

Quality Committee

Item 7.2.1b

minutes

Date of Meeting: 20/07/2015
Time: 10.00 am
Venue: Boardroom

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

In attendance: Carolyn Cowperthwaite, Head of Nursing and Quality for Chest Medicine (Item 8)
 Debbie Herring, Director of Organisational Strategy and Development
 Mark Jackson, Director of Research and Informatics
 Sam Pamma, Project Management Office Lead (Item 9)
 Sue Pemberton, Director of Nursing and Quality
 Raph Perry, Associate Medical Director
 Lisa Salter, Head of Nursing and Quality for Surgery (Item 8)
 Debbie McEllenborough, Support Secretary (Minutes)

Apologies for absence: Mark Jones, Non-Executive 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 19 May 2015 were agreed as a true and accurate record.
4. **Matters Arising**
There were no matters arising..
5. **Action Log (All)**
The Committee discussed the outstanding items on the action log and the following points were noted:-
 - Item 8. Sepsis** – Included on the agenda - item 24
 - Item 9. Benchmarking of complaints** – information will be available at the next Quality Committee meeting in September 2015.
 - Item 13. Review of re-admissions** – Included on the agenda - item 15.
 - Item 21. People Strategy** – paper to be submitted to the Board of Directors meeting
6. **Receive Minutes of Operational Group Meeting**
The Committee received the minutes of the Operational Group meeting held on 24 April 2015.

7. Patient Story

The Director of Nursing and Quality read a patient story and the Chair asked for appropriate feedback to be relayed to the ward.

SP

8. Six Monthly Safe Staffing Review of Nursing Workforce

The Committee received a report that provided assurance that nurse staffing is managed appropriately at the Trust to ensure safe care is delivered to patients. The committee were informed that in line with NICE guidelines LHCH utilise decision support tools, professional judgement and the nationally recommended safer nursing staffing toolkit. It was further explained that the Association of UK University Hospitals (AUKUH) tool is used to understand levels of dependency and bi-annual seasonal changes to determine the levels of nursing required.

The Committee were informed that Heads of Nursing and Ward Managers met to complete the Professional Judgement Model and review the AUKUH results for each division. The exception report summaries are detailed in the Appendices. Across the Trust where further scrutiny had been requested, in depth reviews had taken place, resulting in significant improvements noticeably on Cedar Ward.

A discussion followed on bank and agency spend, funded establishment and actual staffing costs including the variance against budget. The Director of Strategy and Organisational Development notified the Committee of a paper that is due to be presented to the Integrated Performance Committee to address the total spend within the establishment and actual costs and considers overall spend that includes other areas such as Clinical Coding, Information Technology and the Project Management Office.

The Committee went on to discuss the Appendices and the following main points were noted.

Elm Ward – change of leadership with the band 7 post seconded to another ward and the band 6 ward sister taking on the role of Acting Ward Manager for a period of 12 months.

Cedar Ward – a hotspot for staff retention with a new process in place for exit interviews conducted by Human Resources to help identify trends across the Trust

Cardiology – generally low turnover

Surgery Division – overall compliant with no major concerns.

- **Holly Suite** - Several service developments underway including the transfer from surgery of patients having a TAVI procedure planned for September 2015 and patients having a Patent Foramen Ovale (PFO) closure or Atrial Septal Defect (ASD) closure.

In summary the report confirmed that national standards were being met and importantly for patients demonstrates the Trust has the right levels of staffing to deliver safe care. The Heads of Nursing and Quality were thanked for their valuable contribution in producing the report.

9. Quality Impact Assessments.

The Committee received a report that provided a high level overview of the Quality Impact Assessment process to date for the 2015/16 Cost Improvement Programme (CIP) that aims to improve efficiency, reduce waste and duplication

without comprising quality or patient safety and ensure decisions are made in an informed way with systems and processes in place.

The Committee were informed that all schemes will initially be reviewed by the Head of Nursing and Quality for Corporate Services prior to sign off by the Medical Director and Director of Nursing and Quality. A new Steering Committee recently established would be chaired by the Chief Executive to ensure appropriateness of the CIPs and address issues and concerns. To date

- 41 QIAs have been completed
- 11 of these realise savings over £25k
 - 3 are income based (procurement / medication savings)
- No high value CIPs have been authorised

The Committee were advised that high value QIAs are expected to be signed off by the Executive Directors at the end of July with regular reviews continuing in order to provide assurance and the ability to react accordingly if changes or concerns are subsequently identified. Both the Integrated Performance Committee and Quality Committee will receive QIAs for review.

The Chair mentioned delays with the QIAs being presented to the Quality Committee during 2015 and asked for a full list of QIAs going forward (2016/2017) to be presented to the Quality Committee for review at the meeting in Jan/March 2016.

It was commented that Post Implementation Reviews (PIRs) for the process had not been mentioned during the recent discussions. The Director of Strategy and Organisational Development confirmed the Terms of Reference for the CIP schemes would be amended to reflect this requirement.

DH

The Chair acknowledged the extensive effort taken to develop the processes and documentation and asked for the Quality Committee to be provided with more detailed information for the larger schemes, together with the relevant project plans.

10. Clinical Quality Performance

The Director of Nursing and Quality presented the Clinical Quality Performance to Month 03 to the Committee and the main items discussed included:-

Mortality Reviews – currently a 2 – 3 month delay on the Mortality Review indicator to allow reviews to be completed and collated with the current month based on April mortality. The number of completed reviews is below target and allocation of reviews and improvements to the process have been identified. Any learning will be shared at the next Quality Committee meeting in September 2015.

C-Diff – no cases were reported in June however 1C-Diff case had been identified following publication of the report

MRSA – No cases were reported in June although there was one hospital acquired MRSA case under investigation.

Pressure Ulcers – there have been two grade 2 pressure ulcers reported.

Patient Safety – following a decline in the number of reported patient safety incidents a recent drive to promote incident reporting had seen an increase in June

Mixed Sex Breaches Accommodation – continued to be an issue with

patients in POCCU waiting for beds on a ward. Work is underway to look at patient flow and the provision of screens.

Serious Incidents –

Cardiac Alarm - recent media attention following a whistle blowing incident. The piece of equipment in question was a “redundant” internal alarm that had been replaced by other technology. The Trust had subsequently contacted the CQC to explain the situation and alleviate any concerns and the redundant alarm is no longer on view.

Agency Staff – incorrect medicine administered to a patient on ICU. The issue was escalated to the agency and the nurse interviewed and acknowledged seriousness of events, disciplinary proceedings are underway.

The Nursing and Midwifery Council were contacted and placed an interim order affecting the agency nurses right to practice. Given safe guarding issues at other Trusts the local police were also contacted but showed little concern.

The patient had subsequently been transferred to the Royal Liverpool Hospital and the Director of Nursing and Quality at LHCH met with the patient’s family for an open and honest discussion.

The Chair asked how the Trust ensured such individuals were not able to seek future employment at the Trust and was informed that LHCH holds a register of employees / individuals who are not eligible to work at the Trust.

Complaints - There were 6 complaints in June, all acknowledged and responded to within the agreed number of days.

VTE - The Trust failed to meet its targets in June for the provision of appropriate VTE prophylaxis and work continues to address the shortcomings. Follow up conversations are planned for staff not adhering to the process.

PCI – slightly under target for this month partly attributable to patients that self-present or are transferred in from other Trusts.

CQUINs – work continues to address the timeliness of electronic correspondence with extra investment for EPR required to take this forward.

Dementia Screening – Dementia ‘find’ single screening question being used to help identify patients with dementia for onward referral to their GP. Patients that fail the single screening question undergo the full screening process.

In summary, the Chair acknowledged the good progress being made particularly in relation to the reduction in the number of falls and pressure ulcers. Additionally, the Chair commended the actions of the Director of Nursing and Quality for meeting with the patient’s family following the aforementioned serious incident.

11.

Quality Improvement Strategy Report

The Committee received an updated Quality and Safety Improvement Strategy 2014 – 2017 previously presented to the Board of Directors in

November 2014.

The Director of Nursing and Quality explained that the quality improvement strategy brings together all the quality improvements the Trust is undertaking and ambitions for 2015 and beyond. The updated strategy recorded progress against recommendations and these were included in the Action Log at Appendix 1.

It was noted how well the report was structured, understandable and provided an in-depth reflection on the how the Trust continually strives to deliver quality.

12. Quality Governance Review

The Committee received the Quality Governance Review and updated assessment from MIAA that confirmed progress had been made in all areas identified for improvement in the quality governance reports. The progress provided assurance for the Quality Committee that significant steps had been taken to address the areas where improvements were highlighted and a further update would be provided in six months.

13. Mortality Review.

The Committee received the Mortality Review Report that provided an update on the remaining three medical reviews subsequently reported to the MRG committee. Of the three patients:

- Two patient reviews found: the overall assessment was of a good practice standard that you would accept for yourself, your trainees and your institution.
- One patient review found: there was room for improvement – aspects of clinical care that could have been better. This was in relation to the prescribing of medications at the end of life.

The Medical Director went on to explain that all feedback from mortality reviews is shared at audit days although there is recognition that improvement to the learning outcomes and the sharing of learning required more focus. An organisation learning policy had been developed and was in place, and on a quarterly basis a meeting would be held with the three divisional teams to discuss organisational learning where they would be expected to share with all the teams under their areas of responsibility. Outcomes and identified learning would be reported back through Operational Board.

In addition, it had been recognised that the MRG review form did not always enable the capture of learning to be identified. The document was under review and would be amended to enable identification of learning to be easily articulated within the document

The Committee went on to discuss end of life care and the work being done in conjunction with consultants and the palliative care team. An End of Life Care Strategy document had recently been circulated within the Trust for comment and the Director of Nursing and Quality agreed to speak

with the Palliative Care team about providing the Quality Committee with an update.

14. Claims Review

The Committee received a Claims Review report from the Director of Research and Informatics detailing an account of all negligence claims against the Trust during the past four years. The NHS Litigation Authority (NHSLA) are financially and managerially responsible for claims and liable to pay the compensation and associated legal costs.

It was explained that -

- for non-clinical negligence claims the total paid out by NHSLA during 2014/15 increased compared to previous years due to one high value claim.
- Average costs of clinical claims increased during 2013/14 and decreased in 2014/15
- The value of claims was increasing and would need to be considered for future premiums
- Repeat staff claimants making separate negligence claims were reported on separately.
- A new process for sharing safety lessons was implemented in July 2015.
- A new Trust Organisational Learning Policy had been created to facilitate a culture change around evidencing learning.

The Committee were informed that NHSLA provided a good defence scheme with 95% of claims failing to reach court and changes to legal aid and solicitor's fees could further reduce the number of and value of claims.

The Committee were asked to note the content of the report as an accurate reflection of the Trust's claims history over the past four years.

15. Re-admission Update

The Committee received a verbal update on re-admissions to the Trust and were informed that a review was currently underway with consultants working closely with the nursing team to determine preliminary findings. Further information would be presented at the next Quality Committee meeting in September 2015.

16. The National Survey Results and Identified Actions

The Committee received an update from the Director of Nursing and Quality that provided a summary of the national in-patient survey results and associated actions arising from the areas identified for improvements. The report highlighted all the sections within the national survey results and where LHCH was, in comparison with other Trusts. The associated actions were identified.

The Committee were informed the Trust had received excellent in patient survey results achieving top in the country for care and treatment and cleanliness. The Trusts vision 'to be the best' meant that some areas for improvement had been identified and key actions agreed. The associated actions were identified.

17. Medications Safety Thermometer 6 Monthly Update

The Committee received a verbal update and were informed that the Medications Safety Process reviewed 170 patients of which 54% were identified as being on high risk medication with only 1 patient triggering a risk with no harm associated.

18. Health and Wellbeing Annual Report.

The Committee received the Health and Wellbeing Annual Report from the Director of Strategy and Organisational Development that provided an update in relation to staff wellbeing through the work of the Staff Wellbeing Group. The Chairman asked if staff were offered blood pressure and cholesterol monitoring and received confirmation of this being raised at the People Committee going forward.

19. Assurance on Delivery of Research & Innovation Strategy

The Committee received a report that provided progress against the Trusts new strategy for Research & Innovation. The Committee were informed the Trust had attracted a grant to provide clinical trials services for RIPCORDER which would be headed up by the Clinical Lead for Cath Labs and intervention. The Trusts academic staff were also beginning to develop new trials and submit grant proposals.

The Committee were assured that good progress is being made against the Research & Innovation Strategy whilst recognising the early stage of maturity and implementation.

20. CQC Intelligent Monitoring Report

The Committee received (for information) the Care Quality Commission Intelligent Report on LHCH NHS Foundation Trust.

21. Serious Incidents and Risks

None to report

22. Serious Incidents and Never Events

The Committee received a report on the recent changes to the national serious incident framework and never event list and the benchmarking of information on incidents and events. The Committee were advised that in order to simplify the process of serious incident management, two key operational changes had been made

- The removal of grading (as incidents were often graded without clear rationale)
- Timescale - a single timeframe of 60 working days has been agreed for the completion of investigation reports.

The Committee were informed the Trust would work towards completing investigations within 28 days.

The Quality Committee was asked to note the content of the paper.

Falls Retrospective View 2014/15

- 23.** The Committee received a report that provided assurance to the Quality Committee regarding the work undertaken to prevent falls within the Trust. The Committee were informed that the majority of falls within the Trust were classified

as no harm/minor harm and the paper included a breakdown of the timeframes and number of falls.

The Quality Committee received assurance that all appropriate actions are in place to prevent and learn from falls.

24. Sepsis Compliance Update Report

The Committee received a report following a request from the Infection Prevention Committee for an audit to be completed to assess how the sepsis order set was being used in the Electronic Patient Record (EPR) system. It was reported that over a 2 month period the sepsis order set on EPR was not completed fully for any case including errors identified on the sepsis orders set in prescribing based on documented weights.

The committee were informed that actions were in place to address this, together with training. A further audit was currently underway and results would be presented at the next Quality Committee meeting in September 2015.

25. Long Term Strategy for Managing Multi-Resistant Organisms

The Committee received the report and were advised of the impact of MMROs on a tertiary cardiothoracic hospital and the significant risk to the business continuity of the Trust and patient safety.

Further work is required to prepare the strategy which will be presented to Quality in November and to the Board of Directors.

The Committee were asked to note the key areas for the Trust to consider ensuring the Trust keeps patients safe and is able to continue to provide the highest quality care.

26. Cusum Curves

The Committee was presented with graphical and quantitative risk adjusted (Cumulative Summation; CUSUM) mortality reports for each Surgeon regarding their performance.

It was explained that although the Society of Cardiac and Thoracic Surgeons focuses on 95% confidence limits for all cardiac surgery, a lower trigger of 90% had been agreed for performance management within the Trust, to enable an 'early warning system'.

The Committee were assured that surgeons outside or near to the confidence limits receive mentorship and retraining if necessary and the new Medical Director would be monitoring progress going forward.

27. Date of Next Meeting - 1st September 2015