Trust Board paper S

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: 6 July 2017

COMMITTEE: Quality Assurance Committee

CHAIRMAN: Colonel (Retired) I Crowe

DATE OF COMMITTEE MEETING: 25 May 2017

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

- **the Committee recommends to the Trust Board the endorsement of the Statement of Directors' Responsibilities in respect of the 2016/17 Quality Account with or without comments (paper I).**

- **the Committee recommends to the Trust Board that the quarterly mortality report (paper K) would now be received at the Quality Assurance Committee in August 2017 (previously scheduled for April 2017) and the Trust Board in September 2017, following a change in national timescales.**

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

- **None**

DATE OF NEXT COMMITTEE MEETING: 29 June 2017

Colonel (Retired) I Crowe
Non-Executive Director and QAC Chairman

Paper S

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST
MINUTES OF A JOINT MEETING OF THE INTEGRATED FINANCE, PERFORMANCE AND INVESTMENT COMMITTEE AND THE QUALITY ASSURANCE COMMITTEE HELD ON THURSDAY 25 MAY 2017 AT 12.45PM TO 1.15PM IN THE BOARD ROOM, VICTORIA BUILDING, LEICESTER ROYAL INFIRMARY

Present:
Col. (Ret'd) I Crowe – Non-Executive Director (Chair)
Mr J Adler – Chief Executive
Mr M Caple – Patient Partner (non-voting member)
Ms S Crawshaw – Non-Executive Director
Mr A Furlong – Medical Director
Mr A Johnson – Non-Executive Director
Mr B Patel – Non-Executive Director
Mr K Singh – Chairman
Ms J Smith, Chief Nurse
Mr M Traynor – Non-Executive Director

In Attendance:
Ms F Bayliss – Deputy Director of Nursing and Quality, Leicester City CCG (on behalf of Ms C West, Director of Nursing and Quality, Leicester City CCG)
Mr C Benham – Director of Operational Finance (on behalf of Mr P Traynor, Chief Financial Officer)
Ms A Doshani – Associate Medical Director
Miss M Durbridge – Director of Safety and Risk
Mrs S Everatt – Interim Trust Administrator
Mr D Kerr – Director of Estates and Facilities
Mr W Monaghan – Director of Performance and Information
Ms C Ribbins – Deputy Chief Nurse
Ms H Stokes – Senior Trust Administrator
Ms M Gordon - Patient Partner

RESOLVED ITEMS

14/17 MONTH 1 QUALITY AND PERFORMANCE REPORT

Members of IFPIC and the Quality Assurance Committee (QAC) held their first joint monthly meeting – this was a new initiative providing for joint discussion of the monthly quality and performance report. Executive Directors particularly highlighted the following issues from the 2017-18 month 1 quality and performance report:-

- the welcomed reduction in 52-week waits, which stood at 17 in April 2017 and was expected to fall further in May 2017. It was anticipated to clear these waiters in July 2017;
- strong diagnostic performance in April 2017, and good progress towards achieving the RTT standard;
- a better balance between emergency and elective activity than in April 2016. The Trust was running at between 965-97% occupancy for May 2017 and had been above 95% occupancy for a significant length of time;
- achievement of all of the cancer targets for March 2017, which was a very significant development and which was welcomed by the IFPIC and QAC Patient Partners. The 62-day standard had been achieved for the first time since July 2014, and the 31-day standard for the first time since August 2015;
- good progress on avoidable pressure ulcers, with 0 grade 3 or grade 4 pressure ulcers reported in April 2017;

- the likelihood of continued same sex accommodation breaches – which were nearly all linked to ICU stepdown capacity – while activity pressures remained in place;
- disappointing performance re: fractured neck of femur – this had been discussed at the 23.5.17 Executive Performance Board with the Clinical Director for the Musculoskeletal and Specialist Surgery CMG. There were no easy solutions but the issue was being revisited by the steering group with a view to reporting further to the 27.7.17 QAC, and **MD**
- further work underway re: medical workforce statutory and mandatory training compliance.

In discussion, the QAC Patient Partner sought (and received) assurance on the Trust's processes for reviewing cancelled patients, particularly those who had experienced multiple cancellations. It was also noted that the e. coli trajectory was still awaited, and that mortality would be discussed further at the 25.5.17 QAC (UHL SHMI 102). The Medical Director also noted a number of never events which had taken place in May 2017 and outlined the work in progress with Clinical Directors and Heads of Nursing to understand these in more detail and identify any common themes. IFPIC/QAC noted likely external interest in this issue.

Resolved – that (A) the contents of Joint Report 1 be received and noted, and

(B) that a progress report be provided on this matter to the July 2017 QAC meeting. **MD**

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST
MINUTES OF THE QUALITY ASSURANCE COMMITTEE HELD ON THURSDAY 25 MAY 2017 AT 1.15PM TO 4.00PM IN THE BOARD ROOM, VICTORIA BUILDING, LEICESTER ROYAL INFIRMARY

Present:
Col. (Ret'd) I Crowe – Non-Executive Director (Chair)
Mr J Adler – Chief Executive
Mr M Caple – Patient Partner (non-voting member)
Ms S Crawshaw – Non-Executive Director
Mr A Furlong – Medical Director
Mr A Johnson – Non-Executive Director
Mr B Patel – Non-Executive Director
Mr K Singh – Chairman
Ms J Smith, Chief Nurse
Mr M Traynor – Non-Executive Director

In Attendance:
Ms F Bayliss – Deputy Director of Nursing and Quality, Leicester City CCG (on behalf of Ms C West, Director of Nursing and Quality, Leicester City CCG)
Ms A Doshani – Associate Medical Director
Miss M Durbridge – Director of Safety and Risk
Mrs S Everatt – Interim Trust Administrator
Mrs S Hotson – Director of Clinical Quality (from minute reference 23/17)
Ms C Ribbins – Deputy Chief Nurse

RECOMMENDED ITEMS

15/17 FINAL DRAFT QUALITY ACCOUNT

Following presentation at the March QAC meeting, the report had been circulated to external stakeholders for comments, which had been included verbatim. The data had been refreshed. KPMGs external assurance report had been received and would be reviewed at the Audit Committee on 26 May 2017, alongside the draft Quality Account. The results of the audit testing by KPMG provided QAC and the Trust Board with assurances around the external audit opinion of the two indicators which had been tested, namely the rate of clostridium difficile infections and the percentage of patient safety incidents resulting in severe harm or death. Following endorsement at the Trust Board per the recommendation contained here, the Quality Account would be uploaded to the NHS Choices website by the end of June 2017. **Cttee Chair**

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

(B) that the Committee recommends to the Trust Board the endorsement of the Statement of Directors' Responsibilities in respect of the 2016/17 Quality Account with or without comments (paper I). **Cttee Chair**

16/17 QUARTERLY MORTALITY REPORT

The report provided an update on the latest published SHMI of 102 and HSMR of 102. Although both were above 100 they remained within the expected range and crude mortality was stable. It was anticipated that UHL's next reported SHMI in June 2017 was likely to be either 101 or 102. An outlier alert had been received for AMI in November 2016, and a response had been submitted to the CQC with regards to this following a letter received from them in April 2017. The Medical Director noted AMI coding practices at the LRI site which led to a discussion with Ms S Crawshaw, Non-Executive Director around clinical variation. A number of actions were being implemented at LRI including introduction of an AMI pathway for junior doctors and increased cardiology presence in the Emergency Department.

A further alert had been received for 'Coronary Atherosclerosis or other heart disease' diagnosis codes regarding HSMR. The alert was shared with the CQC by the Imperial College. The case notes of the patients who had died were currently being reviewed and a report would be submitted to the June 2017 Mortality Review Committee. Both alerts had identified some issues with coding and assurance was provided that work was underway to understand and resolve the issues. Case note reviews had been undertaken or were in progress for the five diagnosis groups with a higher than average SHMI. Initial findings suggested that improved communication was required between clinical teams and coders to ensure that there was clarity around the primary reason for the patient being admitted to hospital.

The Medical Examiner post had currently screened 86% of eligible deaths since July 2016. At the beginning of April 2017 the medical examiner screening process was extended to Glenfield Hospital and Leicester General Hospital, and the process would ensure that all deaths were screened. Where Medical Examiners identified potential learning, or the bereaved raised a concern about clinical care, the case was referred to the Specialty M&M for full Structured Judgement Review (SJR) using the national mortality template. Completed SJRs would then be discussed at the M&M meeting and the death classified according to the national criteria. Following a change to national reporting timescales this data would then be reported nationally

and published from September 2017. The Committee were assured that the Trust was on track to report from September 2017 in line with the revised national requirements and that submitting this data would enable shared learning with other similar trusts. **Cttee Chair**

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

(B) that the Committee recommends to the Trust Board that the quarterly mortality report (paper K) would now be received at the Quality Assurance Committee in August 2017 (previously scheduled for April 2017) and the Trust Board in September 2017, following a change in national timescales. **Cttee Chair**

RESOLVED ITEMS

17/17 APOLOGIES FOR ABSENCE

Apologies for absence were received from Ms L Tibbert, Director of Workforce and Organisational Development; Mr P Traynor, Chief Financial Officer; Ms C West - Director of Nursing and Quality, Leicester City CCG, and Mr R Moore, Non-Executive Director.

18/17 MINUTES

<u>Resolved</u> – that the Minutes of the meeting held on 27 April 2017 (papers A1 and A2 refer) be confirmed as a true and accurate record, with one minor amendment on page 5 under the Director of Safety and Risk's section to read 'maternity early warning score'. **ITA**

19/17 MATTERS ARISING

Paper B detailed both the actions from the most recent meeting, and also any which remained outstanding from previous QAC meetings. The Chair noted that good progress continued to be made in progressing actions. No further updates were required for the entries on the Matters Arising log.

<u>Resolved</u> – that the contents of paper B be received and noted.

19/17/1 <u>Report from the Chief Information Officer</u>

<u>Resolved</u> – that this Minute be classed as confidential and taken in private accordingly.

19/17/2 <u>Carers' Charter Update (Minute reference 111/16/2)</u>

The Deputy Chief Nurse presented paper D which detailed progress within the last 6 months with staff and patient knowledge and awareness of the charter, and adopted changes to improve the experience for families and carers. Survey results concluded that whilst staff were unaware of the charter and leaflets, they were involving families and friends in the care of their relatives. It was acknowledged that there were difficulties in distinguishing between whether an individual was a relative or a carer, and thus a family centred assessment was required. In determining what key things patients and carers would like to know about their care and discharge, it was noted that the Red to Green key information could be used, and it was agreed that a crib **DCN**

sheet would be developed. Further work was required around communication of the charter throughout the Trust with the support of patient partners, and the Deputy Chief Nurse was asked to confirm whether the patient charter was available on the Trust Internet and Intranet. **DCN**

A number of actions were detailed in the report (actions B, C, D and F). In addition to these items members were asked to identify whether the carers charter was on display on their safety walkabouts. **Directors/ NEDs**

<u>Resolved</u> – that (A) the contents of paper D be received and noted;

(B) to implement, monitor and manage the charter with patient partners, taking account of all carers and family's needs; **CMG CDs**

(C) to ensure that the charter and literature is visible and available on all wards/clinical areas and that staff attend the training sessions; **CMG CDs**

(D) to report on the Family, Carers and Friends, Friends and Family Test scores broken down to CMG level at EQB, for monitoring and action; **DCN**

(E) that members identify and feedback whether the carers charter is on display on their safety walkabouts; **Directors/ NEDSs**

(F) that a further progress report from patient partners to be brought to the November 2017 QAC meeting to identify how actions (B) – (E) have been implemented. It was noted that a demographic breakdown would be a useful addition to the report; **PP**

(G) that a crib sheet be developed for staff to determine key questions which carers and patients would like to know during their treatment and discharge, and **DCN**

(H) to ensure that the patient charter is published on the Trust Internet and Intranet. **DCN**

20/17 COMPLIANCE

20/17/1 <u>Care Quality Commission (CQC) Action Plan Tracker Update</u>

In the absence of the Director of Clinical Quality, the Chief Nurse presented paper E, which provided the Committee with an updated report on the CQC compliance actions developed in response to the Trust inspection report, following a CQC inspection in June 2016. Assurance was provided that robust evidence continued to be sought for each action before they could be closed, via rigorous fortnightly oversight meetings to confirm and challenge the evidence.

Actions for how to move to 'good' were being identified during the fortnightly oversight meetings and captured in the action tracker. On the back of this a new process was being considered for safety walkabouts around 'show me' evidence rather than 'tell me'. In discussion of this item it was noted that the CQC regulatory visits would be changing in the future, and a paper would be provided to the June 2017 QAC on these changes with possible further discussions at a Trust Board Thinking Day. With regards to the twenty-one actions identified in the report as past their due date, revised timescales were being agreed. The importance of embedding actions was discussed as was the need to continually monitor compliance to ensure **DCQ**

that this was not seen as a one off event.

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

(B) that a briefing paper be provided to the June 2017 QAC meeting outlining the changes to CQC regulatory visits and any other changes. Possible further discussions may then take place at a Trust Board Thinking Day. **DCQ**

20/17/2 Assurance Report for EWS and Sepsis

The Medical Director presented paper F, providing the Committee with an 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. There had initially been a slight drop in performance following the opening of the new Emergency Department but as processes embedded performance was improving. There had been a decrease in the percentage of patients with red flag sepsis who received antibiotics within one hour in inpatient and assessment units. The Committee received assurances that this continued to be monitored and those patients who did not receive their treatment within the hour were often complex cases with co-morbidities. Collection of the data continued to be resource intensive as there was currently no robust IT solution in place.

The Chief Nurse had recently presented a summary of the Trust's sepsis work for the Patient Safety Award nominations, which contained details around a patient who had survived sepsis who had released 200 balloons at the Trust eighteen months ago to signify the number of lives that the Trust had the potential to save. Data suggested that the Trust had now saved 152 patients. This achievement would be communicated to staff via the Chief Executive's Briefing. The sepsis pathway was due to be relaunched. In discussion of this item clarity was sought on the '1 harm tbc' noted on page 9 of the report as to whether harm had occurred. **CN/MD**

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

(B) that confirmation of the '1 harm tbc' on page 9 of the report be clarified as to whether harm had occurred. **CN/MD**

21/17 QUALITY

21/17/1 Nursing and Midwifery Quality and Safe Staffing Report – March 2017

The Deputy Chief Nurse presented paper G 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. No wards had triggered as a Level 3 concern, 10 wards had triggered as a Level 2 concern and 21 wards had triggered as a Level 1 concern. One ward at LGH and one ward at LRI triggered as causing particular concern to the Chief Nurse and Corporate Nursing Team. It was noted that in both cases these concerns were not around safety.

A new hand hygiene campaign called 'soap heroes' had been launched for children. The adult campaign would be launched in a few weeks' time. Details of the new uniform policy would be included with next month's wage slips; this would then be monitored and enforced. It was noted that all staff going into clinical areas, including those doing walkabouts, should be bare below the elbow. It was agreed that this expectation required communicating to all staff. **CN/MD**

With regards to recruitment, a small number of overseas nurses had recently commenced in post, although the IELTS requirement continued to be challenging. 113 new Health Care Assistants had been recruited at a HCA event in April 2017. Registered nurse vacancies had increased but 8 newly qualified nurses had commenced in post with dual registration, mental health or learning disability registration. There had been a decline in applications for university courses for nursing following the ceasement of bursaries, but it was noted that applications were still greater than the number of places available.

Further work was required around skills development and retention of staff. There was a discussion around retention, nurses returning to work and the retirement profile. The NMC had written to all nurses who had been on the register but were not practising to offer options for returning to nursing, and a number of nurses who currently worked for the Trust in non-nursing roles had been approached about returning to practice. The housekeeper and ward clerks roles were currently being reviewed and a new workforce model will be developed. Literacy and numeracy skills were being offered to some staff supported by Leicester College and De Montfort University. Safe staffing had featured in a recent freedom to speak up survey which would feature at the June 2017 QAC meeting **DSR**

Resolved – that the contents of paper G be received and noted;

(B) to arrange for communication of the expectation that all staff entering a clinical area be bare below the elbow, including those attending for Red to Green and doing walkabouts, and **CN/MD**

(C) that a Freedom to speak up survey be reported at the June 2017 QAC meeting. **DSR**

21/17/2 Reports from the Director of Clinical Quality including (1) Schedule of External Visits, (2) 2016/17 Quality Schedule and CQUIN Schemes Quarter 4 Performance, (3) 2016/17 Quality Commitment Quarter 4 Update and (4) 2017/18 Quality Schedule and CQUIN Schemes

The Director of Clinical Quality presented paper H, which was comprised of four reports which had previously been discussed at the EQB. The first section of the report provided a quarterly update of the schedule of external visits. Action plans remained open for 52 visits. Two external visits updates were particularly noted – the Human Tissue Authority (HTA) and the Cervical Screening. Following discussion of the HTA visit at the previous QAC meeting in April, it was noted that a project group had been established which met weekly to oversee the work required to comply with the HTA Licence conditions. The capital had been secured and work was being progressed.

The second section of the report provided a quarter 4 update on performance against the 2016/17 quality schedule and CQUIN schemes. No discussion took place. The third section of the report provided an update on the 2016/17 quality commitment. No discussion took place. The fourth section provided an overview of the 2017/18 quality schedule. No discussion took place.

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

22/17 SAFETY

22/17/1 Report from the Director of Safety and Risk including (1) Patient Safety Report – April 2017, (2) Complaints Performance Report – April 2017, and (3) Safety Walkabouts

The Director of Safety and Risk presented paper J which detailed three sections, (1) patient safety, (2) complaints performance, and (3) safety walkabouts. The patient safety report now included a 'what does it tell us?' box and feedback comments. There continued to be a prominent theme of failure to escalate the deteriorating patient in open and closed serious incidents this month. There had been an increase in the rate of reported patient safety incidents and prevented patient safety incidents this month. There continued to be 100% CAS compliance and no alerts had breached their deadline during the reporting period. The rate of harm events per 1,000 incidents per week had displayed a shift above the mean between February and April 2017, and this was being investigated.

There had been a decrease in the number of reopened complaints activity this month, along with a 17% decrease in overall PILS activity. Consideration was required as to who was signing off the reopened complaints.

There had been a decrease in the number of walkabouts undertaken in quarter 4, but it was noted that executive presence had increased on the wards due to undertaking Red to Green duties. The main themes identified from the walkabouts were similar to those identified in quarter 3. CMGs were being encouraged to undertake walkabouts, and members were encouraged to support and improve the number of walkabouts at each site including the Alliance. It was agreed that a list of Alliance sites would be provided to those undertaking walkabouts. When considering the themes that the walkabouts were identifying, there was a discussion around the availability of staff lockers. **All DSR**

In addition to the reports, three issues were highlighted for the attention of QAC members – (1) triangulation of incidents (SUIs and safety concerns raised over the last few months had identified key themes and these had been discussed by the Adverse Events Committee. A safety review would be undertaken around rejected imaging), (2) the new maternity safety video had been launched on 25 April 2017, and (3) The NHS Resolution and Learning from Claims had produced literature around claims by specialty.

Resolved – that (A) the contents of paper J be received and noted;

(B) that a list of Alliance sites be provided to those undertaking walkabouts and staff be encouraged to attend the sites; **DSR**

(C) to support and improve the number of walkabouts at every site including the Alliance and other satellite sites. This includes on-call Director walkabouts at weekends. To ensure timely return of information to the walkabout mailbox, and **All**

(D) that a report be provided on rejected imaging incidents to QAC following an increase. **DSR**

22/17/2 Report from the Medical Director 1

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

23/17 PATIENT EXPERIENCE

23/17/1 Friends and Family Test Scores – March 2017

The Deputy Chief Nurse provided paper L, a summary of the friends and family scores. The report detailed the Friends and Family Test score and coverage for March 2017. The SMS texting system in outpatients continued to be successful and had shown a further improvement in the coverage from 5.9% in February 2017 to 6.5% in March 2017 which equated to 5,658 patients providing feedback in March 2017. The Trust had achieved the expected coverage within inpatients, outpatients and maternity services. With regards to the Friends and Family Test score, in March 2017 96.5% of inpatients recommended the Trust. In discussion of this item themes were discussed.

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

24/17 ITEMS FOR INFORMATION

24/17/1 Report from the Director of Safety and Risk

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

24/17/2 Claims and Inquests Quarterly Update

Resolved – that paper N be received and noted.

25/17 MINUTES FOR INFORMATION

25/17/1 Executive Quality Board

Resolved – that the notes of the meeting of the Executive Quality Board held on 2 May 2017 (paper O refers) be received and noted.

25/17/2 Executive Performance Board

Resolved – that the notes of the meeting of the Executive Performance Board held on 25 April 2017 (paper P refers) be received and noted.

25/17/3 QAC Calendar of Business

Resolved – that the QAC Calendar of Business (paper Q refers) be received and noted.

26/17 ANY OTHER BUSINESS

26/17/1 None noted.

27/17 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 1 June 2017, and three items were noted as needing to be brought to the attention of the Trust Board. **Cttee Chair**

28/17 DATE OF NEXT MEETING

<u>Resolved</u> – that the next meeting of the Quality Assurance Committee be held on Thursday 29 June 2017 from 1.15pm until 4.00pm in the Board Room, Victoria Building, Leicester Royal Infirmary.

<u>The meeting closed at 3.45pm.</u>

Sarah Everatt
Interim Trust Administrator

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

Voting Members

Name	*Possible*	*Actual*	*% attendance*	*Name*	*Possible*	*Actual*	*% attendance*
J Adler	2	2	100	*R Moore*	2	0	0
S Crawshaw	2	2	100	*B Patel*	2	2	100
I Crowe (current Chair)	2	2	100	*K Singh*	2	2	100
A Furlong	2	2	100	*J Smith*	2	1	50
A Goodall	2	0	0	*M Traynor*	2	2	100
A Johnson	2	2	100	*C West – Leicester City CCG*	2	0	0
K Kingsley – Leicester City CCG	2	0	0				

Non-Voting Members

Name	*Possible*	*Actual*	*% attendance*	*Name*	*Possible*	*Actual*	*% attendance*
M Caple	2	2	100	*D Leese – Leicester City CCG*	2	0	0
M Durbridge	2	2	100	*C Ribbins*	2	2	100
S Hotson	2	2	100	*L Tibbert*	2	0	0