Trust Board paper P1

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 7 March 2019

COMMITTEE: Quality and Outcomes Committee (QOC)

CHAIR: Col (Ret'd) I Crowe, Non-Executive Director and QOC Chair

DATE OF COMMITTEE MEETING: 31 January 2019

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

- **Minute 01/19 Seven Day Services – Board Assurance Framework**

OTHER KEY ISSUES IDENTIFIED BY THE COMMITTEE FOR CONSIDERATION/ RESOLUTION BY THE TRUST BOARD:

- **Minute 14/19 Cancer Performance Quarters 1 and 2 (2018/19)**

DATE OF NEXT COMMITTEE MEETING: 28 February 2019

Col (Ret'd) I Crowe, Non-Executive Director and QOC Chair

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

MINUTES OF A MEETING OF THE QUALITY AND OUTCOMES COMMITTEE HELD ON THURSDAY 31 JANUARY 2019 AT 1.45PM 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
Ms V Bailey – Non-Executive Director
Professor P Baker – Non-Executive Director
Ms C Fox – Chief Nurse
Mr A Furlong – Medical Director
Mr B Patel – Non-Executive Director
Mr K Singh – Trust Chairman *(ex officio)*

In Attendance:
Dr D Barnes – Cancer Centre Clinical Lead (for Minute 14/19)
Ms H Beckitt – Clinical Librarian (for Minute 09/19)
Mrs G Belton – Corporate and Committee Services Officer
Mr M Caple – Patient Partner
Miss M Durbridge – Director of Safety and Risk
Mr S Glover – Library Services Manager (for Minute 09/19)
Mrs S Hotson – Director of Clinical Quality
Mr D Kerr – Director of Estates and Facilities
Ms S Leak – Director of Operational Improvement (for Minute 08/19)

ACTION

RECOMMENDED ITEMS

01/19 SEVEN DAY SERVICES: BOARD ASSURANCE FRAMEWORK

Paper F, as presented by the Medical Director, referenced the new Seven Day Services Board Assurance Framework which had been introduced, in trial form, in the Autumn, replacing the National 7DS Survey. The process involved Trusts completing a Seven Day Service self-assessment template with Trust Boards then required, on a bi-annual basis, to provide formal assurance that the assessment was an accurate and true reflection of delivery. The trial required completion in February 2019, using 2018 data to create a baseline for future reporting. The completed self-assessment, having also been reviewed by the Executive Quality Board prior to submission to the Quality and Outcomes Committee, was endorsed and now recommended onto the Trust Board for formal approval prior to submission to regional and national 7DS teams by the deadline of the end of February 2019. The Corporate and Committee Services Officer was requested to submit the completed 7DS self-assessment document to the Trust Board for formal approval at its meeting on 7 February 2019 via attachment to the Quality and Outcomes Summary arising from this meeting.

Recommended – that the contents of this report be received and noted and the completed 7DS self-assessment be endorsed and recommended onto the Trust Board for formal approval (via attachment to the Quality and Outcomes Summary arising from this meeting). **CCSO**

RESOLVED ITEMS

02/19 APOLOGIES FOR ABSENCE

Apologies for absence were received from Ms E Meldrum, UHL Deputy Chief Nurse, Ms F Bayliss, Deputy Director of Nursing and Quality, Leicester City CCG and Ms C West, Director of Nursing and Quality, Leicester City CCG.

03/19 DECLARATIONS OF INTEREST

Resolved – that there were no declarations of interest.

04/19 MINUTES

Resolved – that the Minutes of the meeting held on 20 December 2018 (paper A refers) be confirmed as a correct record.

05/19 MATTERS ARISING

In discussion on the contents of the Matters Arising Report (paper B refers):-

(a) the Medical Director confirmed that action 2 (Minute 217/18 from 20 December 2018 refers re Fractured Neck of Femur) could be closed as the process referenced was already in place;
(b) the Chief Nurse confirmed that action 3 (Minute 218/18 from 20 December 2018 refers re the Dementia Update) could be closed as this work would be taken forward through the Dementia Group and Safeguarding Group, which would report through to EQB accordingly;
(c) the Director of Safety and Risk confirmed that action 5 (Minute 221/18 from 20 December 2018 refers re the National Patient Strategy) could be closed as this report had now been circulated to QOC members;
(d) the Director of Estates and Facilities provided an update in relation to action 9 (Minute 197/18 of 25 October 2018 refers re the EHO Inspection of ward kitchen areas) advising that this item would be scheduled for the February 2019 QOC meeting;
(e) Ms V Bailey, Non-Executive Director confirmed that action 10 (Minute 200/18 refers re a report on radiology recruitment) could now be closed;
(f) the Chief Nurse provided an update in respect of item 16 (Minute 166/18 from 27 September 2018 refers re the protected mealtimes initiative) advising that this action would be taken forward as part of the Nutrition report to be scheduled at the EQB and QOC meetings in March 2019, and
(g) the Director of Estates and Facilities provided an update in respect of item 19 (Minute 147/18 refers re the Compliance Assessment and Analysis System (CAAS) quarterly update) confirming that he was currently reviewing the continuation of the CAAS reporting system. It was therefore agreed to close this action, noting that the Director of Estates and Facilities would be determining a future reporting system and where it was reported through to (potentially the Finance and Investment Committee).

The Corporate and Committee Services Officer undertook to update the Matters Arising Log accordingly in light of the updates provided at the meeting.

CCSO

Resolved – that (A) the contents of the Matters Arising Log, and the verbal updates provided at the meeting, be received and noted, and

(B) the Corporate and Committee Services Officer be requested to update the Matters Arising Log accordingly. **CCSO**

06/19 NURSING AND MIDWIFERY QUALITY AND SAFE STAFFING REPORT

The Chief Nurse presented paper C, which 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 November 2018, 0 wards had triggered a level 3 concern (as in October 2018), there were 7 wards triggering a level 2 concern (4 more than in October 2018) and 22 wards triggering a level 1 concern (1 more than in October 2018).

Particular note was made of a recently held HCA recruitment event, which had proven very successful, along with a recently held Recruitment Event for Registered Nurses. In light of the need, on occasion, to rotate substantive nursing staff between wards at times of particular

pressure to maintain appropriate staffing levels, specific note was made of the plans underway to assist such staff in feeling appropriately orientated to the new environment (as was already the case for agency staff).

Members discussed the Nursing Staff Bank, which also managed Medical Bank and Locums, and note was made of an impending report on the Staff Bank due to be submitted to a future meeting of the Executive Board and thereafter to the People, Process and Performance Committee (potentially in April 2019) given the presence of senior HR colleagues within both of these forums.

QOC members sought, and received, assurance of continued focus on the 'time to hire' metric, which was discussed regularly at the monthly CMG performance review meetings. In further discussion on this report, members discussed means by which to improve recruitment and retention in CHUGGS and also discussed the contents of appendix 4 (i.e. the gap analysis from the NHSI Workforce Initiative), including the move towards a competency based model, which would be further developed and reflected in the bi-annual nurse staffing reports presented to the Trust Board for sign off.

<u>Resolved</u> – that (A) the contents of this report be received and noted, and

(B) the impending report on the Staff Bank, due for submission to a future meeting of the Executive Board, be submitted thereafter to the People, Process and Performance Committee (potentially the PPPC meeting in April 2019). **CN / CCSO**

07/19 MONTHLY HIGHLIGHT REPORT FROM THE DIRECTOR OF SAFETY AND RISK

Paper D, as presented by the Director of Safety and Risk, detailed information relating to (i) 'Developing a Patient Safety Strategy for the NHS – Proposals for Consultation' document being led by the NHS National Director of Patient Safety and the CQC document 'Opening the Door to Change' (ii) progress with the Never Event action plan (iii) feedback from Never Event specific Director led safety walkabouts (iv) patient safety data and (v) complaints data. In respect of the latter data, it was highlighted that there had been a particular spike in complaints relating to the neurology service which would feature in a report due to be submitted to the Executive Quality Board meeting in early February 2019.

In discussion, particular note was made that time had been secured by the Director of Safety and Risk on the medical student curriculum for the provision of training to Year 2 medical students on Never Events, which was welcomed by QOC.

Specific discussion took place regarding staff's understanding of Never Events, albeit noting that the most important message to convey to staff was the need to consistently follow agreed processes, and the Chief Executive noted that such matters were addressed through the Trust's Quality Strategy. Discussion also took place regarding organisations considered as exemplars in relation to Never Events. Note was made of the potential benefit in sharing good practice regarding the dissemination of Never Event information across CMGs and the Director of Safety and Risk undertook to request that the Quality and Safety Leads progressed this matter accordingly. **DSR**

The Committee also considered the role of the 'Patient Advocates for Safety' as referenced within the National Patient Safety Strategy and how this might align with the current role of the Patient Partner.

<u>Resolved</u> – that (A) the contents of this report be received and noted, and

(B) the Director of Safety and Risk be requested to ask that the Quality and Safety Leads disseminated / shared good practice relating to Never Events between Clinical Management Groups (CMGs). **DSR**

08/19 SYMPTOMATIC BREAST BACKLOG MANAGEMENT

Paper E, as presented by the Director of Operational Improvement, described the growing gap between available capacity and demand for the 2 week wait symptomatic breast service which crossed both Breast Surgery (within the MSS Clinical Management Group) and Breast Imaging (within the CSI Clinical Management Group) and the reasons for this gap. It also provided the plan to mitigate the shortfall and deliver the breast 2 week wait performance. There had been a 14.4% growth in Symptomatic Breast referrals this year against the same period last year. As of 1 January 2019, the backlog was zero and the CMGs were now offering appointments within breach date (i.e. within 14 days). A working group had been convened to meet for the first time in January 2019 to plan transformation change to consistently bridge the gap between capacity and demand. In discussion, note was also made of the success of CRIS, which was now well embedded and had increased capacity. The Committee received and noted the contents of this report and welcomed the successful work undertaken in this respect.

Resolved – that the contents of this report be received and noted.

09/19 INFORMATION FOR PATIENTS SERVICE: AN OPTIONS APPRAISAL

Paper G, as introduced by the Medical Director, referenced the need for a 'fit for purpose 'Information for Patients' service as a fundamental requirement to support safe, high quality care for patients' and set out a vision for such an adequately resourced system within UHL.

This report had previously been presented to both the Executive Quality Board and Revenue and Investment Committee, both of whom had supported option 3 of the options appraisal (i.e. optimal additional resources) and now required funding to be identified as part of business planning for 2019/20. QOC supported the recommendations of this report, noting the intended development of a related work programme.

Particular discussion took place regarding the need for recognition of differing literacy levels and accessibility of information to patients, both in terms of accessibility to patients of differing languages and accessibility in terms of the medium in which the information was produced and presented, such that the Trust produced information relevant to its population. The need to assist the Trust's patients to navigate its systems was recognised, as was the need to ensure that information was appropriate for the person receiving it. Note was also made of the successful partnership working arrangements between Ms Beckitt, Clinical Librarian and the Trust's Patient Advisers.

In concluding discussion, the QOC Chairman expressed the Committee's thanks in respect of all the work undertaken to progress this area and noted the need to continue this work onto the next level, with continued refinement and improvement. It was agreed that a report on progress would be submitted to a QOC meeting in six months' time (i.e. in July 2019).

Resolved – that (A) the contents of this report be received and noted and the recommendations of this report be supported, and

(B) a further report on progress in relation to the 'Information for Patients' Service be submitted to the Quality Outcomes Committee in six months' time. **MD / Clinical Librarian**

10/19 UPDATE FROM THE VTE TASK AND FINISH GROUP

Paper H, as presented by the Director of Clinical Quality, provided the first update from the VTE Prevention Task and Finish Group. The Committee was specifically asked to (i) note the Terms of Reference for the VTE Prevention Task and Finish Group and (ii) note that an overall work programme would be developed for the VTE prevention work programme with monthly updates to the Executive Quality Board. It was specifically noted that a further report on this matter was due for submission to the February 2019 meeting of the EQB and thereafter would be presented at the QOC meeting to be held on 28 February 2019. The Committee received and noted the contents of this report, noting that effective communication would be key to this work.

Resolved – that (A) the contents of this report be received and noted, and

(B) a further report re the VTE Task and Finish Group be submitted to the Quality Outcomes meeting on 28 February 2019 (further to submission of the same report to the Executive Quality Board meeting on 5 February 2019). **DCQ**

11/19 END OF LIFE CARE (EOLC): UPDATE

UHL was the major provider of end of life care for its local population. Work continued to ensure that the care provided at the end of life at UHL continued to improve, with the development of a draft strategy for EOLC, a draft dashboard, business case to increase specialist palliative care capacity and improved resources for staff and patients, all of which were referenced within the report presented (paper I refers, as presented by the Director of Clinical Quality). This work was welcomed by the Committee, who noted that this strategy focussed specifically on adult patients and the need, therefore, to highlight at the front of this strategy that it was not applicable to young patients. Note was also made, in discussion, of appropriate cross referencing to the work relating to learning from deaths and of an LLR 'Dying Matters' event to be held on 15 May 2019.

Resolved – that (A) the contents of this report be received and noted and

(B) it be highlighted at the front of the strategy document that it was not applicable to young patients. **DCQ**

12/19 CQC UPDATE

Paper J, as presented by the Director of Clinical Quality, detailed (i) a copy of the latest CQC Insight Report and a summary of the action underway to address outlier or deteriorating indicators and (ii) a summary of the recent enquiries raised by the CQC directly with the Trust.

Members received and noted the contents of this report and requested additional information in respect of PROMS (patient related outcome measures) data when a further such report was submitted to QOC.

The Committee also requested that the summary section detailed within future iterations of the report focus on genuine deteriorations in performance (i.e. not those which represented a deterioration on only last year's figures and for which the Trust remained performing at the national average) and included more narrative.

In discussion, note was made of the next engagement meeting with the CQC, due to be held on 15 February 2019.

General discussion took place took place regarding the length of reports submitted to the Quality and Outcomes Committee, noting the need to differentiate between items for the specific attention of members and those items for background information, which could potentially be provided as links or otherwise signposted to members. Note was made that QOC members did require sight of the complete report from the CQC as had been provided.

Resolved – that (A) the contents of this report be received and noted, and

(B) the Director of Clinical Quality be requested to include the following in the next iteration of the CQC Update report to QOC:

- **additional information in respect of PROMS (Patient Related Outcome Measures) data;**
- **the summary section to focus only on genuine deteriorations in performance (i.e. to not include those which represented a deterioration on only last year's figures and for which the Trust remained performing at the national average), and**
- **more detailed narrative.** **DCQ**

13/19 QUALITY ACCOUNT 2018/19

The Quality Account was a legal requirement for all NHS providers, with the aim of enhancing accountability to the public and reporting on the quality of services looking at the three domains of clinical effectiveness, safety and patient experience. As per paper K, presented by the Director of Clinical Quality, the Committee was requested to note (1) this year's Quality Account guidance received from NHS Improvement and (2) that a draft of the 2018/19 Quality Account would be presented at the QOC meeting in March 2019. The Committee received and noted the contents of this report, noting relevant links with the Quality Strategy.

Resolved – that (A) the contents of this report be received and noted and

(B) a draft of the 2018/19 Quality Account be presented at the QOC meeting in March 2019. DCQ

14/19 CANCER PERFORMANCE QUARTERS 1 AND 2 (2018/19) – 62 DAY BREACH THEMATIC FINDINGS, 104 DAY HARM REVIEW FINDINGS

The Committee received and noted the contents of papers L1 and L2, as presented by Dr Barnes, Cancer Centre Clinical Lead which detailed, respectively, 62 day Breach Thematic Findings and 104 Day Harm Review Findings. Particular discussion took place regarding the development of a new post within the East Midlands Cancer Alliance.

It was proposed, in discussion, that these reports were scheduled, on a quarterly basis, in future, within the Joint PPPC / QOC session given the attendance of colleagues within the Operations directorate at the joint sessions, whose input into these discussions would be valuable. It was also agreed that the papers presented relating to this item should be appended to the QOC Summary arising from this meeting for submission to the 7 February 2019 Trust Board meeting for formal receipt and noting.

Resolved – that (A) the contents of these reports be received and noted,

(B both reports be appended to the QOC Summary arising from this meeting for submission to the 7 February 2019 Trust Board meeting for formal receipt and noting, and CCSO

(C) these two Cancer Performance reports be scheduled, on a quarterly basis, in future, within the Joint PPPC / QOC session given the attendance of colleagues within the Operations directorate at the joint sessions, whose input into these discussions would be valuable. CCCL / CCSO

15/19 DETERIORATING ADULT PATIENT BOARD UPDATE (EWS AND SEPSIS)

Paper M as presented by the Medical Director, noted that EWS and sepsis reporting was now undertaken electronically and it identified the key challenges in obtaining consistently reliable data. It further highlighted the actions already taken and those planned to address the issues described. EWS and sepsis performance reports were included and the work undertaken to ensure compliance with the introduction of NEWS2 to adult areas was also described. The contents of this report were received and noted and particular discussion took place regarding the accurate determination of 'time zero', especially for ward-based patients.

Resolved – that the contents of this report be received and noted.

16/19 CIP – QUALITY AND SAFETY IMPACT ASSESSMENT

Resolved – that this report (paper N refers, which provided an update on the risk and potential impact the Cost Improvement Programme may have on quality at the end of Month 8) be received and noted.

17/19 MINUTES FOR INFORMATION

Resolved – that the following be noted for information at papers O1, O2 and P

respectively:-
(1) EQB minutes of 4 December 2018;
(2) EQB actions of 8 January 2019, and
(3) EPB minutes of 18 December 2018.

18/19 ANY OTHER BUSINESS

18/19/1 Surgical Site Surveillance

The Chief Nurse reported verbally to inform the Committee of notification received from Public Health England (PHE) with regard to the Trust being an outlier for surgical site surveillance in relation to elective knee surgery. Upon investigation it was found that there was no specific cause for concern and the finding was attributable to less procedures having been carried out due to the winter period.

Resolved – that this verbal information be noted.

19/19 IDENTIFICATION OF ANY KEY ISSUES FOR THE ATTENTION OF THE TRUST BOARD

Resolved – that the following issues be highlighted to the public February 2019 Trust Board via the public summary of this QOC meeting:-

- **Minute 01/19 Seven Day Services – Board Assurance Framework, and**
- **Minute 14/19 Cancer Performance Quarters 1 and 2 (2018/19).**

QOC CHAIR

20/19 DATE OF NEXT MEETING

Resolved – that the next meeting of the Quality and Outcomes Committee be held on Thursday 28 February 2019 from 1.45pm until 4.15pm in the Board Room, Victoria Building, Leicester Royal Infirmary.

The meeting closed at 4.25pm. Gill Belton - **Corporate and Committee Services Officer**

Cumulative Record of Members' Attendance (2018-19 to date):
Voting Members

Name	*Possible*	*Actual*	*% attendance*	*Name*	*Possible*	*Actual*	*%attendance*
I Crowe (Chair)	10	10	100	A Furlong	10	8	80
J Adler	10	5	50	E Meldrum	7	6	86
V Bailey	10	10	100	B Patel	10	9	90
P Baker	10	6	60	K Singh *(Ex-officio)*	10	7	70
C Fox	4	4	100	C West/F Bayliss – LC CCG	10	3	30

Non-Voting Members

Name	*Possible*	*Actual*	*% attendance*	*Name*	*Possible*	*Actual*	*%attendance*
M Caple	1	8	80	S Hotson	10	9	90
M Durbridge	10	8	80	C Ribbins	8	2	25