

Cover report to the Trust Board meeting to be held on 2 August 2018

Trust Board paper I

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

Reporting Committee:	Quality and Outcomes Committee
Chaired by:	Ian Crowe, Non-Executive Director
Lead Executive Director(s):	Andrew Furlong, Medical Director Eleanor Meldrum, Acting Chief Nurse
Date of meeting:	26 July 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 26th July 2018:

- Patient Partner Review of Themes arising from the CQC Action Plan** – Mr M Caple, Lead UHL Patient Partner reported that the Patient Partners had reviewed the Trust’s CQC action plan and identified a number of elements in which the Patient Partners could potentially become involved; in addition, the Patient Partners had been asked to identify the issues at the Trust which caused them most concern. Mr Caple explained that the intention was to produce a refined list, from the long list of issues, for consideration at the September 2018 Trust Board Thinking Day. The Committee welcomed this work and it was agreed that the Director of Clinical Quality would liaise with Mr Caple to arrange for the Patient Partners’ long list and shortlist of (a) ideas for inputting into the CQC action plan, and (b) identifying issues of most concern to Patient Partners, to be circulated to the Chairman and members of the Trust Board ahead of the September 2018 Trust Board Thinking Day.
- Neurology Update and Action Plan**– paper C, introduced by the Medical Director, summarised a range of issues (eg, poor waiting list management; management capacity and capability shortfalls) affecting the Neurology service which had been identified following a recent internal review. Following individual patient case review, no episodes of patient harm had been identified to date. Details of a range of actions taken and planned to resolve the issues identified were included in paper C. QOC discussed the importance of the monthly CMG Performance Review meetings, and other complementary initiatives, in enabling areas of concern to be identified prospectively. Noting that an update on this specific issue was to be submitted to the Executive Quality Board in August 2018, QOC agreed to invite the Clinical Director, Emergency and Specialist Medicine to present an update to its August 2018 meeting.
- Update on Clinical Negligence Scheme for Trusts (CNST) and Maternity Self-Assessment Submission** – further to Minute 151/18/3 of the Trust Board meeting held on 7th June 2018, paper D briefed QOC on the final version of the Trust’s self-assessment against NHS Resolution’s 10 maternity safety actions (Clinical Negligence Scheme for Trusts Incentive Scheme). UHL had declared full compliance against nine of the ten actions: and partial compliance against the requirement to provide evidence that 90% of each maternity unit staff group had attended an in-house multi-professional maternity emergencies training session within the last training year. The Trust’s submission to NHS Resolution had been the subject of discussion and approval by the Clinical Director and Head of Midwifery, Women’s and Children’s CMG and the Acting Chief Nurse and Ms V Bailey, Non-Executive Director, the latter Board members acting in their capacity as Maternity Safety Champions. QOC agreed to receive a further report on this issue in the light of NHS Resolution’s response to the Trust’s submission, once received.
- Update on End of Life Care**– paper E updated QOC on the Trust’s End of Life Care Hospital Improvement Programme (ELCHIP), including the development of a draft strategy; a dashboard which would be populated with key metrics to assist tracking of performance; and a business case to increase specialist palliative care

capacity, and to provide improved resources for staff and patients. Discussion ensued on:

- the increasing alignment between the Trust's End of Life Care and Frailty workstreams, respectively;
- the desirability of including an appropriate 'prompt box' on NerveCentre to support the recognition and documentation of patients requiring end of life care – the Director of Clinical Quality agreed to pursue this suggestion;
- the draft strategy, attached to the report: the Director of Clinical Quality undertook to arrange for the document to be reviewed and updated as necessary in light of the comments made at the meeting;
- the importance for patients and relatives of the end of life care experience at the Trust being as good as it could be; and the importance of staff feeling supported and valued in providing this important element of care;
- the importance of ensuring that appropriate connections were made between the end of life care workstream and the Trust's workstream on learning from deaths, particularly with regards to measuring the success of the Programme.

QOC agreed that the draft end of life care strategy should be finalised and submitted to the Executive Quality Board for approval; and to receive a further update on progress on the End of Life Care Hospital Improvement Programme at its October 2018 meeting.

- **Infection Prevention and Control Annual Report 2017/18** – paper F was presented by the Trust's Lead Infection Prevent Doctor and Lead Infection Prevention Nurse. QOC discussed:
 - the Trust's comparatively good infection prevention and control performance against a range of measures;
 - the Trust's proactive approach to infection prevention and reduction;
 - antibiotic resistance and stewardship;
 - arrangements in place to manage norovirus infections across the Trust and discussions taking place across Leicester, Leicestershire and Rutland to strengthen those arrangements in time for Winter 2018/19;
 - plans to strengthen the Trust's decontamination arrangements, which had also been discussed at the Finance and Investment Committee on 26th July 2018;
 - forthcoming changes to the NerveCentre system which would aid the Trust in its infection prevention and control arrangements.

QOC agreed that consideration be given to scheduling a further discussion on infection prevention and control at a future Trust Board Thinking Day, with a particular focus on the potential implications of the emergence of bacteria resistant to many or all antibiotics.

- **Internal Never Event Action Plan**– QOC noted that the Trust's never events action plan (appended to paper G) was in the process of being updated further, following consideration at the July 2018 Executive Quality Board meeting. A revised version would be submitted to the August 2018 Executive Quality Board meeting, and thereafter to the August 2018 QOC meeting. Following discussion:
 - the Medical Director agreed to put in place a process whereby the relevant CMGs operating LocSSIPs would be required to provide positive assurance on the implementation of relevant barriers to prevent never events in such areas;
 - the Director of Safety and Risk undertook to pursue the suggestion that videos be made involving those staff who had been involved in never events, as an additional tool to assist staff learning and awareness of the impact of never events.
- **Implications of the Gosport Independent Inquiry**– QOC noted the Director of Safety and Risk's summary of the key issues for consideration by the Trust arising from this Inquiry. The Medical Director, Acting Chief Nurse, Director of Clinical Quality and Director of Safety and Risk were to meet and consider the relevant issues in-depth and report back to both the Executive Quality Board and Quality and Outcomes Committee on any further interventions deemed necessary.

- **National Safety Alerts**– paper G identified actions which would be implemented to strengthen the governance of the implementation of national patient safety alerts at UHL, which had been approved by the Executive Strategy Board at its meeting held on 10th July 2018. The Director of Safety and Risk explained how these proposals would work in practice, and the role that a ‘screening panel’ would play in scrutinising action plans before their review at meetings of the Executive Quality Board. QOC endorsed the suggestion made by the Executive Strategy Board that the Director of Safety and Risk give consideration to mirroring the approach adopted in relation to the tracking of Internal Audit outstanding actions if this was deemed to be helpful in tracking the implementation of national patient safety alerts to completion.
- **Patient Safety Report – June 2018** – the Committee received and noted this report.
- **Complaints Performance Report – June 2018** – the Committee received and noted this report.
- **Nursing and Midwifery Quality and Safe Staffing Report – May 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 H. No wards had triggered a ‘level 3’ concern’ in May 2018. The Committee Chair expressed concern regarding the number of wards triggering Level 2 in the month of May 2018. QOC noted the level of Registered Nurse vacancies as at May 2018 which now stood at 758.5 WTE, an increase of 83 over April 2018 which, in part, was attributable to increases to some staffing establishments for 2018/19 as part of the budget-setting process. 140 nursing candidates were currently in the process of appointment, with 48 of those staff expected to commence their employment with the Trust during May 2018.
- **Insulin Safety Update and Dashboard** – QOC noted the work in hand (described in paper J) to ensure that the Trust could track (a) the number of instances of severe hypoglycaemia, and (b) the number of instances of severe hyperglycaemia, respectively, in order to apply improvement thresholds for the remainder of 2018/19. At the request of the Medical Director, the Assistant Chief Nurse undertook to chase up the completion of the E-learning insulin safety staff training module.
- **CQC Update** – QOC noted the CQC’s publication on 2nd July 2018 of the reports following their unannounced inspections of medical care at the Leicester Royal Infirmary and Glenfield Hospital on 29th May 2018, focusing on the ‘Safe’ domain only. QOC noted the two new compliance actions arising from this CQC inspection, detailed in paper J, which had now been added to the current CQC action plan and notified to the CQC, NHS Improvement and the Clinical Commissioning Groups. QOC would receive an update report on the CQC action plan and on the recently updated CQC Insight report, at its August 2018 meeting.
- **QOC Annual Workplan 2018-19** – noted as per paper K.
- **2017/18 Quarter 4 Health and Safety Report** – this report was received and noted; QOC agreed to take the quarter 1 2018/19 health and safety report as a substantive item on its agenda.
- **Executive Quality Board** – the action notes of the meeting held on 3 July 2018 were received and noted.
- **Executive Performance Board** – the action notes of the meeting held on 26 June 2018 were received and noted.

Matters requiring Trust Board consideration and/or approval:

The Committee agreed to highlight to the Trust Board the significant assurance it took from the Infection Prevention and Control Annual Report 2017/18 underpinned by the proactive approach of the Trust’s Infection Prevention and Control Team, led by the Lead Infection Prevent Doctor and Lead Infection Prevention Nurse.

Matters referred to other Committees:

None

Date of next meeting:

30 August 2018