

Trust Board paper P

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**

**REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD**

**DATE OF TRUST BOARD MEETING: 3 May 2018**

**COMMITTEE: Quality and Outcomes Committee (QOC)**

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

**DATE OF COMMITTEE MEETING: 29 March 2018**

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

- None

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

- (i) Minute 49/18 – the Trust’s insulin safety actions continued to drive improvements that had been identified and implemented in order to address the concerns raised by the CQC , however, the warning notice in relation to insulin safety still remained in place , and
- (ii) Minute 52/18 – the Committee had agreed for the first draft of the 2017-18 Quality Account to be circulated to stakeholders.

**DATE OF NEXT COMMITTEE MEETING: 26 April 2018**

**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, 29 MARCH 2018 AT 10:00AM 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  
Mr A Furlong – Medical Director  
Mr B Patel – Non-Executive Director  
Ms J Smith – Chief Nurse

**In Attendance:**

Mr M Archer – Head of Operations, Clinical Support and Imaging (for Minute 46/18)  
Mr M Caple – Patient Partner  
Ms J Dawson – Freedom to Speak Up Guardian (for Minute 47/18)  
Miss M Durbridge – Director of Safety and Risk  
Mrs S Hotson - Director of Clinical Quality  
Mr D Kerr – Director of Estates and Facilities  
Ms E Meldrum – Deputy Chief Nurse (for Minutes 48/18-49/18 inclusive)  
Mr R Moore – Non-Executive Director

**RESOLVED ITEMS**

**ACTION**

**42/18 APOLOGIES FOR ABSENCE**

Apologies have been received from Ms V Bailey, Non-Executive Director, Professor P Baker, Non-Executive Director, Ms C Ribbins, Deputy Chief Nurse and Mr K Singh, Chairman (ex officio) and Ms C West, Director of Nursing, Leicester City Clinical Commissioning Group.

**43/18 MINUTES**

**Resolved** – that the Minutes of the meeting held on 22 February 2018 (paper A) be confirmed as a correct record.

**44/18 MATTERS ARISING**

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

**Resolved** – that the action log (paper B), now submitted be received and noted.

**44/18/1 Update on Robot – Utilisation and Capacity (Minute 05/18(B) of 25 January 2018)**

The Chief Executive provided a verbal update advising that currently the robotic procedures were undertaken in three specialties (lower GI, gynaecology and urology). The robotic usage was currently 3 sessions, 5 sessions and 16 sessions a month for lower GI, gynaecology and urology respectively. Although, average robotic usage had increased, the usage had not reached its capacity and therefore did not justify the requirement for another robot. It was also noted that with the current challenges on the capital programme, it would not be possible for the Trust to invest in another robot. In terms of allocating the robot to a specific theatre, members were advised

that the plan was to do so, however, currently, some non-robotic procedures were being undertaken in the same theatre.

**Resolved** – that the verbal update be noted.

**45/18 QUARTERLY EARLY WARNING SCORE AND SEPSIS REPORT**

Paper C updated the Committee on performance for the period October-December 2017 in relation to the work programme to improve the care of patients with a deteriorating Early Warning Score (EWS) and 'Red Flag' sepsis. The Committee noted the actions (detailed in the report) to improve the care of inpatients who developed sepsis which were being implemented. It was highlighted that performance had plateaued and further intervention had been planned with clinical teams. Electronic reporting had commenced for sepsis which would be rolled out Trust-wide.

**Resolved** – that paper C, 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.

**46/18 PSYCHOLOGY SERVICES UPDATE**

The Head of Operations, Clinical Support and Imaging Clinical Management Group attended and introduced paper D, updating the Committee that a contract performance notice (CPN) had been issued from UHL to LPT in respect of the psychology services commissioned by UHL. The CPN had highlighted that sessions were not being delivered due to staff shortages, data not being provided regularly or in a consistent way and actions not being completed in a timely manner following meetings between UHL and LPT since May 2017. A remedial action plan had been agreed, with UHL tracking LPT performance against this on a monthly basis. A steering group had been established to hold LPT to account against 2017 non-delivery of the patient volumes within the existing contract, and a growing waiting list. The Committee noted the various issues summarised in paper D and suggested that any deterioration against the remedial action plan be appropriately escalated to the LPT. A further update on this matter would be provided in May 2018.

HoO, CSI

**Resolved** – that (A) paper D updating the Committee on Psychology Services (falling under the umbrella of liaison psychiatry services) and contract performance notice (CPN) issued from UHL to LPT in respect of the psychology services commissioned by UHL be received and noted, and

**(B) the Head of Operations, Clinical Support and Imaging CMG be requested to appropriately escalate any deterioration against the remedial action plan to the LPT and a further update on Psychology Service be provided to QOC May 2018.**

HoO, CSI

**47/18 REPORTS FROM DIRECTOR OF SAFETY AND RISK: (1) PATIENT SAFETY REPORT – FEBRUARY 2018, (2) COMPLAINTS BRIEFING – FEBRUARY 2018, AND, (3) FREEDOM TO SPEAK UP UPDATE, AND (4) ANNUAL RADIATION PROTECTION INCIDENT REPORT**

The Director of Safety and Risk introduced the patient safety and complaints briefing reports for February 2018 and the annual radiation protection incident report as detailed in paper E1. She reported that in 2017-18, there had been a rise in harm events mainly in those incidents graded as moderate harm. Following an in-depth review of the harms, it had been concluded that a change in the way a specific type of

incident was 'graded' accounted for the majority of this increase in comparison to 2016-17. The position had been reviewed again at the end of quarter 3 of 2017-18 and it had been concluded that with the exception of the specific type of incidents, there was still a slight increase in harm events. It was therefore highly unlikely that by the end of quarter 4, there would be any reduction in harm events with or without the Post-Partum Haemorrhage (PPH) incidents in the numbers as aimed for within the Trust's Quality Commitment 2017-18. No serious incidents had been escalated in February 2018.

A brief update on the appropriateness of usage of Datix to report incidents was provided.

There had been a decrease in formal complaints activity in February 2018, alongside the 0.6% increase in overall Patient Information and Liaison Services activity. There continued to be an increase in the number of complaints related to cancelled operations which was due to emergency activity. There had been an increase in complaints related to neurology and the Medical Director advised that a review of the service issues in Neurology was currently being undertaken. Responding to a query, a discussion took place on the complaints relating to discharge and it was highlighted that this was mainly in relation to non-availability of TTOs.

A brief update was also provided on further improvement actions that were being considered following a recent inquest.

The annual (2017) report of radiation incidents was presented and it was noted that despite an increase in incidents in quarter 3 of 2017, the significantly higher reportable incident rate in quarters 3 and 4 of 2016 had not reoccurred and the total number of reports was lower than in previous years. Responding to a query in respect of incidents relating to equipment errors, it was noted that there was an element of operator issue in terms of positioning the equipment.

Ms J Dawson, Freedom to Speak Up Guardian attended the meeting and introduced the latest quarterly Freedom to Speak Up report (appendix 3 of paper E1 refers). Responding to a query on whether a 'bullying and harassment' theme was emerging, it was noted that the Civility Saves Lives campaign was seeking to raise awareness of the power of civility in healthcare. This campaign was being promoted and Trusts had been asked to raise awareness of the negative impact that incivility could have in healthcare. The Director of Safety and Risk gave a presentation on UHL's 5 steps approach to respond to staff concerns (paper E2 refers). The Chief Executive requested that the video in this presentation be included within the Chief Executive's briefing in May 2018.

DSR

**Resolved – that (A) papers E1 and E2 now submitted, be received and noted, and**

**(B) the video in the Freedom to Speak Up presentation (paper E2 refers) be included within the Chief Executive's briefing in May 2018.**

DSR

#### 48/18 NURSING AND MIDWIFERY QUALITY AND SAFE STAFFING REPORT

Paper F, 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 (19 Wards) and Level 2 (12 Wards) and Level 3 (no wards) concerns. The Registered Nurse vacancies had decreased in February 2018 and were reported at 556 WTE, however, overall vacancies had increased by 6 WTE

compared to January 2018. A review of international recruitment would be undertaken. The Patient Partner provided some positive comments on ward 22 staffing. The Committee Chair commended the nurse associate training programme which had been embedded well in the organisation. He also highlighted that the Trust was in a much better place in respect of recruitment of healthcare assistants. Responding to a query, it was noted that currently there was no allocation in the capital programme for improving the CDU environment.

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

#### **49/18      PROGRESS REPORT ON INSULIN SAFETY ACTION PLAN**

Ms E Meldrum, Deputy Chief Nurse attended the meeting to present paper G. Members were advised that a conference call had taken place between the local CQC inspection team, the Chief Nurse and Ms, E Meldrum, Deputy Chief Nurse to discuss the Trust's insulin safety action plan (paper G refers) in response to the warning notice issued by the CQC re: insulin following its November 2017 unannounced inspection. Although, the CQC were assured overall with the verbal account of the work undertaken to date, they clarified that they would still need to visit the Trust in the next 3 months to gain assurance of sustained improvements. Ms E Meldrum, Deputy Chief Nurse advised that based on the outputs of the insulin safety action plan and early assurance data, she was confident that the appropriate actions had been identified and implemented in order to address the concerns raised by the CQC. However, following the recent quality assurance visit by colleagues in the LLR CCG in February 2018, it was evident that improvements had not been consistent across all areas of the Trust. Further communications in the form of face to face briefings with a number of staff groups to embed key insulin safety messages, including the need to comply with Trust policies and guidelines, had commenced. A further update would be provided to the Committee in April 2018. It was suggested that a dashboard comprising of key elements that require monitoring be developed and a first draft of this be presented to the Committee in due course.

DCN

**Resolved** – that (A) paper G, now submitted, outlining the Trust's response to the CQC's notice issued re: insulin following its November 2017 unannounced inspection, and

**(B) a further update on the insulin safety action plan be provided to the Committee in April 2018 and a dashboard comprising of key elements that require monitoring be developed and a first draft of this be presented to the Committee in due course.**

DCN

#### **50/18      REPORT FROM THE CHIEF NURSE**

**Resolved** – that 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.

#### **51/18      CQC INSPECTIONS UPDATE**

The Director of Clinical Quality presented paper I which provided a summary of the CQC inspection reports following their unannounced inspections in November and December 2017 and their well-led review in January 2018. A copy of the CQC's latest Insight Report was appended to paper I. An action plan, addressing the CQC's

'MUST DO' (59) actions and 'SHOULD DO' (62) actions would be presented to the Trust's Executive Strategy Board on 10 April 2018, prior to submission to the CQC by the deadline of 11 April 2018. The action plan would also be presented to QOC in April 2018. **DCQ**

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

(B) the Director of Clinical Quality be requested to present the CQC action plan be presented to QOC in April 2018. **DCQ**

**52/18 2017-18 QUALITY ACCOUNT – FIRST DRAFT**

The Committee received paper J, the first draft of the 2017-18 Quality Account which had been produced following national guidance and followed a similar structure to 2016-17. The paper was being presented to the Committee as a draft for comments prior to circulation to external partners for a 28 day feedback period, following which it would be externally audited by Grant Thornton which was a statutory requirement. The External Auditors would audit two of the indicators in the report around rate of clostridium difficile infections and friends and family test. It would then be presented to the Quality Outcomes Committee in May 2018 and formally signed off at the Trust Board meeting in June 2018. The Chief Executive had previously reviewed the draft and suggested that additional details about the Trust's Quality Commitment be included and the Quality Account would be updated to reflect this. **DCQ**

**Resolved** – (A) the first draft of the 2017-18 Quality Account be received and noted and be circulated to external stakeholders for their comments, and

(B) the Director of Clinical Quality be requested to present the 2017-18 Quality Account to QOC in May 2018, for sign-off. **DCQ**

**53/18 QUALITY AND OUTCOMES COMMITTEE – ANNUAL WORK PLAN 2017/18**

**Resolved** – that paper K, the Quality and Outcomes Committee annual work plan be noted.

**54/18 ITEMS FOR INFORMATION**

54/18/1 ED Quality Scorecard

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

**55/18 MINUTES FOR INFORMATION**

55/18/1 Executive Quality Board

**Resolved** – that the action notes of the meeting of the Executive Quality Board held on 6 February 2018 (paper M) be received and noted.

55/18/2 Executive Performance Board

**Resolved** – that the action notes of the meeting of the Executive Performance Board held on 20 February 2018 (paper N) be received and noted.

**56/18 ANY OTHER BUSINESS**

56/18/1 Cleaning in General

The Chief Nurse advised that she had had a discussion with the Director of Estates and Facilities about cleaning of wards following an infection break. There was a requirement for decant facilities and discussions had commenced with colleagues in the Reconfiguration team in respect of using space even for the short-term for the provision of decant facilities. The Committee Chair noted this and highlighted that the quality of services and its impact on patient care was of utmost importance.

**Resolved** – the verbal update be noted.

56/18/2 Ms J Smith, Chief Nurse

The Committee Chair thanked Ms J Smith, Chief Nurse for her contribution to the QOC noting that this would be her last meeting of the Committee.

**Resolved** – the verbal update be noted.

**57/18 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 12 April 2018, and

(B) the item of business referred to in:-

(i) Minute 49/18 above – the Trust’s insulin safety actions continued to drive improvements that had been identified and implemented in order to address the concerns raised by the CQC , however, the warning notice in relation to insulin safety still remained in place , and

(ii) Minute 52/18 above – the Committee had agreed for the first draft of the 2017-18 Quality Account to be circulated to stakeholders.

Chair

**58/18 DATE OF NEXT MEETING**

**Resolved** – that the next meeting of the Quality and Outcomes Committee be held on Thursday, 26 April 2018 from 1.15pm until 4.15pm in the Board Room, Victoria Building, Leicester Royal Infirmary.

The meeting closed at 12:23pm

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

*Voting Members*

| Name            | Possible | Actual | % attendance | Name                 | Possible | Actual | %attendance |
|-----------------|----------|--------|--------------|----------------------|----------|--------|-------------|
| J Adler         | 7        | 6      | 85           | B Patel              | 7        | 7      | 100         |
| V Bailey        | 2        | 1      | 50           | K Singh (Ex-officio) | 7        | 6      | 85          |
| P Baker         | 7        | 4      | 57           | J Smith              | 7        | 5      | 71          |
| I Crowe (Chair) | 7        | 7      | 100          | C West – Leicester   | 7        | 2      | 28          |
| A Furlong       | 7        | 5      | 71           |                      |          |        |             |

*Non-Voting Members*

| Name | Possible | Actual | % attendance | Name | Possible | Actual | %attendance |
|------|----------|--------|--------------|------|----------|--------|-------------|
|      |          |        |              |      |          |        |             |

|                    |   |   |    |                            |   |   |    |
|--------------------|---|---|----|----------------------------|---|---|----|
| <i>M Caple</i>     | 7 | 5 | 71 | <i>S Hotson</i>            | 7 | 6 | 85 |
| <i>M Durbridge</i> | 7 | 4 | 57 | <i>C Ribbins/E Meldrum</i> | 7 | 4 | 57 |

Hina Majeed  
Corporate and Committee Services Officer