medication errors leading to harm to patients is very small with 15 recorded as minor or no harm, 1 as moderate harm and 0 as severe harm.
 - A numbers of meetings have already taken place and ward managers are looking at the detail
 - The Medication Errors Annual Report is to be shared with the Committee
- **Safe Staffing** –safe staffing levels are managed and reviewed on a shift by shift basis
- **Mixed sex breaches** - 5 reported this month with patients in POCCU waiting for beds on a ward. Work is underway to look at patient flow and the provision of screens.

Patients and Family Experience – apart from one question relating to ‘did you feel that you were involved in planning the care that your family member received’ all targets were met with some showing a significant increase.

12 **NHS Constitution**

The Committee received the NHS Constitution that evidences how the Trust is compliant with the principles and values of the NHS in England. It sets out rights to patients, public and staff are entitled and pledges which the NHS is committed to achieve together with responsibilities which the public, patients, and staff owe to one another to ensure that the NHS operates fairly and effectively.

The Committee were asked to note the content of the report and that overall the Trust has been assessed as compliant with the rights and pledges of the NHS constitution. However, there is scope for improvement in the areas highlighted as amber and above and the Committee were informed of work taking place to ensure the Trust has a robust Equality and Diversity infrastructure in place with the introduction of an E&D Steering Group.

13. **Cost Improvement Programme Quality Impact Assessments**

The Committee received a verbal update and advised there was nothing to report this month as the Quality Impact Assessments apply to high level Cost Improvement Programmes. A discussion followed on the nature of the schemes

and how they impact on quality. The Committee were informed that every scheme is recorded on the PMO work plan although not every scheme is quality impacted and the integrated Performance Committee (IPC) also reviews performance and impact.

A discussion followed on the need for the quality Committee to be involved in a timely manner with scrutinising the impact of the schemes on quality and reviewing costs / savings and benefits etc.

The Chair asked for the report that went to the IPC to be circulated to the Quality Committee for observations and comments to be tabled at the next meeting and for any CIPs to be identified that are due to start before the next Quality Committee in July

DMc

It was generally noted the Quality Committee require improved assurance plus more detailed information from the Programme Management Office and this will be raised with the Board of Directors.

LC

14 **NHS National Staff Survey and Friends and Family Test – Results and Action Plan**

The Committee received a report on the 2014 staff survey and the action plans being developed to address the issues arising from the 2014 Staff Survey. From the results it was evidenced there were three key themes emerging

- Training and Development
- Staff Involvement
- Staff Experience

In response to this and in line with the Trust objectives a number of organisation wide engagement initiatives are being implemented including:-

- Listening into Action (LiA)
- Your chance to shine
- E-Learning & Appraisal
- Local Action Plans

Human Resource Business Partners are aligned with directorates to focus on providing support and work closely with specific areas to ensure provisional assurance that concerns raised on Cedar Ward and Maple Suite are being addressed

The Committee was asked to note the report and the actions being taken at a Trust-wide and a local level to improve engagement.

15 **Annual Assurance Report on the Equality Delivery System**

The Committee received the Equality Report that identifies how the Trust is revising and updating its strategic and operational approach to advancing equality, diversity and human rights across the Trust.

Following the analysis of the workforce data, two key areas of development have been identified to support the Trust in achieving the outcomes and objectives.

- Undertake a full data cleanse of workforce data currently held within ESR to ensure a complete and accurate picture of the workforce is available

- Development of an Equality and Diversity Policy and KPI Dashboard to provide timely, relevant information for Board Reporting/Annual Report/Steering Group

The Committee were asked to note the contents of the report and the proposed action to improve the Trust's performance as an Equality Employer

16. Annual Assurance Report – Quality Committee 2014/15

The Committee received the Annual Assurance Report – Quality Committee 2014/15 that provided assurance to the Board of Directors that the Quality Committee had met its terms of reference noting the areas for improvement and that the Board approved the updated terms of reference for the Quality Committee.

The report was accepted and agreed by the Quality Committee

17. CQUINS Update

The Committee received a verbal update on CQUINS from the Director of Research and Informatics and were informed that going forward, due to a change in tariff, the Trust would not be involved in the CQUINS framework but would however, still retain similar ways of working within the Trust to achieve the same goals. The following main points were noted:-

- **Friends and Family** test performed well
- **Dementia** performed well
- **Smoking cessation** - slight drop in the number of conversations recorded
- **Inpatient correspondence** - improved throughout the year,
 - Medication to take out (TT0s) electronically generated with automatic link to the patient's GP.
 - Initial problems with interoperability gateway under review to resolve compatibility issues with CCGs / GPs
 - Request for additional analytical resource request to be presented to executives
- **Discharge planning** – monitored and rated for each ward. The committee were also informed this was mentioned at the Listening into Action event (LiA) regarding timeliness of the discharge process.
- **18 week and 26 week waits** – targets still being achieved for cardiac surgery inpatients

18. Any other Business

The Chairman thanked the Director of Nursing and Quality for the high standard of papers that were submitted.

19. Date and Time of Next Meeting

20th July 2015 10.00am Boardroom