

Cover report to the Trust Board meeting to be held on 7 December 2017

Trust Board paper L

Report Title:	Quality and Outcomes Committee – Committee Chair’s Report (formal Minutes will be presented to the next Trust Board meeting)
Author:	Stephen Ward, Director of Corporate and Legal Affairs

Reporting Committee:	Quality and Outcomes Committee
Chaired by:	Ian Crowe, Non-Executive Director
Lead Executive Director(s):	Andrew Furlong, Medical Director Julie Smith, Chief Nurse
Date of last meeting:	30 November 2017

Summary of key matters considered by the Committee and any related decisions made:

This report provides a summary of the key issues considered at the Quality and Outcomes Committee on 30th November 2017:

- **Safety and Quality of Emergency Care** – the Committee received the Emergency Department Quality Scorecard for the period ending 30th October 2017 and noted performance against the indicators set out therein. Taking into account feedback from members of the Committee at the meeting, the Medical Director and Chief Nurse undertook to revise and prepare an updated version of the Scorecard for submission to the January 2018 meeting of the Committee.
- **Patient Safety Report** – the Committee received the results of the ‘deep dive’ exercise undertaken to better understand the recent increases in moderate harm which, it was noted, were primarily due to the way in which specific incidents had been graded in 2017/18 in comparison to 2016/17. The Committee agreed to receive reports on the results of in-depth reviews of harm at quarterly intervals in future, commencing March 2018. The Committee also endorsed the actions being taken to ensure that incidents reported on Datix were closed in a more timely fashion by the Clinical Management Groups. The Committee would receive a report at a future meeting on the outcome of the root cause analysis of a new Never Event escalated in October 2017 relating to a retained guide wire post-procedure in the Intensive Care, Theatres, Anaesthesia, Pain and Sleep Clinical Management Group.
- **Nursing and Midwifery Quality and Safe Staffing Report – September 2017** – the Committee noted those wards which had triggered a ‘level 2 concern’ and ‘level 1 concern’ in the judgement of the Chief Nurse and Corporate Nursing Team, as set out in paper E. No wards had triggered a ‘level 3 concern’ in September 2017. Particular attention was being paid to infection prevention measures and it was noted that hand hygiene campaigns would run across the Trust over the Winter months accordingly. It was noted that safeguarding training data would be confirmed shortly upon the recommencement of the HELM reporting system. Finally, the Committee noted that it would receive a report at its next meeting on ‘Tomorrow’s Ward’, following consideration of this subject by the Executive Quality Board at its meeting in December 2017.
- **Learning from Deaths** – the Committee received the latest quarterly mortality report dated November 2017, noting a crude mortality rate of 1% (slightly less compared to the same month in the past two years); that the Trust’s published Standardised Hospital Mortality Index (SHMI) was 101 and the Trust’s Hospital Standardised Mortality Ratio (HSMR) was 102 (both within the expected range); and noting also the actions undertaken to reduce mortality as part of the Trust’s Quality Commitment over the past three years (as set out in the report). The Committee offered advice to the Medical Director and Head of Outcomes and Effectiveness on the content of the report on this subject to be submitted to the public Trust Board meeting on 7th December 2017 to support the Board’s discussion of the data presented, the learning from this and to enable the Board to consider if there were any further actions required to improve the quality of care. The Committee agreed that the Committee Chair should make clear to the Trust Board the need for the

Executive Team to review the resources available to ensure that this area of quality improvement work was appropriately resourced going forward.

- **Programme to Improve Care of Patients with a Deteriorating Early Warning Score (EWS) and ‘Red Flag’ Sepsis** – paper G updated the Committee on performance for the period 4th September – 1st October 2017 and the Committee was pleased to note the further actions (detailed in the report) to improve the care of inpatients who developed sepsis which were to be implemented imminently. The Committee agreed to receive future update reports on performance in this area quarterly in future.
- **Compliance assessment and analysis system – high level report**–the Director of Estates and Facilities briefed the Committee on the latest report providing assurance upon the Trust’s compliance with Estates and Facilities services’ statutory requirements. The Committee noted the priority actions as set out in the report and expressed its reasonable assurance on the basis of the information presented.
- **Care Quality Commission (CQC) Inspections – Update**– paper J updated the Committee on progress against the Trust’s action plan in response to the CQC’s comprehensive inspection in June 2016; on the final formal action plan in relation to the CQC’s unannounced inspection of wards 42 and 43, Leicester Royal Infirmary, in July 2017; summarised the CQC’s recent publication “The State of Healthcare and Adult Social Care in England 2016/17”; and included information on next steps in preparation for the forthcoming CQC inspection of the Trust. The Chief Nurse updated the Committee orally on the CQC’s unannounced inspection of three core services taking place between 28th and 30th November 2017.
- **Quality Commitment 2017/18 Quarterly Update** – the Committee noted paper K which RAG rated performance against the 2017/18 Quality Commitment work programmes as at the end of quarter 1: four programmes were rated green, and three amber and the Committee noted the current position, current delays and risks to successful achievement of the work programmes as set out in the report.
- **CQUINS and Quality Schedule 2017/18 Update** – paper L briefed the Committee on the Trust’s performance on the 2017/18 CQUIN schemes and quality schedule standards as at the end of quarter 2. The Committee noted those schemes at risk of non-delivery, together with the financial values of those schemes which, it was confirmed, the Chief Financial Officer understood.
- **Quality and Outcomes Committee – Annual Work Plan 2017/18**–the Committee endorsed the Annual Work Plan 2017/18 set out in paper M and asked that it be re-profiled to accord with the Care Quality Commission Domain headings of safe, caring, effective and well-led. The Chief Nurse and Medical Director in particular were asked to consider the Work Plan and feedback any proposed amendments to the Committee Chair and/or Director of Clinical Quality.
- **Claims and Inquests – Quarterly Report**– the Committee received the latest quarterly report on claims and inquests for the period ending 30th September 2017, noting the arrangements in place at the Trust to ensure that appropriate learning occurred from both claims and inquests, with key areas for improvement being considered for inclusion within the Trust’s annual Quality Commitment.

Matters requiring Trust Board consideration and/or approval:

The Committee agreed that the Committee Chair should make clear to the Trust Board the need for the Executive Team to review the resources available to ensure that the ‘Learning from Deaths’ area of quality improvement work was appropriately resourced going forward.

Matters referred to other Committees:

None

Date of next meeting:

21 December 2017