

Cover report to the Trust Board meeting to be held on 4 October 2018

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:	Helen Stokes – Corporate and Committee Services Manager
Reporting Committee:	Quality and Outcomes Committee
Chaired by:	Col (Ret’d) Ian Crowe – Non-Executive Director
Lead Executive Director(s):	Andrew Furlong – Medical Director Eleanor Meldrum – Acting Chief Nurse
Date of meeting:	27 September 2018
Summary of key public matters considered by the Committee and any related decisions made:	
<p>This report provides a summary of the key public issues considered at the Quality and Outcomes Committee on 30 August 2018:</p> <ul style="list-style-type: none"> <p>• Nursing and Midwifery quality and safe staffing report (July 2018), including proposals for safe and effective care - the report provided triangulated information relating to nursing and midwifery quality of care and safe staffing, and highlighted those wards triggering a ‘level 2 concern’ and ‘level 1 concern’ in the judgement of the Acting Chief Nurse and Corporate Nursing team. Although no wards had triggered a level 3 concern in July 2018, there had been an increase in the number of wards triggering a level 1 concern that month. The Acting Chief Nurse outlined the pressures on surgical areas in particular, noting the impact of acuity levels and complex casemix, the CRO outbreak, and staffing shortages. Appendix 4 of the report explored the factors behind the nurse staffing challenges experienced in July and August 2018, focusing particularly on specialty medicine, general surgical and gastroenterology wards at the LRI, and outlined a number of actions needed going into winter 2018. An action plan was in development as part of the winter staffing plan, and would be presented to the October 2018 Executive Quality Board and QOC meetings. 70 new Registered Nurses were due to start employment with UHL in October 2018, with between 70-80 overseas nurses also starting before January 2019.</p> <p>QOC discussed the need to review skillmix requirements on wards, noting the need to make the best use of all members of the ward team to ensure an appropriate and safe care environment for patients. In response to queries from the Patient Partner representative on QOC, the Acting Chief Nurse noted the need for nursing staff to be appropriately inducted when moved to work in other areas. Any decisions to move staff (including to different sites if needed, although that was relatively rare) were undertaken on a risk assessed basis. The Chief Executive reiterated that nurse staffing was a key priority for the Trust.</p> <p>• Management of unlawful Deprivation of Liberty Safeguards Authorisations (DoLS) – the Director of Clinical Quality outlined progress in responding to the concerns expressed by the CQC, noting that the Trust’s Deprivation of Liberty Safeguards policy and procedures had been reviewed and updated to ensure compliance with the CQC’s ‘must do’ action on this issue. Further contact had been made with Local Authorities (as the Supervisory Body) since the QOC report had been written, and a formal response was now awaited from them. Further targeted training had taken place in medical ward areas, and a monitoring role had also been added for Matrons. The Director of Clinical Quality reiterated that the issues raised by the CQC were national in nature, also reflected Local Authority resource constraints, and were not unique to UHL. Although recognising this, the QOC Non-Executive Director Chair nonetheless noted the risk being borne by the Trust as a result, and requested that this issue be highlighted to the Trust Board accordingly via this summary.</p> <p>• Monthly highlight report from the Director of Safety and Risk – the report particularly focused on the quarter 1 harms review, noting detailed discussion on this issue at the September 2018 Executive Quality Board. Given the quarter 1 increase in harms rated as moderate or above, the harms review sought to analyse main trends and themes and explore any reasons behind that increase. It was noted that the increase in harms had not continued in quarter 2. In quarter 1 of 2018-19, the two most common harms themes related to in-patient falls, and post-partum haemorrhage, which was the same as in the 2017-18 year. The review had also looked at reporting and validation processes, noting that with the exception of the Women’s and Children’s CMG (which used its own in-house team) all harm incidents were validated centrally by the Corporate Patient Safety Team. QOC noted the difficulty in drawing thematic and trend conclusions from such small numbers, and also considered that a rebasing exercise was needed to be clear on when harms definitions had changed. The QOC Non-Executive Director Chair noted the importance of providing meaningful feedback to staff, sharing learning and changing behaviours, and it</p> 	

was agreed to discuss that further outside the meeting. It was agreed to bring a further update on the harms review to QOC in 6 months' time (using broadly the same format so as to enable appropriate comparison). The Director of Safety and Risk's report also briefed QOC on Freedom to Speak Up progress, and on complaints and safety performance for August 2018.

- **Patient-Led Assessment of the Care Environment (PLACE) results 2018** – the Director of Estates and Facilities advised that UHL had maintained – and in some areas improved – its 2017 position on the 6 domains covered by the PLACE review. He noted the challenge of how to make significant improvements in the absence of the planned FM LLP development, given the already-low cost base. Patient Assessor comments were included in the report (as previously requested by the Patient Partner representative on QOC), and the Director of Estates and Facilities advised that actions were being taken in response to those comments where needed. In response to a query from the Patient Partner representative on QOC, the Director of Estates and Facilities outlined the make-up of the PLACE team, noting that (as a patient-led assessment) patient assessors were in the majority. The Director of Estates and Facilities considered that a number of factors were involved in the differing UHL site results. Although welcoming the 2018 PLACE results, the QOC Non-Executive Director Chair noted the need for further improvement on cleaning. Although catering was performing well, the QOC Non-Executive Director Chair requested a future report on the implementation of protected mealtimes. He also voiced his thanks to all of the PLACE assessors, noting the rich data provided by the report.
- **2018-19 Productivity Improvement Programme (PIP) quality and safety assessments for month 4** – QOC received the standing quarterly update on this issue, noting comments from the Acting Chief Nurse that where PIP schemes were rejected, it was primarily due to deliverability rather than any quality and safety concerns. She had no significant quality and safety concerns about any of the 2018-19 PIPs reviewed to date.
- **Data quality and clinical coding (January – March 2018)** – the NHS Digital 'Data Quality Maturity Index' continued to show UHL as best in its peer group for high quality and complete data (and 2nd nationally for Acute Non-Specialist Trusts). Within UHL, work continued to improve collection of GP data. With regard to coding, UHL's coding team had won an innovation award for its 'orange dot' coding initiative, which identified notes requiring tracking and sending to the coding team. QOC welcomed the progress made on data quality and coding performance, and noted the need to sustain these improvements.
- **CQC action plan** – the outstanding CQC action re: Deprivation of Liberty Safeguards (review of Trust policy) had now been closed, as per the update provided above. QOC was advised that the updated Interpreting and Translation Policy had been reviewed by UHL's Policy and Guideline Committee on 21 September 2018, with some further clarifications required. In response to QOC queries, the Director of Clinical Quality advised that a work programme was in place re: translating leaflets, with a progress report requested for the Executive Quality Board and QOC. The QOC Non-Executive Director Chair commented favourably on the 'e-leaflet' approach used in the Trust's Emergency Department. QOC was further advised that no concerns had been raised to date from the CQC's 13 September 2018 visit to UHL (paediatrics, ED, Hampton Suite), although formal feedback was still awaited. The Director of Clinical Quality noted separate discussions with the CQC on the current requirements in respect of location registrations.
- **CQUIN and Quality Schedule update** – the paper was noted for information. Non-Executive Directors received assurance that the Trust's financial plan took appropriate account of any non-achievement of CQUIN monies.
- **Learning from claims and inquests 2018-19 quarter 1 update** – this report was reviewed in detail by the Trust's Adverse Events Group, and also by the Executive Quality Board. In respect of the Regulation 28 report attached to the quarterly update, the QOC Non-Executive Director Chair noted that there had been no criticism of the care provided by UHL. In discussion, it was agreed that wider consideration was needed of how best to use the information available from GIRFT reports, which would be progressed by the Chief Executive outside the meeting.
- **QOC Annual Workplan 2018-19** – noted.
- **Safeguarding Assurance report 2018-19 quarter 1 update** – a task force had been established to explore training data issues, in appropriate discussion with the Trust's Training lead.
- **Minutes for information** – Executive Quality Board minutes 7.8.18; Executive Quality Board actions 4.9.18; Executive Performance Board minutes 28.8.18.

Matters requiring public Trust Board consideration and/or approval:

Recommendations for approval:-

1. none

Items highlighted to the public Trust Board for information:	
1. DoLS update.	
Matters referred to other Committees:	
None	
Date of next meeting:	25 October 2018