

Trust Board paper L

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 4 January 2018

COMMITTEE: Quality and Outcomes Committee (QOC)

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

DATE OF COMMITTEE MEETING: 30 November 2017

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

- None.

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

- Minute 45/17 – the need for the Executive Team to review the resources available to ensure that the 'learning from deaths' area of quality improvement work was appropriately resourced going forward (highlighted to the 7.12.17 Trust Board by the QOC Non-Executive Director Chair).

DATE OF NEXT COMMITTEE MEETING: 21 December 2017

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, 30TH NOVEMBER 2017 AT 1.50PM IN SEMINAR ROOM 2, CLINICAL
EDUCATION CENTRE, GLENFIELD HOSPITAL

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
Mrs J Smith – Chief Nurse
Mr K Singh – Chairman (ex officio)

In Attendance:

Ms R Broughton – Head of Outcomes and Effectiveness (for Minute 45/17)
Mr M Caple – Patient Partner
Mr D Kerr – Director of Estates and Facilities (for Minute 48/17)
Ms C Rudkin – Senior Patient Safety Manager
Mr S Ward – Director of Corporate and Legal Affairs

RESOLVED ITEMS

ACTION

38/17 APOLOGIES FOR ABSENCE

Apologies for absence were received on behalf of the Director of Clinical Quality, Director of Safety and Risk and Ms C West, Director of Nursing, Leicester City Clinical Commissioning Group.

39/17 MINUTES

Resolved – that the Minutes of the meeting held on 26th October 2017 be confirmed as a correct record.

40/17 MATTERS ARISING

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

Following discussion, the Committee agreed that the following action log entries would be closed in the light of the updates now made at this meeting of the Committee:

- (a) item 5 – Minute 21/17 – Safety and Quality of Emergency Care (Minute 41/17 below refers);
- (b) item 6 – Minute 22/17 – recent increases in moderate harm (Minute 42/17 below refers);
- (c) item 8 – Minute 25/17 – report by Deputy Medical Director (Minute 44/17 refers);
- (d) item 11 – Minute 32/17 – Quality and Outcomes Committee Annual Work Plan 2017/18 (Minute 52/17 below refers);
- (e) item 12 – Minute 8/17/2 – Estates and Facilities Services Quarterly Update (Minute 48/17 below refers);
- (f) item 14 – Minute 62/17/4b – ‘Stop the Line’ campaign (Minute 26/17 of the Quality and Outcomes Committee meeting held on 26th October 2017 refers, and
- (g) item 15 – Minute 49/17/2 – LLR Quality Clinical Audit Update (Minute 45/17 below refers).

In respect of item 13 of the action log, following discussion the Committee agreed that arrangements be made to demonstrate the new sepsis tool on NerveCentre and e-beds, etc, to the Trust Board at a Trust Board Thinking Day in 2018, on a date to be confirmed by the Medical Director.

Mr B Patel, Non-Executive Director queried the entry at item 18 of the action log which suggested that the Patient Involvement, Patient Experience and Equality Assurance Committee (PIPEEAC) would monitor and take action in respect of further work required in relation to the Trust's Carer's Charter.

Following discussion, and noting feedback recently received from third parties in respect of the Carer's Charter – and potential additional feedback arising from forthcoming Trust-led engagement events - the Committee agreed to receive a report on the Carer's Charter at its March 2018 meeting.

Resolved – that (A) 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: items 5, 6, 8, 11, 12, 14 and 15; **DCLA**

(B) arrangements be made to demonstrate the new sepsis tool on NerveCentre and e-beds, etc, to the Trust Board at a Trust Board Thinking Day in 2018, on a date to be confirmed by the Medical Director, and **MD / DCLA**

(C) the Deputy Chief Nurse be requested to submit a report to the March 2018 Committee meeting on the implementation of the Trust's Carer's Charter, having regard to recently received/anticipated third party feedback on its application. **DCN**

41/17 SAFETY AND QUALITY OF EMERGENCY CARE

The Medical Director introduced paper C appended to which was a copy of the Emergency Department Quality Scorecard for the period ending 30th October 2017. The Committee noted that, in some instances, indicators and targets had yet to be agreed, and discussion took place on how the information set out in the Scorecard could be refined to provide appropriate assurance on the safety and quality of emergency care.

Taking into account feedback from members of the Committee at the meeting, the Medical Director and Chief Nurse undertook to revise and prepare an updated version of the Scorecard for submission to the January 2018 meeting of the Committee.

Resolved – that (A) paper C, now submitted, setting out the Emergency Department Quality Scorecard for the period ending 30th October 2017 be received and noted, and

(B) taking into account feedback from members of the Committee at the meeting, the Medical Director and Chief Nurse be requested to revise and prepare an updated version of the Scorecard for submission to the January 2018 meeting of the Committee. **MD/CN**

42/17 REPORTS FROM DIRECTOR OF SAFETY AND RISK: (1) PATIENT SAFETY REPORT – OCTOBER 2017 AND (2) COMPLAINTS BRIEFING – OCTOBER 2017

The Senior Patient Safety Manager introduced paper D and, further to Minute 22/17 of 26th October 2017, explained the findings of the 'deep dive' exercise undertaken to better understand the recent increases in moderate harm at the Trust, appended at B to the

report.

The Committee:

- (a) noted that the principal reason for the increase in moderate harm related to the way in which specific incidents (now identified) had been graded in 2017/18 in comparison to 2016/17;
- (b) noted the detailed breakdown of the increases in harm across a number of Clinical Management Groups as set out in paper D;
- (c) noted that the harm rate and incidence of harm would continue to be monitored each month with figures and key themes reported to both the Executive Quality Board and Quality and Outcomes Committee (as now);
- (d) agreed to receive reports on the results of similar in-depth reviews of harm at quarterly intervals in future, commencing March 2018;
- (e) noted and endorsed the actions being taken to ensure that incidents reported on Datix were closed in a more timely fashion by the Clinical Management Groups, as set out in the report, and
- (f) noted that it would receive a report at a future meeting on the outcome of the root cause analysis of a new Never Event escalated in October 2017 relating to a retained guide wire, post procedure, in the Intensive Care, Theatres, Anaesthesia, Pain and Sleep Clinical Management Group.

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

(B) the Director of Safety and Risk be requested to submit reports on the results of in-depth reviews of harm at quarterly intervals in future, commencing March 2018, and

DSR

(C) it be noted that the Committee will receive a report at a future meeting on the outcome of the root cause analysis of a new Never Event escalated in October 2017 relating to a retained guide wire, post procedure, in the Intensive Care, Theatres, Anaesthesia, Pain and Sleep Clinical Management Group.

DSR

43/17 NURSING AND MIDWIFERY QUALITY AND SAFE STAFFING REPORT

Paper E, 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 (15 Wards) and Level 2 (12 Wards) concerns. In September 2017, no Wards had triggered a Level 3 concern.

In discussion, the Committee:

- (a) noted that particular attention continued to be paid to infection prevention measures in the light of the most recent results as set out in the report;
- (b) noted the outcome of a recent review of the infection prevention metrics, as set out in the report, and welcomed the hand hygiene campaign which would run across the Trust over the winter months;
- (c) noted that safeguarding training data would be confirmed shortly, upon the

recommencement of the HELM reporting system, and

- (d) noted the comments of the Chief Nurse in relation to the development of the concept of 'Tomorrow's Ward' and welcomed the proposal that it would receive a report at its next meeting on this subject, following consideration of a paper by the Executive Quality Board at its December 2017 meeting.

Resolved – that (A) paper E, now submitted, detailing triangulated information relating to nursing and midwifery quality of care and safe staffing, be received and noted, and

(B) the Chief Nurse be requested to submit a report to the December 2017 meeting of the Committee on the subject of 'Tomorrow's Ward', following consideration of this subject by the Executive Quality Board at its meeting in December 2017.

CN

44/17 REPORT BY MEDICAL DIRECTOR

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.

45/17 LEARNING FROM DEATHS – QUARTERLY MORTALITY REPORT

The Medical Director introduced paper F, updating the Committee on:

- (a) the Trust's mortality rates, both risk adjusted and crude, as set out in the appendix to the paper;
- (b) the Trust's latest published Standardised Hospital Mortality Index (SHMI) and Hospital Standardised Mortality Ratio (HSMR): although above 100, both were still within the expected range and the Trust's crude mortality rate remained stable;
- (c) the processes in place to ensure that the Trust's mortality rates were closely monitored and that any patient groups with a higher than expected SHMI or HSMR were reviewed, with action taken where necessary, as described in paper F;
- (d) the good progress made to date in screening adult deaths at the Trust by the Medical Examiners;
- (e) a backlog in the collation of the findings arising from 'Structured Judgement Reviews', noting that capacity issues were affecting the tracking of progress within the Trust's 'learning from deaths' programme, and analysis of data;
- (f) the engagement of the Trust's Bereavement Services staff, Medical Examiners and Bereavement Support Nurses with bereaved relatives and carers in order to provide opportunities for concerns to be raised and for comments to be fed back about the care provided to patients who had died at the Trust;
- (g) the arrangements in place whereby deaths considered to have been more than likely due to problems in care were reviewed by the Trust's Patient Safety Team and
- (h) the latest position in relation to the Leicester, Leicestershire and Rutland Clinical

Quality Audit, the draft report from which, it was anticipated, would be available in January/February 2018.

The Committee:

- (i) noted that the Trust's crude mortality rate of 1% was slightly less compared to the same month in the past two years;
- (ii) noted the actions undertaken to reduce mortality as part of the Trust's Quality Commitment over the past three years (as set out in the report);
- (iii) offered advice to the Medical Director and Head of Outcomes and Effectiveness on the content of the report on this subject to be submitted to the public Trust Board meeting on 7th December 2017;
- (iv) noted that a 'learning from deaths' dashboard would feature in the report to be submitted to the public Trust Board meeting on 7th December 2017, a preliminary version of which was appended to paper F;
- (v) noted work in hand, as described in the report, to improve the clinical coding of patients' admission diagnosis: the Trust's Mortality Review Committee would track progress on this initiative at its January 2018 meeting and it was agreed that an update on progress would be included in the next quarterly mortality report to be submitted to the Quality and Outcomes Committee, and
- (vi) agreed that the Committee Chair should make clear to the Trust Board the need for the Executive Team to review the resources available to ensure that this area of quality improvement work was appropriately resourced going forward.

Resolved – that (A) the quarterly 'learning from deaths'/mortality report (paper F), now submitted, be received and noted;

(B) the Medical Director and Head of Outcomes and Effectiveness be requested to take into account the feedback now provided by the Committee on the content of the report on this subject to be submitted to the public Trust Board meeting on 7th December 2017;

MD/
HoE

(C) the next quarterly 'learning from deaths'/mortality report provide an update on the work underway to improve the clinical coding of patients' admission diagnoses, and

MD/
HoE

(D) the Committee Chair be requested to make clear to the Trust Board when it receives the quarterly report on this subject at its meeting on 7th December 2017 the need for the Executive Team to review the resources available to ensure that this area of quality improvement work is appropriately resourced going forward.

IC

46/17 EARLY WARNING SCORES AND SEPSIS – ASSURANCE REPORT

Paper G updated the Committee on performance for the period 4th September – 1st October 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 opportunity to improve the care of those patients developing red flag sepsis while an inpatient and welcomed the additional actions which were being taken to drive improvement in this regard as set out in paper G.

Following discussion, the Committee agreed to receive update reports on performance in this area quarterly in future.

Resolved – that (A) paper G, 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) update reports on the Trust’s programme to improve care of patients with a deteriorating Early Warning Score (EWS) ‘Red Flag’ sepsis, be submitted to the Committee quarterly in future, commencing March 2018.

MD

47/17 NHS ENGLAND: NATIONAL GENETIC LABORATORIES PROCUREMENT

Resolved – that consideration of paper H, now submitted, be deferred pending consideration of this topic by the Executive Strategy Board at its meeting in December 2017.

DCLA

48/17 COMPLIANCE ASSESSMENT AND ANALYSIS SYSTEM (CAAS) – HIGH LEVEL REPORT

The Director of Estates and Facilities introduced paper I and briefed the Committee on the latest report providing assurance upon the Trust’s compliance with Estates and Facilities services’ statutory requirements.

The Committee noted that the Director of Estates and Facilities’ paper was based on information taken from the Trust’s Compliance Assessment and Analysis System (CAAS).

The current CAAS position was set out in Tables 1 and 2 of the report and the Committee noted the areas for priority action identified within section 4 of paper I summarised under the following headings:

- mechanical systems;
- sustainability;
- fire safety;
- contractor management;
- ventilation;
- asbestos management, and
- CAAS action plans.

The Committee noted that the CAAS system would be updated quarterly in order to inform the provision of quarterly assurance reports to both the Executive Quality Board and Quality and Outcomes Committee in future. Following consideration of the paper, the Committee expressed its reasonable assurance on the basis of the information presented.

Resolved – that (A) the Compliance Assessment and Analysis System (CAAS) high level report, now submitted (paper I), be received and noted, and

(B) based on the CAAS metrics, the Director of Estates and Facilities be requested to continue to report quarterly to both the Executive Quality Board and Quality and Outcomes Committee to provide assurance upon the Trust’s compliance with Estates and Facilities Services’ statutory requirements.

DEF

49/17 CARE QUALITY COMMISSION – INSPECTIONS UPDATE

Further to Minute 31/17 of 26th October 2017, the Chief Nurse (on behalf of the Director of Clinical Quality) introduced paper J 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, Leicester Royal Infirmary in July 2017,
- (c) an overview of the Commission's inspection regime, including next steps in preparation for the next inspection, and
- (d) the Commission's recent publication, "The State of Healthcare and Adult Social Care in England 2016/17".

The Chief Nurse also updated the Committee orally on the Care Quality Commission's unannounced inspection of three core services which was taking place between 28th and 30th November 2017.

The Chief Nurse reminded the Committee that the Clinical Management Groups had been requested to self-assess their compliance against the Commission's Inspection Frameworks and noted that the outcomes of this work were the subject of review at the monthly Quality and Performance meetings held between Clinical Management Group Senior Management Teams and the Executive Directors.

Mr M Caple, Patient Partner drew attention to feedback from the Commission on the provision of end of life care services at the Trust (as summarised in paper J) and commented on his impressions of the position in the light of his involvement in the Trust's End of Life Care Board.

Discussion ensued on a number of points relating to end of life care and the Chief Nurse and Deputy Chief Nurse commented on the opportunities available to improve the Trust's performance in this area.

Responding to questions raised by the Committee Chair, the Chief Nurse commented that actions were in hand to ensure that the six outstanding elements arising from the June 2016 Commission inspection were closed down soon.

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

50/17 QUALITY COMMITMENT 2017/18: QUARTER 1 PROGRESS REPORT

On behalf of the Director of Clinical Quality, the Chief Nurse introduced paper K summarising performance as at the end of quarter 1 on the components of the Trust's 2017/18 Quality Commitment.

The Committee noted that paper K included RAG-rated information on performance against the various 2017/18 Quality Commitment work programmes, with four programmes being rated green, and three amber.

Details against each component setting out the current position, current delays and risks to successful achievement were set out in the report and these were noted by the

Committee.

The Committee Chair noted the offer made recently by the Trust's Doctors in Training Committee to support quality improvement projects and the Medical Director thanked the Committee Chair for this suggestion, explaining in outline terms the approach which to formulating the proposed 2018/19 Quality Commitment.

Resolved – that paper K, updating the Committee on performance against the 2017/18 Quality Commitment as at the end of quarter 1, be received and noted.

51/17 2017/18 CQUIN SCHEMES AND QUALITY SCHEDULE: PERFORMANCE AS AT THE END OF QUARTER 2

The Committee received paper L providing a quarter 2 2017/18 update on the Trust's performance against the 2017/18 CQUIN schemes and Quality Schedule.

The Committee noted those schemes at risk of non-delivery, together with the financial value of those schemes which, it was confirmed, the Chief Financial Officer understood.

Resolved – that paper L, updating the Committee on the Trust's performance at quarter 2 in relation to the 2017/18 CQUIN schemes and Quality Schedule, be received and noted.

52/17 QUALITY AND OUTCOMES COMMITTEE – ANNUAL WORK PLAN 2017/18

The Committee received paper O authored by the Director of Clinical Quality and asked that it be re-profiled to accord with the Care Quality Commission Domain headings of Safe, Caring, Effective and Well Led. The Chief Nurse and Medical Director in particular were asked to consider the work plan and feedback any proposed amendments to the Committee Chair and/or Director of Clinical Quality.

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, taking into account any proposed amendments arising from the consideration of the work plan by the Chief Nurse and Medical Director.

DCQ /
MD/CN

53/17 CLAIMS AND INQUESTS: 2017/18 QUARTER 2 REPORT

The Committee received the latest quarterly report on claims and inquests for the period ending 30th September 2017, noting the arrangements in place at the Trust to ensure that appropriate learning occurred from both claims and inquests, with key areas for improvement being considered for inclusion within the Trust's annual Quality Commitment.

Resolved – that the report be received and noted.

54/17 MINUTES FOR INFORMATION

54/17/1 Executive Quality Board

Resolved – that the action notes of the meeting of the Executive Quality Board held on 7th November 2017 (paper O refers) be received and noted.

54/17/2 Executive Performance Board

Resolved – that the action notes of the meeting of the Executive Performance Board held on 24th October 2017 (paper P refers) be received and noted.

55/17 ANY OTHER BUSINESS

There were no other items of business raised at the meeting.

56/17 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 7th December 2017, and

(B) the item of business referred to in Minute 45/17 above – the need for the Executive Team to review the resources available to ensure that the ‘learning from deaths’ area of quality improvement work was appropriately resourced going forward – be highlighted to the Trust Board by the Committee Chair.

CHAIR

57/17 DATE OF NEXT MEETING

Resolved – that the next meeting of the Quality and Outcomes Committee be held on Thursday, 21st December 2017 from 1.30pm until 4.00pm in the Board Room, Victoria Building, Leicester Royal Infirmary.

The meeting closed at 4.15pm

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

Voting Members

Name	Possible	Actual	% attendance	Name	Possible	Actual	%attendance
J Adler	3	2	66	B Patel	3	3	100
P Baker	3	2	66	K Singh (Ex-officio)	3	3	100
I Crowe (Chair)	3	3	100	J Smith	3	2	0
A Furlong	3	2	66	C West – Leicester City CCG	3	0	0

Non-Voting Members

Name	Possible	Actual	% attendance	Name	Possible	Actual	%attendance
M Caple	3	2	66	S Hotson	3	2	66
M Durbridge	3	1	33	C Ribbins/E Meldrum	3	2	66

Stephen Ward
Director of Corporate and Legal Affairs