

Cover report to the Trust Board meeting to be held on 10 January 2019

	Trust Board paper J
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 Carolyn Fox – Chief Nurse
Date of meeting:	20 December 2018

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 20 December 2018:

- **Fractured neck of femur pilot update** – the Clinical Director Musculoskeletal and Specialist Surgery updated QOC on the fractured neck of femur service pilot, following concerns about performance on the 36-hour to theatre target (as discussed at previous QOCs). The renewed approach adopted by the service involved treating fractured neck of femur cases as emergencies and thus aiming to have them operated on within 24 hours of presentation. This change in mindset was crucial. A 2-week ‘rapid cycle fortnight’ pilot had begun on 1 October 2018, involving initiatives such as enhanced anaesthetic and surgical cover, extended theatre team availability, and an improved pathway through ED. Although not all elements had been able to be fully delivered (due partly to theatre staffing constraints), the pilot had been very successful with only 2 of 27 patients not achieving the required 36-hour target. The service had now been able to meet its target for the past 4 months, with 6-months and 12-months achievement being the next goals. Exception reports were undertaken on all patients not meeting the 36-hour target, and further work was planned with regard to job plans, although the service recognised that this was a complex issue. A potential longer trial was being considered for January 2019, with greater involvement of ED.

QOC welcomed the performance improvement, and voiced its assurance that the underlying change in mindset would make that improvement sustainable. In response to a query, the Clinical Director Musculoskeletal and Specialist Surgery considered that – based on the actions to date – the 72% performance level could be sustained without additional investment. The service recognised the need for a business case if any additional resource was required to make improvements above and beyond that level. QOC also discussed the need to align the Quality Schedule with the national best practice tariff. Given the improvements made, QOC agreed that it did not require a further specific update on the fractured neck of femur service, as performance on the target would be monitored via the monthly quality and performance report.

- **Dementia Strategy 2018-20 quarter 1 & 2 update** – noting a recent Trust Board story, the Chief Nurse provided a high level summary of progress against the 7 strategic priorities of UHL’s Dementia Strategy 2018-20. This included the implementation of the ‘Forget Me Not’ Scheme across the adult patient wards and the growing number of patients that this scheme was supporting, and the improvements in nutrition and hydration for dementia patients (eg energy dense menus [smaller portion size] and finger foods). This followed collaborative work between the facilities, dietetics and speech and language therapy teams. The Chief Nurse also highlighted an opportunity for UHL to work in partnership with Dementia UK to establish Admiral Nursing across Leicester, Leicestershire and Rutland, representing exemplary practice. QOC Non-Executive Directors requested that further consideration be given to how best to enable carers/relatives to care for dementia patients while in hospital (if they wished to), and it was agreed to discuss that issue further through the Trust’s Safeguarding Assurance Committee and the Patient Involvement Patient Experience Assurance Committee (PIPEAC). The Chief Nurse also agreed to follow-up a query from the QOC Patient Partner representative on the extent to which wards were using the red tray system. The QOC Non-Executive Director Chair emphasised the need for the dementia strategy to align appropriately to the Trust’s end of life care strategy.
- **Nursing and Midwifery quality and safe staffing report (October 2018)** – the report provided triangulated information relating to nursing and midwifery quality of care and safe staffing, and highlighted those wards triggering a level 3, 2 or 1 concern in the judgement of the Chief Nurse and Corporate Nursing team. In October

2018, 0 wards had triggered a level 3 concern, and there had also been a reduction (compared to September 2018) on wards triggering either a level 1 or level 2 concern. A specific medical ward at the LRI continued to be appropriately-closely monitored. In response to a Non-Executive Director query, the Deputy Chief Nurse outlined the trigger points (including length of time) why wards might escalate from level 1 to level 2. The QOC Non-Executive Director Chair queried how the format of this report might change when the new assessment and accreditation process took effect – in response (and noting the quarterly nature of that process) the Chief Nurse provided assurance that the monthly staffing report would be streamlined to include a dashboard looking at harms and staffing; she also provided assurance to QOC that safety would continue to be the core driver for the report.

- **“Under Pressure” CQC National Report: Gap Analysis of ED Safety** – the Chief Nurse briefed QOC on the RAG-rated gap analysis undertaken in response to the May 2018 CQC national report “Under Pressure – Safely Managing Increased Demand in Emergency Departments”. Although welcoming the information, QOC agreed that these were primarily operational rather than quality-led actions, and noted that any further updates would be provided to the People, Process and Performance Committee (via the Urgent Care Board). Non-Executive Directors suggested that it would be helpful for the gap analysis also to indicate whether the actions were part of the LLR winter plan (inclusion in the UHL winter plan already indicated), to ensure that system issues were appropriately captured. In response to comments from the QOC Patient Partner representative, the Clinical Commissioning Group member of QOC advised that issues relating to the community urgent care offering were being progressed through the Community Services Review.
- **Monthly highlight report from the Director of Safety and Risk** – QOC considered information relating to (i) the 2018-19 quarter 2 review of harms data; (ii) duty of candour compliance [which was also actively monitored through the monthly performance review meetings with Clinical Management Groups]; (iii) governance and management of VTE; (iv) interim feedback on the Never Event specific Director-led safety walkabouts; (v) the patient safety report for November 2018; (vi) the complaints performance report for November 2018, and (vii) Freedom to Speak Up data for quarter 2 of 2018-19. Although noting his concern about the rise in harms, the QOC Non-Executive Director Chair acknowledged the change in reporting, and also noted assurance from the Director of Clinical Quality that there had been a reduction in the more severe harms. QOC sought (and received) assurance that the appropriate people were involved in the VTE task and finish group, and that appropriate pace was being applied. The group had also had appropriate input to the Trust’s response to a recent Regulation 28 report. QOC also sought (and received) assurance that the group’s terms of reference would be included in the VTE update to the January 2019 Executive Quality Board. In further discussion, the Director of Clinical Quality agreed to circulate the December 2018 national Patient Safety Strategy to QOC members for information.
- **Freedom to Speak Up vision, strategy and plan** – in addition to the 2018-19 quarter 2 data report mentioned above, QOC considered the Trust’s Freedom to Speak Up vision, strategy and plan, to be recommended to the Trust Board for approval. UHL’s Freedom to Speak Up Guardian introduced the report, and advised that the approach would be implemented across the Trust in partnership with UHL’s Leadership and Culture Programme as part of the overarching Quality Strategy. In response to comments from the Trust’s Chairman, the Trust’s Freedom to Speak Up Guardian confirmed that appropriate lessons would be learned from elsewhere, although noting that UHL was ahead of some of its peers on Freedom to Speak Up issues due to having a full-time Guardian in place. QOC commented on the importance of cultural change to embed and progress Freedom to Speak Up, openness and transparency, and to encourage staff to feel able to speak up. A Freedom to Speak Up UHL video was in production, and the QOC Non-Executive Director Chair suggested that this could be shown at the January 2019 Trust Board thinking day. QOC supported the Freedom to Speak Up vision, strategy and plan, and recommended them for Trust Board approval.

The Freedom to Speak up vision, strategy and plan report is appended to this meeting summary, for approval by the Trust Board.

- **Health and Safety performance indicators 2018-19: quarter 1 & 2 update** – QOC noted that more detailed information on the Local Security Management Specialist function would be provided to the January 2019 Audit Committee. With regard to the quarter 1 reported increase in office-based referrals involving health and safety and/or manual handling issues, QOC Non-Executive Directors requested that an explanation of the underlying numbers/trends/reasons be included in future updates.
- **CQUIN and Quality Schedule** – the update from the Director of Clinical Quality advised QOC of the potential end of year variance on CQUIN schemes (confirming that the Chief Financial Officer was appropriately sighted to this), and noted the impact of the remedial actions planned. The Chief Executive advised that the CQUIN scope and value was significantly reducing in 2019-20. The QOC Non-Executive Director Chair considered that UHL was already focused on many of the patient safety-related CQUIN issues, including (eg) fractured neck of femur, blood transfusion, VTE, etc. With regard to the locally-agreed Quality Schedule, the Chief Executive noted the need for an appropriately-focused (rather than broad-based) approach.

- **Quality Commitment 2018-19 quarter 2 update** – key issues identified included the large number of competing priorities for IT hardware/mobile devices, the dependence of a number of workstreams on the rollout of IT systems, and a need for more consistent embedding of standardised processes such as Stop the Line, Red 2 Green, and ward/board rounds. Although there were no particular concerns to highlight, the Director of Clinical Quality noted that some work programmes spanned more than 12 months, and she drew QOC’s attention to the information on ‘risks to delivering KPI by year-end’. QOC also noted that work was already in hand on the 2019-20 Quality Commitment.
- **Schedule of external visits** – QOC noted the status of the various external visits listed, and the actions being taken in response to any recommendations received.
- **CQC action plan update** – QOC received assurance that there were no significant concerns regarding any of the actions from the last CQC visit, and noted that on her appointment, the Chief Nurse had begun systematically reviewing the action plan. With regard to the next expected CQC well-led inspection, the Chief Nurse anticipated that a Provider Information Return (PIR) request might potentially be received in quarter 4 of 2018-19.
- **NICE guidance compliance 2018-19: quarter 1 & 2 update** – QOC received this update for information, and noted that an appropriate governance process was in place within UHL.
- **QOC Annual Workplan 2018-19** – received and noted for information. The QOC Non-Executive Director Chair suggested reviewing the Board Committee workplans to avoid any unnecessary overlap. QOC also noted the likely impact on the workplans of the Trust’s Quality Strategy work.
- **Data Quality and Clinical Coding (April – June 2018)** – QOC welcomed the good performance described.
- **Minutes for information** – QOC received the Executive Quality Board minutes from 6.11.18 and actions from 4.12.18, and the Executive Performance Board minutes from 27.11.18.

Matters requiring Trust Board consideration and/or approval:

Recommendations for approval:-

- Freedom to Speak Up vision, strategy and plan

Items highlighted to the Trust Board for information:-

- Good performance on fractured neck of femur
- VTE and the work of the task and finish group

Matters referred to other Committees:

“Under Pressure” CQC National Report: Gap Analysis of ED Safety – any further updates to be progressed through PPPC rather than QOC.

Date of next meeting:

31 January 2019

Freedom to Speak up Vision, Strategy and Plan

Author: Director of People and Organisational Development

Trust Board paper J

1. Context

Sir Robert Francis's 'Freedom to Speak Up' review in February 2015 highlighted the need for the creation of a National Guardian and for every Trust to have a Freedom to Speak up Guardian in post. The National Guardian's Office claim that Freedom to Speak up Guardians are a 'vital step towards developing the right culture and environment for speaking up'. This paper sets out the Trust's Freedom to Speak up Vision, Strategy and Plan.

NHS Improvement is seeking assurance that Trust Board members across the NHS own the F2SU agenda, and can evidence that listening to staff concerns to continuously make improvements is at the heart of the organisation's activities. Trust Board members are central to reinforcing the F2SU agenda and should seek assurance both that staff know how to speak up, and managers know how to respond to staff raising concerns.

In May 2018 the National Guardian's Office, together with NHS Improvement, produced a self-assessment tool for review and completion by Trust Boards. This was undertaken at UHL at a Trust Board Thinking Day on 13th September 2018 and it was formally signed off by the Board on 4th October.

At UHL we are committed to promoting an open and transparent culture across the organisation where all our staff feel safe and confident to speak up and raise concerns.

2. Topics Covered in this report

- Our F2SU vision, strategy and plan.
- How we will implement this across the Trust as part of the Trust's Quality Strategy and the Leadership for Improvement programme.
- Our strategy is predicated on the belief that we all have a responsibility to create conditions for openness and that every member of staff should be empowered to speak up.

3. Questions

- Are Trust Board members satisfied with this F2SU strategy, vision and plan?
- Are Board members satisfied with the measures detailed in 2.2 of the report?

4. Input Sought

Trust Board Members are asked to note the contents of this report and approve and support the Freedom to Speak Up vision, strategy and plan.

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: TRUST BOARD
DATE: 10TH JANUARY 2019
REPORT BY: DIRECTOR OF PEOPLE AND ORGANISATIONAL DEVELOPMENT
SUBJECT: FREEDOM TO SPEAK UP VISION, STRATEGY AND PLAN

1. PURPOSE

- 1.1 Sir Robert Francis's 'Freedom to Speak Up' review in February 2015 highlighted the need for the creation of a National Guardian and for every Trust to have a Freedom to Speak up Guardian in post. The National Guardian's Office claim that Freedom to Speak up Guardians are a 'vital step towards developing the right culture and environment for speaking up'. This paper sets out the Trust's Freedom to Speak up Vision, Strategy and Plan.
- 1.2 NHS Improvement is seeking assurance that Trust Board members across the NHS own the F2SU agenda, and can evidence that listening to staff concerns to continuously make improvements is at the heart of the organisation's activities. Trust Board members are central to reinforcing the F2SU agenda and should seek assurance both that staff know how to speak up, and managers know how to respond to staff raising concerns.
- 1.3 In May 2018 the National Guardian's Office, together with NHS Improvement, produced a self-assessment tool for review and completion by Trust Boards. This was undertaken at UHL at a Trust Board Thinking Day on 13th September 2018 and it was formally signed off by the Board on 4th October.
- 1.4 This paper details the Trust's F2SU vision, strategy and plan, for discussion and approval prior to forwarding to NHS Improvement. This paper was presented to the Executive Performance Board on 19th December where it was approved by the Executive Team.

2. VISION

- 2.1 At UHL we are committed to promoting an open and transparent culture across the organisation where all our staff feel safe and confident to speak up and raise concerns.
- 2.2 We will measure this through four indicators: the number and trends of staff concerns received the specific F2SU responses in exit interviews, biannual all-staff F2SU surveys, and analysis of the relevant staff survey responses.

3. STRATEGY

- 3.1 Our strategy is predicated on the belief that we all have a responsibility to create conditions for openness and that every member of staff should be empowered speak up. We will achieve our vision by:-
 - Supporting leaders to shape and mirror a culture of openness and learning;
 - Taking every opportunity to promote the role of the F2SU Guardian;
 - Encouraging a questioning approach and team collaboration;
 - A robust process for recording all concerns received and providing follow-up and feedback;
 - Providing regular reports on what the F2SU data is telling us and monitoring our actions;
 - Maintaining strong links with the National Guardian's Office and Regional F2SU networks;
 - Update F2SU policy and guidance in line with national recommendations and local learning.

3.2 The F2SU approach is covered within the People Strategy and will be further enhanced by the NHSI Culture and Leadership Programme that has recently commenced at UHL.

4. PLAN

4.1 The Trust will take the following actions to deliver this vision and strategy:-

- Ensure managers are clear about their roles and responsibilities when handling staff concerns and are supported to do so effectively.
- Promote the 5 steps initiative to continually promote the positive interaction when responding to staff concerns (Link to the video is as follows):-

<https://www.youtube.com/watch?v=Ne1npID0AeY>

- Promote the Freedom to Speak up role regularly to all staff (including those permanently employed on a full time/part time basis, temporary/contracted workers and volunteers) to raise the profile and the importance of “Speaking up”.
- In partnership with UHL’s leadership programme, we will embed the importance of “Speaking up” as part of the wider Quality Strategy to continuously improve, and provide high quality, safe and compassionate care.
- Six monthly Freedom to Speak up surveys will be sent out to seek staff’s opinion on “Speaking Up”.
- Continually promote the Freedom to Speak up agenda through lunchtime stands, ‘Here for you’ Drop-ins, attending team meetings and Safety walkabouts across the Trust.
- Embed FTSU messages across the Trust through Freedom to Speak up Partners nominated from a broad range of staff groups.
- Use staff engagement mechanisms to quarterly report news stories from staff speaking up ‘you said - we did’. To promote the importance of learning from our mistakes and learning from excellence.
- Promote ‘Civilitysaveslives’ in partnership with UHL’s leadership programme, as this will encourage the importance of “calling out” behaviours to continually improve the culture.

5. RECOMMENDATION

5.1 The Trust Board is asked to:-

- i) note, approve and support the F2SU vision, strategy and plan
- ii) approve the measures detailed in 2.2 above.

Moirá Durbridge, Director of Safety and Risk
Jo Dawson, Freedom to Speak Up Guardian

November 2018

