

**Cover report to the Trust Board meeting to be held on 2 November 2017**

**Trust Board paper K**

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

<b>Reporting Committee:</b>	Quality and Outcomes Committee
<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>	26 October 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 26<sup>th</sup> October 2017:

- **Imaging Investigation Rejection Working Group** – the Committee received a report on actions taken under the auspices of this Working Group to prevent further occurrences of the rejection of requests for imaging, leading to patient harm. The Committee was assured of progress made to date and asked that an update report be submitted to its January 2018 meeting;
- **Haemoglobinopathy Service – Update**—paper D updated the Committee on actions taken to address a number of areas for improvement relating to the Trust’s Haemoglobinopathy service, building on the report submitted to the Committee in July 2017. The Committee was pleased with the progress which had been made to date, noted the need for a number of issues to be the subject of further work and asked that an update report be submitted to its January 2018 meeting.
- **Safety and Quality of Emergency Care** – attached to paper E was a draft copy of a new Emergency Department Quality Summary Scorecard upon which the Committee was invited to comment. Taking into account comments made at the meeting, the revised version of the scorecard would now be the subject of monthly reports to both the Executive Quality Board and Quality and Outcomes Committee. Particular reference was made to NHS Improvement’s recent circulation of an ED checklist and consideration would be given to incorporating relevant components of that checklist into the Trust’s scorecard.
- **Patient Safety Report** – the Committee noted a recent rise in ‘moderate’ harm events recently which created a potential risk that the Trust would not achieve its Quality Commitment priority to reduce avoidable death and harm by a further 9% in 2017/18. The Committee agreed that a ‘deep dive’ exercise should be undertaken to better understand the recent increases in moderate harm and the outcome of that review would be the subject of report to the November 2017 meeting of the Committee.
- **Nursing and Midwifery Quality and Safe Staffing Report – August 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 G. No wards had triggered a ‘level 3 concern’ in August 2017. Particular attention would be paid to the infection prevention results across all clinical areas. Registered Nurse vacancies had decreased between July and August 2017. The Committee commended the successful validation by De Montfort University of the Leicestershire Nursing Associate programme, developed and delivered by the Trust. Also of note was the implementation of a revised ‘Silver’ operational command structure which had formalised Senior Nurse involvement in supporting clinical management groups in ensuring safe staffing. Finally, the Committee noted that, pending confirmation of statutory and mandatory training data, a risk assessment had been completed in relation to safeguarding training, and this would continue to be reviewed monthly.
- **Acting on Results : Quarterly Update** – paper H updated the Committee on progress against the 2017/18 Quality Commitment to implement revised processes to improve diagnostic results management. Good progress had been made against many of the key elements of the action plan and the Committee was pleased to learn that dedicated IT resource to support the project had been confirmed at a meeting held on 19<sup>th</sup> October 2017. Major hardware and software upgrades were planned for January 2018 and, at this

stage, it was anticipated that the project would be delivered successfully by March 2018. The Committee was assured of progress made to date and asked that an update report be submitted to its January 2018 meeting.

- **Never Event Action Plan** – further to the Committee having considered the incidence of Never Events at the Trust in 2017/18 at its August 2017 meeting, paper I provided an update on the implementation of the Never Event action plan. The Safer Surgery and ‘Stop the Line’ campaigns had been launched to staff this month and the Committee was pleased to hear that they had been well received. The Committee was assured of progress made to date and asked that an update report be submitted to its January 2018 meeting, to include an update on the implementation of that component of the action plan directed at Local Safety Standards for Invasive Procedures (LocSSIPs), as well as the wider roll out of the ‘Stop the Line’ programme.
- **Programme to Improve Care of Patients with a Deteriorating Early Warning Score (EWS) and ‘Red Flag’ Sepsis** – paper J updated the Committee on performance for the period 7<sup>th</sup> August – 3<sup>rd</sup> September 2017 and it was noted that performance had plateaued. Consequently, actions were being taken to drive further improvement, as set out in the report. The Committee endorsed the need to drive further improvement and noted that it would receive an update report at its next meeting in November 2017.
- **Fractured Neck of Femur – Performance Update**—paper K updated the Committee on performance against the agreed standards for operating on patients with fractured neck of femurs within 36 hours of presentation. Mr O Gabbar, Consultant Orthopaedic and Spinal Surgeon attended the meeting and, in discussion, identified a number of matters to be addressed to help improve performance. The Committee lent its support to the efforts being made to bring about sustainable improved performance and noted that the Medical Director and members of his team would continue to work with the Clinical Management Groups to this end. The Committee asked that an update report be submitted to its January 2018 meeting.
- **Patient-led Assessment of the Care Environment (PLACE) 2017 Results** – the Director of Estates and Facilities introduced paper L setting out the PLACE 2017 results and the Committee was pleased to note that the Trust’s scores had improved significantly since 2016 across all domains. Nevertheless, the Director of Estates and Facilities acknowledged that, in some areas, the Trust was still scoring below the national average and this underlined the need for the Trust to continue to invest in its services in order to achieve the highest standards, consistent with its aspirations and the demands of patients, staff and visitors. The Committee was supportive of the actions outlined by the Chief Nurse to bring about an improvement in implementing ‘Protected Mealtimes’ across the Trust and, in conclusion, asked that the Director of Estates and Facilities pass on its thanks to his colleagues for their work in helping to improve the Trust’s PLACE performance.
- **Data Quality and Clinical Coding – Quarterly Update** – the Committee noted that the Trust was positioned in second place for quality and coverage of data in its peer group in the Data Quality Maturity Index. The Trust no longer employed agency Coders, having developed its own Coding resource, and the Director of Performance and Information was commended on this position. The backlog of uncoded episodes was being maintained at a manageable level, but improved case note flows were essential to improving the overall quality of coding. A Listening into Action scheme had commenced to address this issue.
- **Care Quality Commission Inspections – Update**—paper N 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 in July 2017; and provided an overview of the new CQC inspection regime, including next steps in preparation for the forthcoming inspection of the Trust. The Committee noted that evidence was available to confirm the closure of actions under the 2016 inspection action plan and that this had recently been validated by Internal Audit (Internal Audit’s report would be submitted to the next meeting of the Audit Committee). Further discussion about the forthcoming CQC inspection would take place at the Trust Board Thinking Day on 9<sup>th</sup> November 2017.
- **Quality and Outcomes Committee – Annual Work Plan 2017/18** – the Committee endorsed the annual work plan 2017/18 set out in paper O and asked that it be re-profiled to accord with the Care Quality Commission Domain headings of Safe, Caring, Effective, and Well-Led.
- **PREVENT Training Programme** – the Chief Nurse briefed the Committee orally on the Trust’s current position in relation to the delivery of face to face training for staff and on the Trust’s request to NHS England for additional support to enable the training programme to be extended at pace, Trust-wide.
- **Seasonal Flu Jab for NHS Staff** – the Chief Nurse briefed the Committee orally on the take up of the seasonal flu jab for NHS staff at the Trust and the Committee was pleased to note that the Trust was on track to achieve a take up of 75% of staff in 2017/18. It was noted that, belatedly, all Trusts had been asked to provide data to validate that staff had been offered the flu jab; understood its benefits; and to provide data

also on those staff who had declined the flu jab. The Committee noted that the Chief Nurse would discuss with NHS Improvement how it might best provide such data which, it was noted, was a condition of successfully accomplishing the CQUIN requirement in 2017/18, the financial value of which to the Trust was £380,000.

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

None

**Matters referred to other Committees:**

None

<b>Date of next meeting:</b>	30 November 2017
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