

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 7 December 2017

COMMITTEE: Quality and Outcomes Committee

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

DATE OF COMMITTEE MEETING: 26 October 2017

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

- None

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

- None

DATE OF NEXT COMMITTEE MEETING: 30 November 2017

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

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

**MINUTES OF A MEETING OF THE QUALITY AND OUTCOMES COMMITTEE HELD ON
THURSDAY, 26TH OCTOBER 2017 AT 2PM IN THE BOARD ROOM, VICTORIA
BUILDING, LEICESTER ROYAL INFIRMARY**

Voting Members Present:

Col. (Ret'd) I Crowe – Non-Executive Director (Chair)
Mr J Adler – Chief Executive
Professor P Baker – Non-Executive Director
Mr A Furlong – Medical Director
Mr B Patel – Non-Executive Director
Mrs J Smith – Chief Nurse
Mr K Singh – Chairman (ex-officio)

In Attendance:

Ms F Bayliss – Deputy Director of Nursing, Leicester City CCG (on behalf of Ms C West, LC CCG)
Mr M Caple – Patient Partner
Mr O Gabbar – Consultant Orthopaedic and Spinal Surgeon (for Minute 28/17)
Mrs S Hotson – Director of Clinical Quality
Mr D Kerr – Director of Estates and Facilities
Mr W Monaghan – Director of Performance and Information (for Minute 30/17)
Mr M Nattrass – Head of Operations, Cancer, Haematology, Urology and General Surgery Clinical Management Group (for Minute 20/17)
Ms C Rudkin – Senior Patient Safety Manager
Ms C Marshall – Deputy Medical Director
Mr M Traynor – Non-Executive Director
Mr S Ward – Director of Corporate and Legal Affairs

RESOLVED ITEMS

ACTION

16/17 APOLOGIES FOR ABSENCE

Apologies for absence were received on behalf of the Acting Deputy Chief Nurse and Director of Safety and Risk, respectively.

17/17 MINUTES

Resolved – that the Minutes of the meeting held on 28th September 2017 be confirmed as an accurate record, subject to:

(A) in respect of Minute 8/17/1 – Quality and Performance report – month 5 – it being noted that the MRSA case mentioned therein had subsequently been deemed to be an avoidable case, not unavoidable as minuted;

DCLA

(B) Minutes 7/17/1 and 7/17/2 being designated as confidential Minutes.

18/17 MATTERS ARISING

Paper B detailed actions from the most recent and previous Quality and Outcomes Committee and Quality Assurance Committee meetings.

Following discussion, the Committee agreed that the action log entries 7b of 31st August 2017 (update on training materials developed to support the 'Stop The Line' approach), 14 of 29th June 2017 (implementation plan to improve outpatient clinical

correspondence), 19 of 27th April 2017 (Leicester Royal Infirmary mortuary) and 21 of 24th November 2016 (concerns around long-term follow-ups) should be closed in the light of the updates now made at this meeting of the Committee.

Resolved – that paper B be received and noted and the following action log entries be closed in the light of the updates now made at this meeting of the Committee:

- (1) action 7b of 31st August 2017 (update on training materials developed to support the ‘Stop The Line’ approach);
- (2) action 14 of 29th June 2017 (implementation plan to improve outpatient clinical correspondence);
- (3) action 19 of 27th April 2017 (Leicester Royal Infirmary mortuary) and
- (4) action 21 of 24th November 2016 (concerns around long-term follow-ups).

DCLA

19/17 IMAGING INVESTIGATION REJECTION WORKING GROUP

The Committee received paper C, authored by the Clinical Director, Clinical Support and Imaging Clinical Management Group on actions taken under the auspices of the Imaging Investigation Rejection Working Group to prevent further occurrences of the rejection of requests for imaging, leading to patient harm.

The Committee noted the actions taken by the Working Group and the current status of its action plan, appended to paper C.

The Committee was assured of progress made to date and asked that an update report be submitted to its January 2018 meeting.

Resolved – that (A) paper C, now submitted, updating the Committee on the work of the Imaging Investigation Rejection Working Group be received and noted, and

(B) the Clinical Director, Clinical Support and Imaging Clinical Management Group be requested to provide an update report to the January 2018 Committee meeting 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.

CD, CSI

20/17 HAEMOGLOBINOPATHY SERVICE – UPDATE

Further to Minute 47/17/2 of 27th July 2017, the Head of Operations, Cancer, Haematology, Urology, Gastroenterology and General Surgery Clinical Management Group attended and introduced paper D, updating the Committee on a number of actions being taken to improve the Trust’s Haemoglobinopathy Service.

The Committee noted the various issues summarised in paper D and was pleased with the progress which had been made to date, noting the need for a number of issues to be the subject of further work. In particular, note was made of the need to develop plans to put the service on a sustainable footing for the future.

Resolved – that (A) paper D updating the Committee on actions taken to address a number of areas for improvement relating to the Trust’s Haemoglobinopathy Service be received and noted, and

(B) an update report on the development of the service and plans to put it on a sustainable footing for the future be submitted to the January 2018 Committee meeting.

HoO,
MSS

21/17 SAFETY AND QUALITY OF EMERGENCY CARE

Further to Minute 248/17 of the Trust Board meeting held on 5th October 2017, the Chief Nurse introduced paper E attached to which was a draft copy of a new Emergency Department Quality Summary Scorecard, upon which the Committee was invited to comment. In discussion, the Committee:

- (a) noted that consideration was being given to adopting the ED Safety Checklist published by NHS Improvement on 18th October 2017: further thought would be given as to whether there were any metrics associated with this checklist which might also merit inclusion in the ED Quality Summary Scorecard,
- (b) noted that the Scorecard would be reviewed monthly at the Emergency and Specialist Medicine Clinical Management Group Quality and Safety Board, as well as at the Executive Quality Board and Quality and Outcomes Committee,
- (c) noted that targets for compliance and key performance indicators had yet to be agreed for a number of metrics set out in the draft Scorecard,
- (d) noted, in response to a query raised by the Committee Chair, that consideration was being given to monitoring the time to specialist referral, for inclusion within the Scorecard.

Resolved – that (A) paper E, now submitted, setting out a draft copy of a new Emergency Department Quality Summary Scorecard be received and noted, and

(B) taking into account the comments made at the meeting, the revised version of the scorecard be the subject of monthly reports to the Emergency and Specialist Medicine Clinical Management Group Quality and Safety Board, Executive Quality Board and Quality and Outcomes Committee.

CN/MD

22/17

REPORTS FROM DIRECTOR OF SAFETY AND RISK: (1) PATIENT SAFETY REPORT – SEPTEMBER 2017 (2) DUTY OF CANDOUR AND (3) COMPLAINTS BRIEFING – SEPTEMBER 2017

The Senior Patient Safety Manager introduced paper F and the Committee noted a recent rise in ‘moderate’ harm events which had 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 be the subject of report to the November 2017 meeting of the Committee. In discussion, the Committee:

- (a) noted that action was being taken by the Executive Team to ensure that overdue actions arising from Serious Untoward Incident/Root Cause Analysis reports would now be implemented,
- (b) noted the concerns associated with the availability of medical notes in clinical settings as set out in the report, an issue which had now been addressed by the submission of a report to the Executive Workforce Board on 17th October 2017 by the Clinical Director, Clinical Support and Imaging Clinical Management Group,
- (c) noted the good progress made in relation to compliance with the Duty of Candour (appendix 2 to paper F refers),
- (d) noted that representatives of the Health Investigation Safety Branch had visited the Trust between 18th and 20th September 2017 as part of the Branch’s gathering of information in relation to its study of cardiac and vascular patient pathways.: the

outcome of this investigation would be published in due course and was intended to set out system-wide learning;

(e) noted the visit to the Trust on 19th September 2017 of the National Freedom to Speak Up Guardian and the Guardian's feedback to the Trust, as set out in paper F.

The Medical Director reported orally on a further Trust Never Event which had occurred in October 2017 and which would be the subject of a report to the Committee in November 2017.

Resolved – that (A) paper F, now submitted, be received and noted, and

(B) the Director of Safety and Risk be requested to undertake a 'deep dive' exercise to better understand the recent increase in moderate harms and the outcome of that review be reported to the November 2017 meeting of the Committee.

DSR

23/17 NURSING AND MIDWIFERY QUALITY AND SAFE STAFFING REPORT

Paper G, presented by the Chief Nurse, detailed triangulated information relating to nursing and midwifery quality of care and safe staffing, and highlighted those Wards triggering Level 1 (21 Wards) and Level 2 (12 Wards) concerns. In August 2017, no Wards had triggered a Level 3 concern.

In discussion, the Committee:

- (a) noted that particular attention was being paid to infection prevention across all clinical areas in the light of the most recent results as set out in the report,
- (b) that Registered Nurse vacancies had decreased between July and August 2017, from 528 WTE to 507 WTE,
- (c) commended the successful validation by De Montfort University of the Leicestershire Nursing Associate programme, developed and delivered by the Trust,
- (d) noted the implementation of a revised 'Silver' operational command structure which had formalised Senior Nurse involvement in supporting Clinical Management Groups in ensuring safe staffing, and
- (e) 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.

In response to comments made by Mr M Caple, Patient Partner the Chief Nurse confirmed that she would be happy to meet with patient representative groups to discuss nurse staffing issues and noted also that the Nursing and Midwifery Council had decided that, from 1st November 2017, nurses from the EU or elsewhere would be allowed to take the Occupational English Test, rather than the academic version of the International English Language Test System (IELTS), which, it was felt, would effectively support international recruitment and enable nurses and midwives to demonstrate that they had the necessary command of English to practice safely and effectively, without compromising patient safety. Nurses from English-speaking countries would no longer be required to sit the exams. Instead, they would be allowed to prove that they had worked for at least a year in an English-speaking country, and previously passed an English language test.

Resolved – that paper G, now submitted, detailing triangulated information relating to nursing and midwifery quality of care and safe staffing, be received and noted.

24/17 ACTING ON RESULTS: QUARTERLY UPDATE

Further to Minute 7/17/4 of 27th April 2017 (Quality Assurance Committee), the Deputy Medical Director presented paper H, updating 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 (appended to paper H) and the Committee was pleased to learn that dedicated IT resource to support the project had been confirmed at a meeting held on 19th 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.

Resolved – that (A) paper H, updating the Committee on progress made against the 2017/18 Quality Commitment to implement revised processes to improve diagnostic results management be received and noted, and

(B) the Medical Director/Deputy Medical Director be requested to submit an update report on progress against this 2017/18 Quality Commitment priority to the January 2018 Committee meeting.

MD/DMD

25/17 REPORT BY DEPUTY MEDICAL DIRECTOR

Resolved – that this Minute be classed as confidential and taken in private accordingly on the grounds that public consideration at this stage would be prejudicial to the effective conduct of public affairs.

26/17 NEVER EVENT ACTION PLAN

Further to Minute 62/17/4a of 31st August 2017 (Quality Assurance Committee), paper I, presented by the Deputy Medical Director, provided an update on the implementation of the Never Event action plan (a copy of the current action plan illustrating progress to date was appended to paper I). The Safer Surgery and 'Stop The Line' campaigns had been launched to staff in October 2017 and the Committee was pleased to hear that they had been well received.

In discussion, the Committee:

- (a) noted the comments made by the Chief Executive on the implementation of the action plan in the light of his visit to Theatres at the Leicester Royal Infirmary on 25th October 2017,
- (b) noted that an important component of the action plan was to gain assurance that the Local Safety Standards for Invasive Procedures (LocSSIPs) programme had been firmly embedded,
- (c) noted that the 'Stop The Line' programme would also be rolled out to areas outwith Theatres that performed invasive procedures, to support safety culture

improvements in such areas,

- (d) noted the Medical Director's comments on the longer term plan to implement an IT solution to capturing the requisite information.

Resolved – that (A) paper I, updating the Committee on the implementation of the Never Event action plan, be received and noted, and

(B) an update report on the implementation of the Never Event action plan, to include an update on the implementation of that component directed at Local Safety Standards for Invasive Procedures (LocSSIPs), as well as the wider roll out of the 'Stop The Line' programme, be submitted by the Deputy Medical Director to the January 2018 Committee meeting.

DMD

27/17 EARLY WARNING SCORES AND SEPSIS – ASSURANCE REPORT

Paper J updated the Committee on performance for the period 7th August – 3rd September 2017 in relation to the work programme to improve the care of patients with a deteriorating Early Warning Score (EWS) and 'Red Flag' sepsis.

It was noted that the Trust's 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.

Resolved – that (A) paper J, updating the Committee on the programme to improve the care of patients with a deteriorating Early Warning Score (EWS) and 'Red Flag' sepsis, be received and noted, and

(B) an update report on the Trust's programme to improve care of patients with a deteriorating Early Warning Score (EWS) and 'Red Flag' sepsis, be submitted to the next Committee meeting in November 2017.

MD

28/17 FRACTURED NECK OF FEMUR – PERFORMANCE UPDATE

Paper K, presented by Mr O Gabbar, Consultant Orthopaedic and Spinal Surgeon, updated the Committee on performance against the agreed standards for operating on patients with fractured neck of femurs within 36 hours of presentation.

In discussion, the Committee:

- (a) noted that the Trust had met the agreed standards in each month between May and August 2017 but, nevertheless, a number of challenges remained and it was still too early to conclude that such performance was reliably sustainable.
- (b) noted the specific issues highlighted in paper J, all of which would impact on performance,
- (c) noted the issues identified by Mr Gabbar which, as and when addressed, would help to 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.

Resolved – that (A) paper K, updating the Committee on performance against the agreed standards for operating on patients with fractured neck of femurs within 36 hours of presentation, be received and noted, and

(B)an update report on actions being taken/to be taken to bring about sustainable improved performance against the fractured neck of femur standards be submitted to the January 2018 Committee meeting by the Clinical Director, Musculo-Skeletal and Specialist Surgery Clinical Management Group.

CD, MSS

29/17 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.

Resolved – that paper L, setting out the PLACE 2017 results, be received and noted.

30/17 DATA QUALITY AND CLINICAL CODING

The Director of Performance and Information attended and introduced paper M, updating the Committee on the August 2017 publication of the Data Quality Maturity Index and also on clinical coding matters.

The Committee that the latest Data Quality Maturity Index showed that the Trust was positioned in second place amongst its peer group for the quality and coverage of data.

In respect of clinical coding, the Committee noted that the Coding team was being strengthened with Audit and training needs identified and addressed. The workforce had been expanded and the Trust no longer employed agency Coders.

The backlog of un-coded episodes was presently being maintained at a manageable level, but improved case note flows were essential to improving the overall quality of coding. A Listening into Action initiative had commenced to address this issue.

Resolved – that paper M, an update on the Trust's position in relation to data quality and clinical coding, be received and noted.

31/17 CARE QUALITY COMMISSION – INSPECTIONS UPDATE

Further to Minute 8/17/4 of 28th September 2017, the Director of Clinical Quality introduced paper N which provided an update on:

- (a) progress against the formal action plan prepared in response to the Care Quality Commission's comprehensive inspection in June 2016,
- (b) an update on the final formal action plan in response to the Commission's unannounced inspection of wards 42 and 43 in July 2017, and
- (c) an overview of the Commission's inspection regime, including next steps in

preparation for the next unannounced inspection.

The Committee noted:-

- (i) that the cycle of inspections (for well-led and core services) had commenced, and that a date for the well-led (announced) inspection was awaited,
- (ii) noted that the first of the quarterly Commission provider engagement meetings had taken place on 19th October 2017, and
- (iii) that clinical services had been requested to self-assess compliance against the Commission's Inspection Frameworks (a link to which was included within paper N).

The Director of Clinical Quality summarised the Commission's feedback arising from the first of its quarterly provider engagement meetings and the Committee noted that the Trust Board would discuss preparations for the forthcoming well-led inspection at its Thinking Day to be held on 9th November 2017.

Resolved – that paper N, updating the Committee on the subject of Care Quality Commission inspections, be received and noted.

32/17 QUALITY AND OUTCOMES COMMITTEE – ANNUAL WORK-PLAN 2017/18

The Director of Clinical Quality submitted paper O and the Committee endorsed the proposed annual Work Plan 2017/18, but asked that it be re-profiled to accord with the Care Quality Commission Domain headings of Safe, Caring, Effective and Well-led.

Resolved – that the Quality and Outcomes Committee annual work-plan 2017/18, now submitted, be endorsed and the Director of Clinical Quality be requested to re-profile the Work Plan to accord with the Care Quality Commission Domain headings of Safe, Caring, Effective and Well-led.

DCQ

33/17 ITEMS FOR INFORMATION

Resolved – that it be noted that no items were reported for information at this meeting of the Committee.

34/17 MINUTES FOR INFORMATION

34/17/1 Executive Quality Board

Resolved – that the action notes of the meeting of the Executive Quality Board held on 3rd October 2017 (paper P refers) be received and noted.

34/17/2 Executive Performance Board

Resolved – that the action notes of the meeting of the Executive Performance Board held on 26th September 2017 (paper Q refers) be received and noted.

35/17 ANY OTHER BUSINESS

35/17/1 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 PREVENT 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.

Resolved – that the position be received and noted.

35/17/2 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.

Resolved – that the position be received and noted.

36/17 **IDENTIFICATION OF ANY KEY ISSUES FOR THE ATTENTION OF THE TRUST BOARD**

Resolved – that (A) a summary of the business considered at this meeting be presented to the Trust Board meeting on 2nd November 2017, and

(B) the business referred to in Minute 25/17 (confidential item) be particularly highlighted for the Trust Board’s attention.

CHMN

37/17 **DATE OF NEXT MEETING**

Resolved – that the next meeting of the Quality and Outcomes Committee be held on Thursday, 30th November 2017 from 1.30pm until 4.00pm in Seminar Room 2, Clinical Education Centre, Glenfield Hospital (please note change of venue).

The meeting closed at 4.29pm

Stephen Ward **Director of Corporate and Legal Affairs**

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

Voting Members

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
J Adler	2	1	50	B Patel	2	2	100
P Baker	2	2	100	K Singh (Ex-officio)	2	2	100
I Crowe (Chair)	2	2	100	J Smith	2	1	50
A Furlong	2	1	50	C West – Leicester City CCG	2	0	0

Non-Voting Members

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
M Caple	2	1	50	S Hotson	2	2	100
M Durbridge	2	1	50	C Ribbins/ E Meldrum	2	1	50