

Cover report to the Trust Board meeting to be held on 7 June 2018

Trust Board paper M

Report Title:	Quality and Outcomes Committee – Committee Chair’s Report (formal Minutes will be presented to the next Trust Board meeting)
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Reporting Committee:	Quality and Outcomes Committee (QOC)
Chaired by:	Ian Crowe, Non-Executive Director
Lead Executive Director(s):	Andrew Furlong, Medical Director Eleanor Meldrum, Acting Chief Nurse
Date of last meeting:	24 May 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 24 May 2018:

- Quarterly Fractured Neck of Femur (#NOF) Update** – paper C updated the Committee on performance against the agreed standards for operating on patients with fractured neck of femurs within 36 hours of presentation and the challenges that still remained. An action plan was appended to paper C. The lack of resources and limitations in theatre capacity had particularly affected the Trust’s ability to meet surges of demand. Two proposed changes in working patterns to improve Consultant presence across the Emergency Floor for trauma would be trialled for 3 months starting in September 2018.
- Cancer Quality Outcomes Dashboard Proposal** – the Committee agreed that the cancer quality outcomes dashboard would include the following outcome measures: - 1 year survival, 5 year survival, staging at diagnosis, emergency presentations and patient experience. It was agreed that the CQC Insight report methodology (i.e. tabular approach) be used to report the STP outcomes benchmarked against national standards with an associated narrative and exception reporting for any measures which fell outside acceptable ranges. An initial draft of the dashboard would be provided in September 2018, with the first annual dashboard provided by May 2019.
- Psychology Services Update** – further to an update to the Committee in March 2018, the Head of Operations, Clinical Support and Imaging Clinical Management Group attended and introduced paper E, updating the Committee that the contract performance notice (CPN) that had been issued from UHL to LPT in respect of the psychology services commissioned by UHL remained open. Medical Psychology had eliminated 52 week waits within the service. Neuro Psychology waiting lists still remained a challenge and a trajectory had been produced that would eliminate 52 week waits, although this required a part year investment of £55k to deliver £110k FYE. An options appraisal paper would be presented to ESB in June 2018 for discussion and potential authorisation of the additional costs of the Neuro Psychology trajectory. This would also consider options for future service provision. An update on the future of this service would be presented to QOC in August 2018.
- Update on Outpatient Transformation** – the Outpatient Transformation and Reconfiguration Programme Manager and Integrated Services Programme Lead attended the meeting to provide an update on progress made in delivering UHL’s Outpatient Transformation Programme in 2017-18 and the expected outcomes for 2018-19. A number of areas in 2017-18 had been successful. The progress of the programme had been hindered by the impact of emergency pressures over the winter months, however, momentum had been regained and projects were now being actively managed by the CMGs. An ambitious programme had been identified for delivery in 2018-19 which would be complemented and enhanced through the work undertaken with NHS Improvement. Further work remained particularly in the need to strengthen and finalise metrics for all work streams in 2018-19. The risks to the programme would be managed and mitigated as far as possible through the governance arrangements supporting delivery. A further update would be provided to the Committee in six months’ time (i.e. November 2018).

- **Patient Story – Cognitive Functional Therapy** - further to an action agreed at the Trust Board in November 2017 following a patient story on the life-changing impact of cognitive functional therapy (CFT) offered at UHL, the Acting Chief Nurse advised that the Head of Operations, CSI and Head of Therapy Services had been requested to support Mr C Newton, Extended Scope Practitioner to help translate CFT into clinical practice.
- **Mental Health Strategy Update** – the Committee received an update on the mental health work being undertaken across the Trust. This included the draft Service Level Agreement (SLA) between UHL and LPT for the provision of Medical and Neuro Psychology services (which was expected to be signed-off in June 2018), the comprehensive Mental Health assessment booklet which was in use within the Emergency Department (which included a risk assessment of mental health patients), and on the CQUIN relating to the need for acute hospitals to be equipped to detect and treat urgent mental health needs (where the primary presenting reason may be a physical health one). The Mental Health Strategy had been signed-off by the Mental Health Board on 21 May 2018. The Wave 2 transformation funding would run during autumn 2018 for a further £90m over 2019-20 and 2020-21.
- **Update on non-availability of medical records in the Dermatology service** – the Medical Director advised that although the action was in relation to the non-availability of medical records in the Dermatology Service, an Oversight Group had been established to monitor the action plan to address the wider issues in the Service around demand and capacity, workforce cultures, training, out of date equipment and environment. It was noted that significant progress had been made and the plan was to close the current action plan and develop a new one which would be presented to the next Oversight Group, further to which a decision would be taken on whether the Oversight Group would require continuing or could be disbanded. A further update would be provided to the Committee in August 2018.
- **Mortality Report** – UHL’s latest published SHMI at 98 and HSMR at 96 covered the time period October 2016-September 2017. Significant work had been undertaken to ensure UHL’s mortality rates were closely monitored and any patient groups with a higher HSMR or SHMI were being reviewed and actions were being taken, where applicable. Progress was being made with screening of adult deaths by the Medical Examiners. 89% of Structured Judgement Reviews in quarters 1 and 2 and 54% in quarter 3 had been completed. A brief update on the locally commissioned LLR Clinical Quality Audit (looking at the care provided to patients who died either in LPT or UHL or within 30 days of discharge from UHL) was provided, noting that the findings would be provided to the Committee in August 2018. A mortality report would be presented to the Trust Board in June 2018.
- **NHS Resolution Maternity Self-Assessment** – the Head of Midwifery attended the meeting to present paper J. She advised that the Trust (as a provider of Maternity Services) had been informed of details of an incentive scheme for those delivering Maternity Services through the NHS Resolution, Clinical Negligence Scheme for Trusts (NHSR CNST). The process required Trusts to self-certify (with Board sign-off) their progress against 10 actions and discuss this with their Commissioners before submitting the completed template to NHSR by 29 June 2018. The only area of challenge was in relation to “90% compliance with multidisciplinary attendance at skills drills training for Maternity Care Assistants (MCAs) and Anaesthetists”. In respect of MCAs, a plan to support training was in place and trajectory would be included within the report that would be submitted to the Trust Board in June 2018. In relation to engagement of Anaesthetists on maternity skills drills training, it was agreed that the Clinical Directors, Women’s and Children’s and ITAPS needed to put a plan in place. Ms V Bailey, Non-Executive Director volunteered to become the Non-Executive Director Maternity Champion subject to the Trust Chairman’s approval in order to demonstrate compliance for the submission.
- **NHS Strategy on Safer Maternity Care** – paper K updated the Committee on the actions taken by the Women’s and Children’s CMG prior to and since the publication of ‘Safer Maternity Care -The National Maternity Safety Strategy (DOH 2017)’. A brief discussion took place on the three maternal deaths. The antenatal care of these patients had been reviewed and there was nothing untoward. There were no learning lessons from two cases and a report from the last case was awaited.
- **Patient Safety Report** – the Director of Safety and Risk reported that there had been four SIs in April 2018, one of which was a never event. The never event action plan was being reviewed and would be presented to the

Committee in June 2018. A brief update was provided on two serious incidents that had been escalated in May 2018 – one was in respect of a patient undergoing unnecessary surgery due to a potential mix up of tissue biopsies and the other in relation to extraction of an incorrect tooth. Both of these serious incidents did not meet the criteria for never events. The investigation reports for the never events relating to the retained throat swab and unintentional connection of a patient requiring oxygen to an air flow meter in Paediatric Emergency Department would be presented to the Committee in June 2018. In relation to the increase in complaints related to the Neurology service, an in-depth review highlighted the following issues: - delays in appointments related to capacity, Botox clinic waiting times for patients with migraine or spasticity and patients unable to get through to the service and no facility to leave messages. The Medical Director advised that the Clinical Director and Head of Operations for Speciality Medicine were aware of the issues and would be submitting an action plan to EQB and QOC in July 2018. A formal re-launch of the safety walkabout would be undertaken and an update on the areas that had been visited and the Directors who had undertaken the safety walkabouts would be included within the Chief Executive's briefing in future. The Director of Safety and Risk notified the Committee of an incident relating to an unauthorised disposal of a radioactive waste bin which constituted a contravention of Regulation 38 of the Environment Permitting Regulations, 2016. This breach was formally reported to the Environment Agency on 6 March 2018 and they issued the Trust with a Warning Notice on 13 April 2018 for failure to prevent the loss of any radioactive material or radioactive waste. The Committee Chair requested an action plan to be submitted to the Committee in June/ July 2018 by the Nuclear Medicine Service following this breach.

- **Nursing and Midwifery Quality and Safe Staffing Report – April 2018** – the Committee noted those wards which had triggered a 'level 2 concern' and 'level 1 concern' in the judgement of the Acting Chief Nurse and Corporate Nursing Team, as set out in paper M. The report listed a number of wards which required corporate nursing support and oversight, however, the Acting Chief Nurse highlighted that some of those wards did not require oversight. The reason for this was that some wards had actually submitted the metrics but due to some administrative issues, this information had not been received. The Registered Nurse vacancies had increased in month and were reported at 575WTE. An infection prevention assurance report would be submitted to EQB and QOC in June 2018.
- **Insulin Safety Update** – the Acting Chief Nurse advised that work was in progress to embed actions to improve insulin safety. The Diabetes team had been undertaking safety walkabouts to review the management of diabetic patients who are treated with insulin in all areas of the Trust. The insulin safety dashboard would continue to provide the Trust with an oversight on insulin safety.
- **CIP Quality and Safety Impact Assessment** – in 2017-18, the CIP quality and safety impact assurance process worked well, all schemes were reviewed by the CMG and those above £50k were challenged by the former Chief Nurse and Medical Director.
- **CQC Update** – the Director of Clinical Quality presented paper O which provided the CQC's latest Insight Report. The Committee Chair requested a commentary on the Insight Report be provided within the covering report. It was also requested that for those indicators where UHL was either Worse or Much Worse by national comparison, an update be included on whether UHL was already aware of the issues and the actions that were being taken.
- **Quality Commitment Quarter 4 Performance Report** – paper P was received and noted.
- **2017-18 Quality Account** – the Director of Clinical Quality presented paper Q, the final draft of the quality account for 2017-18. All performance data and supporting narrative had been refreshed to reflect the year end position and stakeholder feedback had been included. Members were verbally advised that the results of the audit testing by Grant Thornton (the Trust's External Auditors) provided an unqualified opinion on the two indicators which had been tested, namely the rate of clostridium difficile infections and FFT patient element score. The External Auditor's opinion would be included verbatim within the quality account report when it would be submitted to the Trust Board on 7 June 2018. Once approved by the Trust Board, UHL was required to upload its 2017-18 Quality Account to the public NHS Choices website by 30 June 2018. The Committee endorsed the Quality Account 2017-18 accordingly for presentation to the June 2018 Trust Board.

- **CQUIN and Quality Schedule Update** – paper R provided an overview of achievements and the challenges associated with the CQUIN schemes in 2017-18. The Trust was unsuccessful in:- (a) achieving a 5% improvement in the NHS annual staff survey for positive action on health, staff experiencing MSK problems and staff feeling unwell as a result of work related stress, (b) achieving a reduction in antibiotic consumption (there has been a 7% increase), and (c) increasing capacity within the Palliative Care team.
- **Clinical Audit Quarterly Report** – it was suggested that the report took into consideration the triangulation between the clinical audit work, Trust’s strategic priorities and CQC action plan. In response, the Director of Clinical Quality advised that the Clinical Audit strategy was being refreshed and this would be taken into consideration then.
- **Quality and Outcomes Committee – Annual Work Plan 2018-19** – the Committee noted the QOC Annual Work Plan set out in paper T.

Matters requiring Trust Board consideration and/or approval:

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

- (a) an abridged version of the mortality report would be submitted to the Trust Board in June 2018;
- (b) NHS Resolution Maternity Self-Assessment was recommended to the Trust Board in June 2018 for sign-off, and
- (c) the Quality Account 2017-18 was recommended to the Trust Board in June 2018 for sign-off.

Matters referred to other Committees:

None

Date of next meeting:

28 June 2018