Trust Board paper N

University Hospitals of Leicester NHS
NHS Trust

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 2 November 2017

COMMITTEE: Quality and Outcomes Committee

CHAIRMAN: Col (Ret'd) Ian Crowe, Non-Executive Director

DATE OF COMMITTEE MEETING: 28 September 2017

RECOMMENDATIONS MADE BY THE COMMITTEE FOR CONSIDERATION BY THE PUBLIC TRUST BOARD:

- **Asceptic Unit Capacity Plan (Minute 1/17)**
- **Quality and Outcomes Committee terms of reference (Minute 2/17)**
- **62 Day Breach Thematic Findings (Minute 3/17)**
- **Midwifery Supervision (Minute 4/17)**

OTHER KEY ISSUES IDENTIFIED BY THE COMMITTEE FOR THE INFORMATION OF THE PUBLIC TRUST BOARD:

None

DATE OF NEXT COMMITTEE MEETING: 26 October 2017

Col (Ret'd) Ian Crowe – Committee Chair and Non-Executive Director

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST
MINUTES OF THE QUALITY AND OUTCOMES COMMITTEE HELD ON THURSDAY 28 SEPTEMBER 2017 AT 1.30PM TO 4.00PM IN THE BOARD ROOM, VICTORIA BUILDING, LEICESTER ROYAL INFIRMARY

Present:
Professor P Baker – Non-Executive Director (until minute reference 9/17/1)
Mr M Caple – Patient Partner (non-voting)
Col. (Ret'd) I Crowe – Non-Executive Director (Chair)
Miss M Durbridge – Director of Safety and Risk (non-voting)
Ms S Hotson – Director of Clinical Quality (non-voting)
Mr B Patel – Non-Executive Director (until minute reference 9/17/2)
Mr K Singh – Chairman (Ex-officio)

In Attendance:
Mr D Barnes – UHL Cancer Centre Lead (for minute reference 3/17)
Ms E Broughton – Head of Nursing, Women's (for minute reference 4/17)
Mr J Clarke – Chief Information Officer (for minute reference 7/17/1)
Ms C Ellwood – Chief Pharmacist (for minute reference 1/17)
Mrs S Everatt – Interim Corporate and Committee Services Officer
Mr J Jameson – Deputy Medical Director (on behalf of Mr A Furlong, Medical Director)
Mr D Kerr – Director of Estates and Facilities (for minute reference 7/17/1)
Ms E Meldrum – Acting Deputy Chief Nurse (on behalf of Ms J Smith, Chief Nurse)
Mr W Monaghan – Director of Performance and Information (for minute reference 7/17/3 and 8/17/1)
Mr B Shaw – Director of CIP (for minute reference 8/17/3)

RECOMMENDED ITEMS

1/17 ASEPTIC UNIT CAPACITY PLAN AND EXTERNAL AUDIT RESULTS

The Chief Pharmacist presented paper D which detailed the capacity plan and recent external audit of the Aseptic Unit. The capacity plan required Board-level approval, and in discussion of the item the Quality and Outcomes Committee agreed to recommend it to the Trust Board for approval. Assurance was provided that the audit had categorised the aseptic unit as low risk, although one risk remained in relation to storage facilities for aseptic consumables and this was contained on the risk register. The capacity plan indicates that the aseptic unit is safe at current levels of activity with short-term measures having been taken to address the 102% pharmacist capacity level, whilst noting that additional activity could not be accommodated without increasing staffing levels. Assurance was provided that actions had been undertaken to mitigate risks and that the service was operating safely. **Ctte Chair**

Recommended – that (A) the contents of paper D be received and noted, and

(B) that the Trust Board be requested to approve the Aseptic Unit capacity plan. In consideration of this matter the Trust Board are advised to consider that one risk remains in relation to external storage (as detailed in the external audit report) but that assurance was sought (and received) that works to address this risk are included in the capital plan for Q4 2017/18. **Ctte Chair**

2/17 QUALITY AND OUTCOMES COMMITTEE – TERMS OF REFERENCE

The Quality and Outcomes Committee Chair presented paper F which detailed the Terms of Reference for the newly formed Quality and Outcomes Committee. The

Committee were asked to provide any feedback around the content to the Director of Corporate and Legal Affairs and the Quality and Outcomes Committee Chair. The Committee Chair expressed the desire to have both a deputy Chair and deputy patient partner for the Committee.

<u>Recommended</u> – that (A) the contents of paper F be received and noted, and

(B) that the Trust Board be requested to formerly approve the Quality and Outcomes Committee Terms of Reference (following approval at the Quality and Outcomes Committee on 28 September 2017). **Ctte Chair**

3/17 62 DAY BREACH THEMATIC FINDINGS AND 104 DAY CANCER PATIENT HARM REVIEWS

Mr D Barnes presented paper G1 which detailed the quarter 4 2016/17 and the annual summary 2016/17 for 104 day harm review findings, the 104 day harm review findings for quarter 1 2017/18 and the 62 day breach thematic findings for quarter 1 2017/18. In line with the National Cancer Waiting Times Backstop Policy 2015, all patients whose cancer pathway exceeded 104 days from point of referral to first definitive diagnosis had been clinically reviewed in 2016/17 and quarter one of 2017/18 to determine whether clinical harm had been caused as a result of the delay. No patient harm had been identified for this period. In line with recent changes to reporting requirements from NHS England, the report provided an overview of the cancer 62 day+ breach findings for quarter one 2017/18. The Committee received assurance that the majority of the actions identified in the report were in compliance with the Cancer Action Recovery Plan. QOC was specifically requested to note the content of the report and support the continued monitoring process of 104 day+ harm review and the continued breach review process of 62 day+ breaches by the Cancer Centre.

In discussion of the challenges in enforcement of the national transfer policy for late tertiary referrals, it was agreed that the Quality and Outcomes Committee would recommend to the Trust Board that the new Network Referral Policies be agreed and signed off at Executive level, across the network. **Ctte Chair**

<u>Recommended</u> – that (A) the contents of paper G1 be received and noted, and

(B) that the Quality and Outcomes Committee recommends that the new Network Referral Policies be agreed and signed-off at Executive level, across the network. **Ctte Chair**

4/17 MIDWIFERY SUPERVISION

Ms E Broughton, Head of Nursing, Women's presented paper M which detailed the removal of the statutory requirement for midwifery supervision and the launch in April 2017 of the new professional supervision for midwifes (A-EQUIP – Advocating and Educating for Quality Improvement) and a new, associated role of the Professional Midwifery Advocate (PMA). Future commissioning guidance would require NHS maternity services to have the A-EQUIP model in place by the end of 2017. It was noted that 17 of the previous 'Supervisor of Midwives' have expressed an interest to become PMAs, but a selection process would be required and completion of formal A-EQUIP training delivered by a Higher Education institution. Development of local KPIs to measure the effectiveness of the new model was discussed and assurance was received that these would be developed as the model progressed. It was agreed to recommend to the Trust Board that the new model be approved. **Ctte Chair**

Recommended – that (A) the contents of paper M be received and noted, and

(B) that the Quality and Outcomes Committee recommends that the Trust Board approves a model of supervision for midwives; namely that statutory supervision of midwives be replaced by 'Professional Midwifery Advocates' as detailed in the paper. Assurance was sought (and received) that KPIs to measure the outcomes of the proposal would be developed in due course. **Ctte Chair**

RESOLVED ITEMS

5/17 APOLOGIES FOR ABSENCE

Apologies for absence were received from Mr J Adler, Chief Executive; Ms J Smith, Chief Nurse; Mr A Furlong, Medical Director, and Ms C West, Director of Nursing and Quality, Leicester City CCG.

The Committee Chair welcomed committee members to the inaugural meeting of the Quality and Outcomes Committee which superseded the Quality and Assurance Committee.

6/17 MINUTES

Resolved – that the Minutes of the meeting held on 31 August 2017 (paper A1 refers) be confirmed as a true and accurate record.

7/17 MATTERS ARISING

Paper B detailed both the actions from the most recent meeting, and also any which remained outstanding from previous QAC meetings. Updates were provided on action 62/17/4a, 62/17/4b and 62/17/5 of 31 August 2017 and confirmation sought on action 32/17/3 of 29 June 2017 which will be updated on the Matters Arising log.

Resolved – that the contents of paper B be received and noted.

7/17/1 Report by the Chief Information Officer

Resolved – that this Minute be classed as confidential and taken in private accordingly.

7/17/2 Report by the Deputy Medical Director

Resolved – that this Minute be classed as confidential and taken in private accordingly.

7/17/3 Cancelled Outpatient Appointments – quarterly report (QAC/IFPIC matters arising 5 of 29.6.17)

The Director of Performance and Information presented paper E which provided a quarterly update on the outpatient cancellation numbers. The Director of Performance and Information noted a linear downward trend when linked to the volume of appointments, which would be detailed in the next iteration of the report. The current PAS system did not allow reasons for cancellations to be captured and thus it was difficult to identify which were true cancellations (and not changes to appointment times) or process issues; common themes had, however, been included in the report.

The QOC was specifically requested to provide input into whether outpatient cancellations should become a specific area of focus and delivery for the outpatient transformation project. It was agreed that the EQB or Director of Strategy and Communications required consulting before any decision could be taken. The committee expressed concerns that this work could be consumed in the transformation work. A high level update of the transformation work would be provided in the Quality Commitment report scheduled for EQB/QOC in November 2017. Quarterly reports would continue to be provided to this committee.

Resolved – that the contents of the verbal update be received and noted.

8/17 QUALITY

8/17/1 Quality and Performance Report – Month 5

The Deputy Medical Director and Acting Deputy Chief Nurse presented paper G which provided an update at month 5 on quality and performance metrics. The following issues were particularly highlighted:

- the 4 hour A&E target continued to be challenging although some improvements were being made with additional support from Luton and Dunstable Hospital NHS Foundation Trust;
- HSMR SHMI (January to December 2016) had reduced to 101 and remained within the expected tolerance range;
- Single sex accommodation – no breaches in August 2017;
- MRSA – there had been one unavoidable case reported this month;
- Never Event – a Never Event had been reported this month in Dermatology for wrong site (wrong patient) surgery;
- TIA (high risk patients) was non-compliant for August 2017 due to an increase in CCG referrals. A verbal update would be provided at the next meeting around the reason for the increase in referrals; **DPI**
- Pressure ulcers – there had been no Grade 4 pressure ulcers reported this financial year and Grade 2 and 3 were well within the trajectory year to date with only one Grade 2 pressure ulcer reported in August 2017;
- Nursing staffing levels remained challenging, particularly within the Emergency and Specialist Medicine CMG;
- Clostridium difficile – was above trajectory for August 2017 and the year to date, and
- Cancelled operations and patients rebooked within 28 days – continued to be non-compliant.

In discussion of the report, the Committee Chair asked the Director of Performance and Information for clarity on what the 'range of other delays that do not appear in the count' related to with regards to Delayed Transfers of Care (DToC). The Director of Performance and Information offered to discuss the technicalities of the DTOC definition further with the Committee Chair outwith the meeting, if required. The issue of 'stranded patients' was discussed and it was agreed that this would be discussed further at the People, Process and Performance Committee. **Ctte Chair**

Resolved – that (A) the contents of the paper G be received and noted, and

(B) that the issue of 'stranded patients' be raised under the Organisation of Care section at the People, Process and Performance Committee, to understand **Ctte Chair**

the definitions used, performance figures and what actions are being taken to reduce the number of stranded patients.

(C) that a verbal update be provided at the October 2017 QOC meeting around explanation for the increase in referrals from CCGs in August 2017 which impacted on the TIA clinic within 48 hours (suspected high risk TIA) indicator as detailed in the report. **DPI**

8/17/2 Estates and Facilities Quarterly Update

The Director of Estates and Facilities presented paper H which detailed the third Estates and Facilities performance data report to provide assurance to the Quality and Outcomes of the provision of key services across the Trust. It was noted that the steady and gradual improvement in performance standards had now plateaued short of overall target levels in some areas. PLACE assessment scores had been received and a marked improvement had been seen on the previous years scores. The Trust had achieved its objective of being the most improved organisation from the previous year. The detailed PLACE results would be provided to EQB and QOC in October 2017. Financial pressures continued to challenge the maintenance of standards and the pace of service development required to progress improvement. Hard FM continued to provide the biggest challenge.

The Windsor Building entrance was discussed and it was noted that future developments in the form of a welcome centre were likely to re-energise the area. The report was received and noted. Concerns around wayfinding difficulties around the Balmoral area were discussed and assurance was provided that this was being progressed by the Transport and Access Group. The patient partner representative requested that patient partners and disabled representation be involved in future discussions. It was agreed that indicators on fire and waste would be included in the next iteration of the report. **DEF**

Resolved – that (A) the contents of the paper H be received and noted, and

(B) that indicators on fire and waste are included in the next iteration of the report. **DEF**

8/17/3 CIP Quality and Safety Impact Assessment

Mr B Shaw, Director of CIP presented paper I which provided an update on the risk and potential impact the CIP programme may have on quality at the end of month 4 2017/18. Quality Impact Assessments had been produced for all schemes in excess of £50k in value. The CIP target for 2017/18 had been increased from £33m to £44m, and PIDS remained outstanding for some of the supplementary CIP programme. Following a discussion of the report at the September 2017 EQB no concerns had been raised. It was noted that from a corporate directorate perspective it was becoming more challenging to achieve the CIP year on year.

Resolved – that the contents of the paper I be received and noted.

8/17/4 CQC Update Report

The Director of Clinical Quality presented paper J which provided a copy of the Care Quality Commissions (CQC) final report on their findings from the inspection on 18 July 2017 of Wards 42 and 43 at the Leicester Royal Infirmary. An action plan addressing the compliance actions set out within the CQCs report was submitted to

them, as required, by 26 September 2017. This action plan would be received at EQB in October 2017.

Following return of the PIR to the CQC, further information had been requested and confirmation of a date for inspection was fairly imminent. On 27 September 2017, the CQC published the inspection framework report for the key lines of enquiry at service level. On 19 October 2017, the first of the quarterly meetings would take place with the CQC around end of life care and critical care. Staff would be invited to speak to the CQC on this date.

The QOC was specifically requested to: (1) note that the cycle of inspections (for well led and core services) had commenced and a date for the Well Led (announced) inspection was awaited; (2) note that assurance was being sought from all CMGs to confirm that the actions identified within the internal Wards 42 and 43 action plans had been addressed, and (3) note that a formal action plan would be submitted to the CQC by the 26 September 2017 and a verbal update provided at QOC on 28 September 2017.

9/17 SAFE

9/17/1 Report from the Director of Safety and Risk including (1) Patient Safety Report – August 2017; (2) Complaints Performance Report – August 2017, and (3) Freedom to Speak Up Report

The Director of Safety and Risk presented paper K which was comprised of three sections: (1) patient safety; (2) complaints performance, and (3) freedom to speak up report. The patient safety report provided the patient safety data for August 2017 and noted that harm events had decreased at the Trust up until March 2017. A further three Serious Untoward Incidents (SUIs) were escalated during August 2017 (including one Never Event). An incident with regards to false positive readings on leads from monitors in ED had been escalated, all leads had since been replaced by the company and following harm reviews on the patients concerned it was believed that harm may have occurred in one instance. The relevant external bodies had been informed. Patient partners were now being invited to contribute to every RCA.

Following escalation of two overdue RCA reports at EQB confirmation was received that these would be resolved by the end of the week. Traction, following EQB escalation, had also been achieved on 5 long outstanding RCA actions. Assurance was received that actions or reports that were outstanding were being escalated sooner to ensure that they were closed in a timely fashion.

There continued to be 100% CAS compliance and no alerts had breached their deadline during the reporting period.

The complaints performance report noted that there had been an increase in the formal complaints activity during the month, along with a 13% increase in overall PILS activity. Appointments and discharge now featured in the top 5 primary themes for formal complaints. One new Parliamentary and Health Service Ombudsman complaint was received in August 2017.

The Freedom to Speak Up report provided a quarterly update to the Quality and Outcomes Committee on triangulation of whistleblowing concerns received from staff using both internal and external mechanisms, where available. Two CQC whistleblowing notifications had been received in quarter one of 2017/18. The themes of staff concerns were discussed including nurse staffing levels and the impact on

care and morale, movement of staff between wards and IT issues. A number of the specific themes were discussed and it was noted that staff should not be complacent in resolution of known themes. In discussion of this item, confirmation was received from the Director of Clinical Quality re which regulators received the whistleblowing report.

In addition to the reports, four issues were highlighted for the attention of QOC members – (1) a wrong patient Never Event in Dermatology (a full investigation was underway, the report detailed a safety checking process which was being communicated to CMGs); (2) HSIB visit and interim bulletin (the HSIB has launched its first investigation, reviewing the theme of the deteriorating patient and care during patient transfer); (3) National Freedom to Speak Up Guardian Visit (on 19 September 2017), and (4) GP concerns themes and pilot revised GP concerns process (pilot of a revised GP concerns process).

Resolved – that the contents of paper K be received and noted.

9/17/2 Nursing and Midwifery Quality and Safe Staffing Report – July 2017

The Chief Nurse presented paper L which detailed triangulated information (using both hard and soft intelligence) relating to nursing and midwifery quality of care and safe staffing. This information provided an overview of patient areas to highlight where improvement was required and also to highlight areas of high performance. Six wards had triggered as a Level 3 concern, 1 ward had triggered as a Level 2 concern and 17 wards had triggered as a Level 1 concern. All six of the Level 3 concerns were had triggered as causing particular concern to the Chief Nurse and Corporate Nursing Team and each ward was individually discussed. Recent information published by the World Health Organisation suggested that a 60% compliance threshold for hand hygiene should be sought, but the Trust currently had a 98% threshold. Hand hygiene audit work was currently being reviewed to ensure wards were reporting consistently. There were currently no professional nursing concerns around hand hygiene.

Registered nurse vacancies had decreased marginally in the Trust in month from 535 whole time equivalents in June 2017 to 528 whole time equivalents in July 2017. Further work was required in the organisation around the scope of the nursing role and retention, in particular over the Winter months. Senior/Heads of Nursing would be part of a new rota to provide out of hours support to nursing staff. 59 new Healthcare Assistants were due to commence in post throughout September and October 2017. It was noted that data capture issues with HELM remained which resulted in safeguarding training data being unavailable for a second consecutive month.

Resolved – that the contents of paper L be received and noted.

9/17/3 Assurance Report for EWS and Sepsis

The Acting Deputy Chief Nurse and Deputy Medical Director presented paper N, providing the Committee with a monthly update on the work programme being undertaken to improve the care of patients with a deteriorating Early Warning Score (EWS) and Red Flag Sepsis trust-wide. It was noted that performance had plateaued. Antibiotic performance was down owing to carbopenum usage. It was anticipated that NerveCentre sepsis rules would be in place from the end of October 2017 and it was agreed that a demonstration would be provided at a future Quality and Outcomes Committee meeting. The EWS score was now being reported electronically. The report was received and noted. **MD/DMD**

The QAC was specifically requested to: (1) be advised that significant work had been undertaken to recognise and respond to the deteriorating patient and management of patients, and (2) advise on any required changes to the format of the report.

Resolved – that (A) the contents of paper N be received and noted, and

(B) that a demonstration be provided of the new sepsis tool on NerveCentre, when available. **MD/DMD**

10/17 EFFECTIVE

10/17/1 Reports from the Director of Clinical Quality including (1) Clinical Audit Quarterly Update Report, and (2) Schedule of External Visits

The Director of Clinical Quality presented paper O which provided a quarterly update report on Clinical Audit and on the schedule of external visits. The Quality and Outcomes Committee were requested to note the progress against the clinical audit programme. Four of the Trust's CMGs achieved the commissioner set target of 90% for the quarter with all other CMGs scoring above 80% for the first time. Five specialties had been highlighted as 'below the norm' and had been asked to be reviewed by their respective CMG Q&S Board to ensure they had plans to improve performance. The number of National Clinical Audits with significant delays or problems had significantly reduced. The stroke audit had been a D on SSNAP and was now reported as an A. HQIP and CQC would be launching a new initiative called National Clinical Audit Benchmarking (NCAB) and details of the first six audits to be published were contained in the report.

Actions plans for 58 visits remained open, as detailed in the Schedule of External Visits report, although further information had been received since publication of the report to the Quality and Outcomes Committee. Further work was required to make the report succinct and refreshed. The Committee Chair noted that when forecasting visits a RAG rating would be useful to identify whether planning was adequate and to identify any concerns. The report was received and noted.

Resolved – that the contents of paper O be received and noted.

11/17 ITEMS FOR INFORMATION

11/17/1 No items were provided for information.

12/17 MINUTES FOR INFORMATION

12/17/1 Executive Quality Board

Resolved – that the notes of the meeting of the Executive Quality Board held on 5 September 2017 (paper P refers) be received and noted.

12/17/2 Executive Performance Board

Resolved – that the notes of the meeting of the Executive Performance Board held on 29 August 2017 (paper Q refers) be received and noted.

13/17 ANY OTHER BUSINESS

13/17/1 No further items were discussed.

14/17 IDENTIFICATION OF ANY KEY ISSUES FOR THE ATTENTION OF THE TRUST BOARD

Resolved – that a summary of the business considered at this meeting be presented to the Trust Board meeting on 5 October 2017, and four items detailed in minute references 1/17 Aseptic Unit capacity plan and external audit results), 2/17 (Quality and Outcomes Committee Terms of Reference), 3/17 (62 day breach thematic findings and 104 day cancer patient harm reviews), and 4/17 (Midwifery Supervision) was noted as needing to be brought to the attention of the Trust Board. **Ctte Chair**

15/17 DATE OF NEXT MEETING AND PROPOSED MEETING DATES FOR 2018

Resolved – that (A) the next meeting of the Quality and Outcomes Committee be held on Thursday 26 October 2017 from 1.30pm until 4.00pm in the Board Room, Victoria Building, Leicester Royal Infirmary.

(B) the schedule of proposed meeting dates for 2018 to be confirmed as follows:

- Thursday 25 January 2018;
- Thursday 22 February 2018;
- Thursday 29 March 2018*;
- Thursday 26 April 2018;
- Thursday 31 May 2018;
- Thursday 28 June 2018;
- Thursday 26 July 2018;
- Thursday 30 August 2018;
- Thursday 27 September 2018;
- Thursday 25 October 2018;
- Thursday 29 November 2018, and
- Thursday 20 December 2018

*** Post meeting note: the March 2018 meeting date was subsequently amended to Thursday 22 March 2018.**

The meeting closed at 4.38pm.

Sarah Everatt - **Interim Corporate and Committee Services Officer**

Cumulative Record of Members' Attendance (2017-18 to date):

Voting Members

Name	*Possible*	*Actual*	*% attendance*	*Name*	*Possible*	*Actual*	*% attendance*
J Adler	1	0	0	*B Patel*	1	1	100
P Baker	1	1	100	*K Singh (Ex-officio)*	1	1	100
I Crowe (Chair)	1	1	100	*J Smith*	1	0	0
A Furlong	1	0	0	*C West – Leicester City CCG*	1	0	0

Non-Voting Members

Name	*Possible*	*Actual*	*% attendance*	*Name*	*Possible*	*Actual*	*% attendance*
M Caple	1	1	100	*S Hotson*	1	1	100
M Durbridge	1	1	100	*C Ribbins/E Meldrum*	1	1	100