

**Cover report to the Trust Board meeting to be held on 12 April 2018**

**Trust Board paper I**

<b>Report Title:</b>	Quality and Outcomes Committee – Committee Chair’s Report (formal Minutes will be presented to the next Trust Board meeting)
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<b>Reporting Committee:</b>	Quality and Outcomes Committee (QOC)
<b>Chaired by:</b>	Ian Crowe, Non-Executive Director
<b>Lead Executive Director(s):</b>	Andrew Furlong, Medical Director Julie Smith, Chief Nurse
<b>Date of last meeting:</b>	29 March 2018

**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 29<sup>th</sup> March 2018:

- Quarterly EWS and Sepsis** – paper C updated the Committee on performance for the period October to December 2017 and the Committee noted the actions (detailed in the report) to improve the care of inpatients who developed sepsis which were being implemented. It was highlighted that performance had plateaued and further intervention had been planned with clinical teams.
- Psychology Services Update** – the Head of Operations, Clinical Support and Imaging Clinical Management Group attended and introduced paper D, updating the Committee that a contract performance notice (CPN) had been issued from UHL to LPT in respect of the psychology services commissioned by UHL. The CPN had highlighted that sessions were not being delivered due to staff shortages, data not being provided regularly or in a consistent way and actions not being completed in a timely manner following meetings between UHL and LPT since May 2017. A remedial action plan had been agreed, with UHL tracking LPT performance against this on a monthly basis. A steering group had been established to hold LPT to account against 2017 non-delivery of the patient volumes within the existing contract, and a growing waiting list. The Committee noted the various issues summarised in paper D and suggested that any deterioration against the remedial action plan be appropriately escalated to the LPT. A further update on this matter would be provided in May 2018.
- Patient Safety Report** – the Director of Safety and Risk reported that in 2017-18, there had been a rise in harm events mainly in those incidents graded as moderate harm. Following an in-depth review of the harms, it had been concluded that a change in the way a specific type of incident was ‘graded’ accounted for the majority of this increase in comparison to 2016-17. The position had been reviewed again at the end of quarter 3 of 2017-18 and it had been concluded that with the exception of the specific type of incidents, there was still a slight increase in harm events. It was therefore highly unlikely that by the end of quarter 4, there would be any reduction in harm events with or without the Post-Partum Haemorrhage (PPH) incidents in the numbers as aimed for within the Trust’s Quality Commitment 2017-18. No serious incidents had been escalated in February 2018. A brief update on the appropriateness of usage of Datix to report incidents was provided. There had been a decrease in formal complaints activity in February 2018, alongside the 0.6% increase in overall Patient Information and Liaison Services activity. There continued to be an increase in the number of complaints related to cancelled operations which was due to emergency activity. There had been an increase in complaints related to neurology and the Medical Director advised that a review of the service issues in Neurology was currently being undertaken. Responding to a query, a discussion took place on the complaints relating to discharge and it was highlighted that this was mainly in relation to non-availability of TTOs. A brief update was also provided on further improvement actions that were being considered following a recent inquest. The annual (2017) report of radiation incidents was presented and it was noted that despite an increase in incidents in quarter 3 of 2017, the significantly higher reportable incident rate in quarters 3 and 4 of 2016 had not reoccurred and the total number of reports was lower than in previous

years.

- **Freedom to Speak Up Report** – Ms J Dawson, Freedom to Speak Up Guardian attended the meeting and introduced the latest quarterly Freedom to Speak Up report. Responding to a query on whether a ‘bullying and harassment’ theme was emerging, it was noted that the Civility Saves Lives campaign was seeking to raise awareness of the power of civility in healthcare. This campaign was being promoted and Trusts had been asked to raise awareness of the negative impact that incivility can have in healthcare. The Director of Safety and Risk gave a presentation on UHL’s 5 steps approach to respond to staff concerns. The Chief Executive requested that the video in this presentation be included within the Chief Executive’s briefing in May 2018.
- **Nursing and Midwifery Quality and Safe Staffing Report – February 2018** – 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 F. No wards had triggered a ‘level 3 concern’. The Registered Nurse Vacancies had decreased in month and were reported at 556 WTE, however, overall vacancies had increased by 6wte compared to last month. A review of international recruitment would be undertaken. Responding to a query, it was noted that currently there was no allocation in the capital programme for improving the CDU environment.
- **Progress report on Insulin Safety Action Plan** – a conference call had taken place between the local CQC inspection team, the Chief Nurse and Ms, E Meldrum, Deputy Chief Nurse to discuss the Trust’s insulin safety action plan (paper G refers) in response to the warning notice issued by the CQC re: insulin following its November 2017 unannounced inspection. Although, the CQC were assured overall with the verbal account of the work undertaken to date, they clarified that they would still need to visit the Trust in the next 3 months to gain assurance of sustained improvements. Ms E Meldrum, Deputy Chief Nurse advised that based on the outputs of the insulin safety action plan and early assurance data, she was confident that the appropriate actions had been identified and implemented in order to address the concerns raised by the CQC. However, following the recent quality assurance visit by colleagues in the LLR CCG in February 2018, it was evident that improvements had not been consistent across all areas of the Trust. Further communications in the form of face to face briefings with a number of staff groups to embed key insulin safety messages, including the need to comply with Trust policies and guidelines, had commenced. A further update would be provided to the Committee in April 2018. It was suggested that a dashboard comprising of key elements that require monitoring be developed and a first draft of this be presented to the Committee in due course.
- **CQC Inspections Report** – the Director of Clinical Quality presented paper I which provided a summary of the CQC inspection reports following their unannounced inspections in November and December 2017 and their well-led review in January 2018. A copy of the CQC’s latest Insight Report was appended to paper I. An action plan, addressing the CQC’s ‘MUST DO’ (59) actions and ‘SHOULD DO’ (62) actions would be presented to the Trust’s Executive Strategy Board on 10 April 2018, prior to submission to the CQC by the deadline of 11 April 2018. The action plan would also be presented to QOC in April 2018.
- **2017-18 Quality Account** – the Director of Clinical Quality advised that paper J was the first draft of the 2017-18 Quality Account which had been produced following national guidance and followed a similar structure to 2016-17. Comments from members were sought prior to its circulation to stakeholders. The Chief Executive had previously reviewed the draft and suggested that additional details about the Trust’s Quality Commitment be included and the Quality Account would be updated to reflect this. It would then be externally audited by Grant Thornton (statutory requirement) before being presented to the Public Trust Board meeting in June 2018.
- **Quality and Outcomes Committee – Annual Work Plan** – the Committee noted the QOC Annual Work Plan set out in paper K.
- **‘Cleaning’ in general** – it was highlighted that the Chief Nurse and the Director of Estates and Facilities had had a discussion about cleaning wards following an infection break. There was a requirement for decant facilities and discussions had commenced with colleagues in the Reconfiguration team in respect of using

space even for the short-term for the provision of decant facilities. The Committee Chair noted this and highlighted that the quality of services and its impact on patient care was of utmost importance.

**Matters requiring Trust Board consideration and/or approval:**

The Committee agreed that the Committee Chair should report to the Trust Board that:-

- (a) the Trust's insulin safety actions continued to drive improvements that had been identified and implemented in order to address the concerns raised by the CQC , however, the warning notice in relation to insulin safety still remained in place , and
- (b) the Committee had agreed for the first draft of the 2017-18 Quality Account to be circulated to stakeholders.

**Matters referred to other Committees:**

None

**Date of next meeting:**

26 April 2018