
DATE	24 September 2013
REPORT FOR	Trust Board of Directors – Part A
REPORT FROM	Jeremy Daws, Assistant Head of Quality Assurance
CONTACT OFFICER	Jeremy Daws, Assistant Head of Quality Assurance
SUBJECT	Mortality Performance Committee Minutes – 21 August 2013
BACKGROUND DOCUMENT (IF ANY)	N/A
REPORT PREVIOUSLY CONSIDERED BY & DATE(S)	N/A
EXECUTIVE COMMENT (INCLUDING KEY ISSUES OF NOTE OR, WHERE RELEVANT, CONCERN AND / OR NED CHALLENGE THAT THE BOARD NEED TO BE MADE AWARE OF)	N/A
HAVE THE STAFF SIDE BEEN CONSULTED ON THE PROPOSALS?	N/A
HAVE THE RELEVANT SERVICE USERS/CARERS BEEN CONSULTED ON THE PROPOSALS?	N/A
ARE THERE ANY FINANCIAL CONSEQUENCES ARISING FROM THE RECOMMENDATIONS?	N/A
IF YES, HAVE THESE BEEN AGREED WITH THE RELEVANT BUDGET HOLDER AND DIRECTOR OF FINANCE, AND HAVE ANY FUNDING ISSUES BEEN RESOLVED?	N/A
ARE THERE ANY LEGAL IMPLICATIONS ARISING FROM THIS PAPER THAT THE BOARD NEED TO BE MADE AWARE OF?	N/A
WHERE RELEVANT, HAS PROPER CONSIDERATION BEEN GIVEN TO THE NHS CONSTITUTION IN ANY DECISIONS OR ACTIONS PROPOSED?	N/A
ACTION REQUIRED BY THE BOARD	The Board are asked to note these minutes for information

MORTALITY PERFORMANCE COMMITTEE

Minutes of the meeting held on Wednesday, 21 August 2013, 8.30 am – 10.00 am
In the Modular Meeting Room, Scunthorpe General Hospital

Present:

Dr James Whittingham	Chairman
Mrs Karen Jackson	Chief Executive
Mr Stan Shreeve	Non Executive Director
Dr Carol Hunt	Consultant Mortality Lead
Mr Mike Hockey	Consultant in A&E
Professor Carrock Sewell	Acting Medical Director
Ms Angela Watson	Interim Director of Operations
Mr Simon Hearn	Business Support Manager, Information Services
Ms Sarah Mainprize	Head of Communications and Marketing
Mrs Wendy Booth	Director of Clinical Quality & Assurance
Mrs Kerry Taylor	PA to the Chairman (for the minutes)

1. Apologies for Absence:

Apologies were received from Dr Dunderdale, Dr Pease, Mr Daws and Dr Menon.

2. Minutes of the Meeting held on 7th August 2013:

Mr Hockey asked for Minute 4c to be amended to state that all actions will not be completed by the end of September but as stated in the action plan. The Minutes were otherwise approved.

3. Matters Arising:

3.1 Update on Signing of Clinical Records

Dr Hameed reminded members that this matter referred to the proposed purchase of “name & details stamps” for each doctor working within the Trust. He felt that the stamp should include the doctor’s GMC registration number to identify the doctor more accurately. There was general support for these proposals. .

Mr Hockey emphasized the importance of doctors being clear that use of the stamp was mandatory. Mrs Jackson asked Professor Sewell for his advice on the best way to achieve this. Professor Sewell felt that it would be necessary for periodic audits to be carried out by the Medical Records Committee. Professor Sewell added that it is also very important to know what grade the doctor is who has written in the notes. It was agreed that Professor Sewell, in his capacity as Acting Medical Director, would issue guidance and the instruction to the Trust’s doctors and that in the first instance, Ms Angie Watson would work with Professor Sewell in estimating the costs of providing a name stamp for each doctor, and if reasonable would identify a budget with the Finance Department. .

Action: Professor Sewell and Ms Watson

4a Workstream Action Plans

Mr Hockey confirmed that he had met with Ms Watson confirm the clinical leads for all workstreams. He also advised that Ms Watson will be attending the Forum later today to confirm to Forum the role and identity of the clinical leads to be followed up by a letter. Mr Hockey asked members to note the importance of keeping the Clinical Directors fully informed also.

Action: Ms Watson

4d Coding Issues in Respiratory

Ms Watson reported that she had met with Louise Blow who is Clinical Coding Manager, who is now in the process of arranging a workshop to help medical staff understand the rules and regulations surrounding clinical coding. This would predominantly be for physicians but would be open to any member of medical staff.

Mr Hockey reported that some Consultants feel that the current coding system does not reflect current medical practice. Ms Watson confirmed that the workshop would include current coding regulations and noted that the Trust is bound by these rules. Professor Sewell added that Ms Blow, together with two other members of Ms Blow's team are trained auditors. The most recent audits show that the percentage of correctly coded patients' is in the late 80% to 100%. Professor Sewell has requested that Ms Blow to publish these audits in order to address the concerns of some consultants. Prof Sewell noted that the audit also shows that depth of coding is better at DPOW than at SGH and this issue is also being addressed.

Ms Watson was concerned that at present there is less than complete use of the new co-morbidity form and that staff need to be made aware of the importance of these. Prof Sewell and Ms Watson agreed to remind staff of this requirement and members agreed that performance on this matter must be kept under review.

Action: Professor Sewell and Ms Watson

4e Extension of Membership

Dr Whittingham reflected on the Keogh Review Report and on the committee's earlier discussions and felt that it was now necessary to extend membership to strengthen representation from DPoWH and from junior doctors. Membership has therefore been extended to include Dr M Menon and Dr A Mannan. There was general support for this development.

4. Clinical Priorities:

4.1 Monthly Mortality Report

4.1a Mortality Indicators

Mr Hearn gave a presentation summarising the latest available mortality performance figures. In particular he drew members' attention to the continued steady decline in the Trust's Crude Mortality Rate. He also noted that the latest SHMI to April 2013, as calculated internally using the University of Birmingham HED system, showed an improvement in the Trust's performance to 111, implying that the Trust would no longer be an outlier when this data was published by the NHS IC at the end of the year. Dr Whittingham and Mrs Jackson welcomed these positive findings, accepting that there is still more to do, and reiterated that the improvement is due to the hard work of staff across the Trust

Mr Shreeve felt that the April HED SHMI was an important milestone and asked if it could be presented to the meeting of the Trust Board later this month. Mrs Jackson felt that it would be a positive step to show these findings in the public arena. Mrs Jackson, Mrs Booth, Dr

Whittingham and Sarah Mainprize will discuss this outside of the meeting and make a decision as to whether the information should be discussed in the public part of the Trust Board meeting.

Action: Mrs Jackson, Mrs Booth, Ms Mainprize and Dr Whittingham

4.1b Coding Indicators

Mr Hearn updated the committee on continued improvements in coding performance. He reported that had been continued improvement in the collection of co-morbidity information. Members agreed that this should continue to be encouraged. Members that the coding must continue to work and check closely with Clinicians. Mrs Jackson felt that the Trust's clinical staff should be made aware that the quality of coding is good and improving.

Action: Ms Watson

4.2 Update on Mortality Action Plan

In Mr Daw's absence, Mrs Booth confirmed that the action plan requires updating and proposed that the matter be brought back to the committee's meeting in September.

Action: Mr Daws

4.3 Mortality Trigger Tool Dashboard

Mrs Booth summarised a number of proposed changes which members approved. Mrs Booth added that the Trigger Tool will continue to evolve.

4.4 Workstream Exception Reports

Respiratory

Dr Hunt reported a slight delay with the respiratory action plan due to the availability of two key individuals. Dr Hunt felt that resourcing may need to be looked into with regards to the hospital acquired pneumonia plan. Dr Hunt will discuss this outside the meeting with Ms Watson and advise the committee of any remaining issues preventing progress in line with the plan.

Action: Dr Hunt.

Dr Hameed presented the findings of the sepsis care pathway pilot. He detailed the alarm signals which could signify sepsis together with the steps for immediate management, which included antibiotic therapy, IV fluid resuscitation, oxygen, monitoring of fluid balance, microbiological specimens and blood tests and the referral to ITU when indicated. Dr Hameed explained that the pilot was undertaken to address concerns raised by members of medical staff which could lead to inappropriate categorization of patients with consequent misdiagnosis, junior doctors may be overzealous with the use of fluids and iatrogenic harm and it may undermine clinical judgement. The pilot was commenced on the 15th July 2013 on MAU for a total of four weeks.

The results from the pilot revealed 60 cases of sepsis were identified within the first 19 days with data analysis on 50 being available. There were two negative sepsis screens, 48 patients who were found to have sepsis had the pathway used. Out of these 48 patients, 37 cases had the bundle used correctly and 11 cases the bundle was not used at all. Overall, there were no significant operational issues and feedback from users had been generally positive.

Dr Hameed said that minor modifications to the SST are required. However, the analysis of the pilot will be shared with all Consultants which will be followed by a Trust wide roll out of the pathway. Outcome, system and balancing measures need robust systems for collection and reporting and detailed performance measures in ITU is critical.

Dr Hameed emphasized the importance of the entire health community being aware of how to recognise the symptoms of sepsis as this would assist in patients receiving treatment much faster and help reduce emergency or acute admissions to hospital.

There was general appreciation of good progress and a good report and Dr Whittingham thanked Dr Hameed for taking this forward.

4.5 Highlight Report from QPEC

Dr Whittingham advised members that QPEC have not highlighted any further issues.

4.6 PR and Communications

Sarah Mainprize will meet with Professor Sewell to discuss the sepsis action plan.

Action: Ms Mainprize

5. Wider System Issues:

5.1 North Lincolnshire Council – Health Scrutiny Panel’s SHMI Report

Members noted that the committee had received the report at a previous meeting.

5.2 Community Action Plan and SHMI by GPs

Members agreed to review the Community Plan and the Trust’s analysis at the committee’s next meeting. Dr Whittingham advised that, following the committee’s earlier discussion about the need to strengthen links with the community mortality group, Dr Jaggs-Fowler has been invited to attend future MPC meetings as that group’s representative.

6. Highlight Report to the Trust Board:

Dr Whittingham recommended that the following items be highlighted at the next Trust Board meeting:

- Professor Sewell together with Simon Hearn to present the latest mortality performance data
- Response to the QPEC highlight report
- Confirmation of delivery of all workstream action plans by the Keogh Action Plan deadline
- Review of Mortality and Morbidity arrangements, including reporting
- Revisions to MPC meeting schedule and membership

7. Action Log

Dr Whittingham asked for the action log to be deferred to the following meeting. The action log will also incorporate the outstanding actions from the now ceased CEO weekly mortality meetings.

8. Any Other Business

There was no other business

9. Date and Time of the Next Meeting:

To be confirmed following Board discussion on revised meeting schedule.