

Trust Board paper L2

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 6 December 2018

COMMITTEE: Quality and Outcomes Committee

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

DATE OF COMMITTEE MEETING: 25 October 2018

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:

- Radiation safety (Minute 183/18)

DATE OF NEXT COMMITTEE MEETING: 29 November 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, 25th OCTOBER 2018 AT 1.45PM IN THE BOARD ROOM, VICTORIA BUILDING,
LEICESTER ROYAL INFIRMARY

Voting Members Present:

Col. (Ret'd) I Crowe – Non-Executive Director (Chair)
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:

Ms F Bayliss – Deputy Director of Nursing and Quality, NHS Leicester City Clinical Commissioning Group (deputising for Ms C West, Director of Nursing and Quality, NHS Leicester City Clinical Commissioning Group)
Mr M Caple – Patient Partner
Dr A Currie – Clinical Director, Musculo-Skeletal and Specialist Surgery (for Minute 182/18 only)
Ms L Davies – Head of Radiation Protection (for Minute 183/18 only)
Mr M Hotson – Head of Contracts, Business and Commercial (for Minute 186/18 only)
Ms S Hotson – Director of Clinical Quality (part)
Mr A Johnson – Non-Executive Director (for Minute 182/18 only)
Mr D Kerr – Director of Estates and Facilities (for Minute 186/18 only)
Ms E Meldrum – Deputy Chief Nurse
Ms C Rudkin – Senior Patient Safety Manager
Mr S Ward – Director of Corporate and Legal Affairs

RESOLVED ITEMS

ACTION

179/18 APOLOGIES FOR ABSENCE

Apologies for absence were received on behalf of Mr J Adler, Chief Executive and Miss M Durbridge, Director of Safety and Risk.

180/18 MINUTES

Resolved – that the Minutes of the meeting held on 27th September 2018 (papers A1 and A2) be confirmed as a correct record.

181/18 MATTERS ARISING FROM THE MINUTES

The Committee reviewed the latest iteration of its action log, submitted as Paper B.

In respect of item 8 (patient information – Minute 170/18 of 27th September 2018 refers), the Committee noted that it would receive a paper at its December 2018 meeting on this topic, via the December 2018 meeting of the Executive Quality Board.

The Director of Corporate and Legal Affairs noted that the action log would be updated in relation to items 26 and 26a (psychology services – Minute 79/18/3 (B) and (C) of 24th May 2018 refers) ahead of submission of an updated version of the action log to the Committee at its November 2018 meeting.

The Committee Chair requested that the action log be revised to include specific dates for completion in each instance (and that the use of the word “ongoing” should cease); and stated that “immediate” (where stated) should mean that the action be completed within one month and marked on the action log as such or, alternatively, the action log be updated with a brief explanation as to why the action had not yet been concluded, with a revised completion date.

Resolved – that the action log be updated to take into account the oral updates and comments made by the Committee Chair at this meeting.

DCLA

182/18 FRACTURED NECK OF FEMUR ACTION PLAN

Further to Minute 145/18 of 30th August 2018, the Clinical Director, Musculo-Skeletal and Specialist Surgery CMG attended the meeting and presented paper C updating the Committee on the latest performance against the standard that at least 72% of patients with a fractured neck of femur received surgery within 36 hours of admission. As a result of a revised approach spanning both the MSS and ITAPS CMGs (outlined at the meeting), performance had improved during August and September 2018 and this had continued in October 2018.

The Committee welcomed the revised approach which had led to improved performance, noting that central to this was the decision to treat such patients as emergencies with the aim that they received surgery within 24 hours of admission.

The Committee undertook to receive a further update on progress at its December 2018 meeting, noting that there would be further information available by then on the results of a new approach trialed during October 2018, and on the need for any further investment in order to ensure that acceptable performance was sustained.

Resolved – that (A) the update on the fractured neck of femur action plan (paper C) now submitted, be received and noted, and

(B) a further update on actions taken and planned to ensure that an acceptable fractured neck of femur service performance was sustained be submitted to the Committee at its December 2018 meeting.

CD,
MSS

183/18 RADIATION SAFETY – GLENFIELD HOSPITAL

Further to Minute 299/18/3 of the Trust Board meeting on 4th October 2018, the Head of Radiation Protection attended the meeting and presented paper D, advising the Committee that it had been identified that the Trust had failed to follow its own procedures for the safe disposal of radioactive material in Breast Theatres at Glenfield Hospital. Although no patient had been harmed and any associated risk to staff was assessed as minimal, nevertheless, the Trust had breached the conditions of the permit issued by the Environment Agency, to whom the incident had been reported. The Committee noted that, as required, a final incident report would be submitted to the Environment Agency in early November 2018, and that a full report on the results of the Trust's root cause analysis would be submitted to both the Executive Quality Board and Quality Outcomes Committee in November 2018.

The Committee noted that it was open to the Environmental Agency to take enforcement action against the Trust for this breach.

The Committee requested that the root cause analysis address and make recommendations on the measures to be taken to ensure that, in future (1) no individual member of staff was able to override a safety-related Standard Operating Procedure; and (2) the Radiation Safety service was sufficiently resourced to meet the needs of the Trust and, in particular, to enable audits of compliance with radiation safety procedures to be undertaken at regular intervals.

Resolved – that (A) paper D, now submitted, updating the Committee on a failure to follow the Trust's procedures for the safe disposal of radioactive material in breast theatres at Glenfield hospital be received and noted,

(B) a report on the results of the Trust's full root cause analysis be submitted to both the Executive Quality Board and Quality and Outcomes Committee in November 2018, and

MD/Ho
RP

(C) the full root cause analysis referred to in (B above) address and make recommendations on the measures to be taken to ensure that, in future:

MD/Ho
RP

- (1) no individual member of staff was able to override a safety-related Standard Operating Procedure, and
- (2) the Radiation Safety service was sufficiently resourced to meet the needs of the Trust and, in particular, to enable audits of compliance with radiation safety procedures to be undertaken at regular intervals.

184/18 NURSING AND MIDWIFERY QUALITY AND SAFE STAFFING REPORT – AUGUST 2018

The Chief Nurse and Deputy Chief Nurse introduced paper E which provided triangulated information relating to nursing and midwifery quality of care and safe staffing, and highlighted those wards triggering a 'level 3', 'level 2' and 'level 1' concern in the judgement of the Chief Nurse and Corporate Nursing Team. The Deputy Chief Nurse explained the actions taken and planned to provide additional support and oversight in respect of those wards which had triggered a concern, as identified in the report.

Paper E also reviewed the nurse staffing position at the Trust overall and the Chief Nurse advised that the current Registered Nurse vacancy rate had reached 17%.

A 'safe and effective nurse staffing action plan 2018/19' was attached as appendix 4 to paper E, and the Committee was pleased to note that each Clinical Management Group (CMG) had a dedicated nurse recruitment lead at Matron level, with clear key performance indicators aligned to their role covering all forms of recruitment, but as importantly a focus on retaining nursing staff within and across their CMG and the Trust overall.

The Chief Nurse gave her preliminary assessment of how the Trust might strengthen its approach to the recruitment and retention of nursing staff and members of the Committee offered their thoughts and ideas in response.

The Committee would continue to receive a safe nurse staffing report at each of its meetings.

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

185/18 REPORTS FROM DIRECTOR OF SAFETY AND RISK: (1) PATIENT SAFETY REPORT – SEPTEMBER 2018 (2) COMPLAINTS PERFORMANCE REPORT – SEPTEMBER 2018

The Senior Patient Safety Manager introduced paper F and highlighted the Complaints and Patient Safety Annual Reports 2017/18, appended to paper F; an update on harms for Quarter 2 2018/19 up until 28 September 2018; the Secretary of State for Health and Social Care's recent announcement about the development of a new national patient safety strategy; and, finally, the complaints and patient safety reports for September 2018.

In response to comments made at the meeting, the Senior Patient Safety Manager undertook to consider how best to present the information set out in the Complaints and Patient Safety Annual Reports 2017/18 to make them as accessible as possible for the public.

Resolved – that (A) paper F, the monthly highlight report from the Director of Safety and Risk, now submitted, be received and noted, and

(B) the Senior Patient Safety Manager be requested to consider how best to present the information set out in the Complaints and Patient Safety Annual Reports 2017/18 to make them as accessible as possible for the public.

SPSM

186/18 ESTATES AND FACILITIES MANAGEMENT SERVICES – PROGRESS UPDATE

The Director of Estates and Facilities Management and the Head of Contracts, Business and Commercial introduced paper G, briefing the Committee on Estates and Facilities Management Services performance generally and, in addition, specifically in relation to cleaning, patient catering, portering services, estates services, car parking and retail catering.

The Committee noted that, working in collaboration with the Chief Nurse and her team, the Director of Estates and Facilities was undertaking a review of the Trust's cleaning arrangements and that further information would be reported to both the Executive Quality Board and Quality Outcomes Committee in due course.

In discussion, the Committee emphasised the importance of ensuring that those staff working within the Estates and Facilities Management Services were appropriately supported and nurtured, and noted the benefit of seeking the input of the Director of People and OD in this regard.

The Committee recalled that it was due to receive a report on the protected patient mealtimes initiative at its December 2018 meeting.

Resolved – that (A) paper G, the quarterly update on Estates and Facilities Management Services for the period to 31st August 2018 (paper G) now submitted, be received and noted, and

(B) the Director of Estates and Facilities Management be requested to seek the input of the Director of People and Organisational Development in ensuring that those staff working within the Estates and Facilities Management Services were appropriately supported and nurtured.

DEF

187/18 REPORT BY THE MEDICAL DIRECTOR

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

188/18 CARE QUALITY COMMISSION (CQC) - UPDATE; CLINICAL AUDIT QUARTERLY UPDATE – QUARTER 1 2018/19

The Director of Clinical Quality introduced paper H and updated the Committee on:

- (1) the latest position in relation to the maternity outlier alert for puerperal sepsis;
- (2) the CQC's Insight report;
- (3) the most recent CQC engagement meeting which had taken place on 13 September 2018;
- (4) recent correspondence exchanged with the Supervisory Bodies in relation to Deprivation of Liberty Safeguards (Minute 164/18 – 27th September 2018 also refers); and
- (5) work to review the Trust's Statement of Purpose in line with the CQC's guidance on 'What is a location?'.

The Committee also received and noted the latest update on the Trust's clinical audit programme, appended to paper H, identifying the position as at the end of Quarter 1 2018/19.

The Committee welcomed the fact that the clinical audit programme overview dashboard (showing information by Trust and CMG), appended to paper H, was now the subject of regular and detailed review at the monthly performance review meetings held with CMGs.

Resolved – that (A) paper H, now submitted, an update on matters relating to the Care Quality Commission, together with the latest update on the Trust's clinical audit programme, identifying the position as at the end of Quarter 1 2018/19, be received and noted, and

(B) the Committee be advised on the outcome of the work being undertaken by the Director of Clinical Quality to review the Trust's statement of purpose in line with the Care Quality Commission's guidance on 'What is a location?'.

DCQ

189/18 QUALITY AND OUTCOMES COMMITTEE – ANNUAL WORKPLAN 2018/19

Resolved – that (A) the Quality and Outcomes Committee Annual Workplan 2018/19, now submitted (paper I) be received and noted,

(B) taking into account the items considered and decisions taken at this meeting of the Committee, a revised version of the Committee's Annual Workplan 2018/19 be submitted to the November 2018 meeting of the Committee for consideration.

DCQ

190/18 MINUTES FOR INFORMATION

190/18/1 Executive Quality Board

Resolved – that the action notes of the meeting of the Executive Quality Board held on 4th September 2018 (paper J1 refers), and list of actions from the Executive Quality Board meeting held on 2nd October 2018 (paper J2 refers), be received and noted.

190/18/2 Executive Performance Board

Resolved – that the action notes of the meeting of the Executive Performance Board held on 25th September 2018 (paper K refers) be received and noted.

191/18 ANY OTHER BUSINESS

There were no items of any other business.

192/18 IDENTIFICATION OF ANY KEY ISSUES FOR THE ATTENTION OF THE TRUST BOARD

Resolved – that (A) the radiation safety incident (Minute 183/18 above refers) be highlighted to the Trust Board, and

QOC
CHAIR

(B) to ensure appropriate scrutiny, a report on the proposals to enter into an agreement with Leicester Tigers in relation to staff car parking – as mentioned in paper G, now submitted – be submitted to a future meeting of the Finance and Investment Committee.

DEF

193/18 DATE OF NEXT MEETING

Resolved – that the next meeting of the Quality and Outcomes Committee be held on Thursday, 29 November 2018 from 1.15pm until 4.15pm in the Board Room, Victoria Building, Leicester Royal Infirmary.

The meeting closed at 4.22pm

Stephen Ward Director of Corporate and Legal Affairs

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

Voting Members

Name	Possible	Actual	% attendance	Name	Possible	Actual	%attendance
I Crowe (Chair)	7	7	100	A Furlong	7	6	86
J Adler	7	3	43	B Patel	7	7	100
V Bailey	7	7	100	K Singh (Ex-officio)	7	4	57
P Baker	7	4	57	C West/F Bayliss – Leicester City CCG	7	2	29
C Fox	1	1	100				

Non-Voting Members

Name	Possible	Actual	% attendance	Name	Possible	Actual	%attendance
M Caple	7	6	86	E Meldrum	7	7	100
M Durbridge	7	6	86	C Ribbins	7	2	29
S Hotson	7	6	86				