

Cover report to the Trust Board meeting to be held on 6 February 2020

Trust Board paper I

Report Title:	Quality and Outcomes Committee – Committee Chair’s Report (formal Minutes will be presented to the next Trust Board meeting)
Author:	Hina Majeed – Corporate and Committee Services Officer

Reporting Committee:	Quality and Outcomes Committee (QOC)
Chaired by:	Col (Ret’d) Ian Crowe – Non-Executive Director
Lead Executive Director(s):	Andrew Furlong – Medical Director Carolyn Fox – Chief Nurse Darryn Kerr – Director of Estates and Facilities
Date of meeting:	30 January 2020

Summary of key public 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 30 January 2020:-

- **Deteriorating Adult Patient Board Update**

The Medical Director presented an update on the work of the Deteriorating Adult Patient Board (DAPB), and highlighted the following in particular: (1) performance with respect to the number of patients receiving antibiotics within 1 hour in ED remained stable at just below 90% and this had been the case despite the significant increase in activity in ED (2) new outcome data in cohorts of patients with Acute Kidney Injury had the potential to improve care across LLR and required further co-ordinated work across LLR, and (3) incident reporting with respect to deteriorating patients continued to be monitored and had been stable with no increase in the number of significant harms in this patient group.

Dr K Higgins, Diabetes Consultant attended the meeting to provide an update on insulin safety and harms. She advised that although there had been significant improvement, the percentage of patients experiencing an insulin error had now plateaued. The reporting of insulin errors had been increasing, reflecting an open culture of reporting, yet significant harm remained uncommon. Members were advised that an electronic prescribing system for insulin would significantly reduce insulin errors. In response to various queries, the Diabetes Consultant advised that diabetes care in general was improving as a result of various initiatives including the introduction of decision support tools, e-learning and face to face training. The infrastructure to support the implementation of networked blood glucose and ketone meters was already in place and work to integrate the results onto Nerve Centre was being taken forward via the e-Hospital Board. In response to a query from the QOC Non-Executive Director Chair, it was noted that staff compliance with insulin safety training remained a challenge and CMGs were being supported to improve this.

- **VTE Prevention Task and Finish Group Update**

The Deputy Medical Director presented a detailed update regarding the good progress of the majority of the VTE Prevention Task and Finish Group workstreams, despite on-going operational challenges. He highlighted the positive performance in quarters 1 and 2 of 2019-20 against the Quality Schedule for VTE prevention. Progress had been made to facilitate electronic reporting of VTE assessments and prescribing and ultimately the creation of an electronic dashboard to allow real-time CMG level reporting to drive performance and allow a more robust and efficient audit programme. Progress had also been made in VTE assessment in long waiters in ED and work continued to improve this process. Members were advised that ward assessment and accreditation framework, which currently had a suite of nurse-sensitive indicators, would now incorporate an indicator to capture the delivery of VTE prevention information to patients. A further update was requested for EQB and QOC in April 2020.

- **Progress Update on PPI Strategy**

The Patient and Community Engagement Officer attended the meeting to present a progress update on the implementation of the Trust’s Patient and Public Involvement Strategy. Appendix 1 of the paper comprised a dashboard which provided an overview for the development of PPI plans for each of the Trust’s core quality

priorities. In discussion, the Chief Executive requested that the Trust's supporting priorities were also included in the dashboard and noted that a discussion on the dashboard would take place at the Executive Planning Meeting on 5 February 2020. In a brief discussion on where future reports on this matter should be scheduled, it was agreed that the joint PPPC/QOC session would be best placed for discussion of this report given that Patient Partners were present at this meeting and the PPPC had oversight of the Quality Strategy process. The Chief Executive confirmed that the expectation was to progress the various steps in the process (relating to Quality Strategy Projects) by end of March 2020 for each of the Trust's quality and supporting priority. Therefore, an update on this matter was requested to be scheduled for the joint PPPC/QOC session in April 2020.

- **Update from Patient Partners re. their involvement in the Trust's Quality Strategy 'Becoming the Best'**
The QOC Patient Partners who were present at the meeting advised that there were currently a number of areas/Groups in which Patient Partners were involved and provided their support. In response to a query from Mr M Caple, Patient Partner, the QOC Non-Executive Director Chair highlighted that Patient Partner involvement in the Trust's Quality Priorities should be given first priority. Ms J Smith, Patient Partner was still awaiting confirmation on the allocation of the Quality Priority that she would be providing PPI support and undertook to discuss this with the Head of Patient and Community Engagement outwith the meeting. Mr M Caple also noted the need for the newly recruited Patient Partners to have appropriate support on PPI expectations in respect of the Trust's Quality Strategy priority areas.
- **Schedule of External Visits**
The Deputy Director of Quality Assurance presented a report which provided QOC with a schedule of visits by various external agencies/bodies. The schedule formed part of the Trust's governance arrangements for responding to and managing such visits. QOC noted the status of the various external visits listed, and the actions being taken in response to any recommendations received. The QOC Non-Executive Director Chair emphasised the need to mitigate known non-compliance issues as far as possible ahead of forthcoming visits. In response to a comment, the Deputy Director of Quality Assurance acknowledged that the report was not fully fit for purpose and requested some time to ensure robust administration of the database in order that better reports were produced.
- **Patient Experience Quarter 2 Report (2019-20)**
Members noted the contents of the patient experience report for quarter 2 of 2019-20. The report illustrated the large amount of activity in the Clinical Management Groups focused upon collecting feedback from patients, their families and carers and then responding to that feedback and shaping services and care. In response to a query from Ms V Bailey, Non-Executive Director regarding the low feedback coverage in some areas in respect of Friends and Family Test, Ms N Green, Deputy Chief Nurse advised that the Patient Experience team were undertaking an analysis and would be using different ways to collect feedback.
- **Acting on Results Update**
The Medical Director presented a report advising that the configuration of the ICE system as part of the Acting on Results programme had been completed. There had been a large improvement in the rate of acknowledgment of results on the ICE system, however, there was consensus of opinion that no significant further improvements could be made to the ICE system. A brief update on the interface between ICE and ILab systems was provided. The Conserus system provided an electronic alert highlighting any urgent or significant findings of a result in imaging. A new ordercomms system on Nerve Centre was being developed and this work would be the focus of future efforts in order to build a system ensuring requesting and reporting of diagnostic tests had the critical safety features that were not currently in place within existing systems. The new E-Investigations Board would oversee this new programme of development including the replacement of ICE by Nerve Centre.

Items for noting:

- **Falls Update – Quarters 1 & 2 (2019-20)**
- **UHL Dementia Strategy 2018-20 – Update re. Quarters 1 & 2 (2019-20)**
- **Resuscitation Committee – Quarterly Update** – the Medical Director undertook to present a report to QOC in August/September 2020 to describe the roll-out of the ReSPECT programme across UHL and LLR.
- **EQB Minutes 17.12.19**

Any Other Business

- **Internal Audit Report regarding Safety Checks in ED**
The QOC Non-Executive Director Chair requested the Medical Director to provide a report to QOC, addressing the quality-related issues identified in the recent Internal Audit Report regarding Safety Checks in ED. The Medical Director undertook to provide this report to EQB and QOC in February 2020.

Public matters requiring Trust Board consideration and/or approval:

Recommendations for approval:-	
<ul style="list-style-type: none"> • None 	
Public items highlighted to the Trust Board from this meeting:-	
<ul style="list-style-type: none"> • None 	
Matters referred to other Committees:	
<ul style="list-style-type: none"> • Progress Update on PPI Strategy to be scheduled for the joint PPPC/QOC session. 	
Date of next meeting:	27 February 2020

Col (Ret'd) I Crowe – Non-Executive Director and QOC Chair