

Trust Board paper L1

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 6 September 2018

COMMITTEE: Quality and Outcomes Committee

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

DATE OF COMMITTEE MEETING: 26 July 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:

- The significant assurance taken by QOC from the Infection Prevention Annual Report 2017-18 (Minute 125/18), underpinned by the proactive approach of the Trust's Infection Prevention team.

DATE OF NEXT COMMITTEE MEETING: 30 August 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, 26th JULY 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)
Mr J Adler – Chief Executive
Ms V Bailey – Non-Executive Director
Mr A Furlong – Medical Director
Mr B Patel – Non-Executive Director

In Attendance:

Ms J Ball – Assistant Chief Nurse (for Minute 128/18)
Mr M Caple – Patient Partner
Ms L Collins – Lead Infection Prevention Nurse (for Minute 125/18)
Miss M Durbridge – Director of Safety and Risk
Mrs S Hotson - Director of Clinical Quality
Dr D Jenkins – Lead Infection Prevention Doctor (for Minute 125/18)
Mr D Kerr – Director of Estates and Facilities
Mr M Traynor – Non-Executive Director
Mr S Ward – Director of Corporate and Legal Affairs

RESOLVED ITEMS

ACTION

118/18 APOLOGIES FOR ABSENCE

Apologies for absence were received on behalf of Professor P Baker, Non-Executive Director, the Acting Chief Nurse, the Deputy Chief Nurse, Trust Chairman and Ms C West, Director of Nursing, Leicester City Clinical Commissioning Group.

119/18 MINUTES

Resolved – that the Minutes of the meeting held on 28th June 2018 (papers A1 and A2) be confirmed as a correct record.

120/18 MATTERS ARISING

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

Discussion took place on paper B as follows:

- (a) in respect of HELM training data (item 7a – Minute 105/18(b) of 28th June 2018 – the Committee Chair undertook to raise this matter directly with the Deputy Director of Learning and OD and, accordingly, it was agreed that this matter could be closed;
- (b) noting that the Committee would consider later at this meeting the revised Never Event action plan (Minute 126/18 below refers), the Committee agreed that items 8a –d (Minute 106/18(b) – (e) – 28th June 2018) could be closed;
- (c) Ms V Bailey, Non-Executive Director commented that it was hoped that the outstanding actions recorded at items 10 and 11a (Minute 107/18(a) and (b) – 28th June 2018) would be concluded by the time of the Committee's meeting in August 2018.

Resolved – that the action log (paper B) now submitted, be received, noted and updated appropriately in the light of the discussion at this Committee meeting on a number of items recorded in the log.

DCLA

121/18 PATIENT PARTNER REVIEW OF THEMES ARISING FROM THE CQC ACTION PLAN

Further to Minute 67/18b of 26th April 2018, Mr M Caple, Patient Partner reported orally and advised that the Patient Partners had reviewed the Trust's CQC action plan and identified a number of elements in which the Patient Partners could potentially become involved; in addition, the Patient Partners had been asked to identify the issues at the Trust which caused them most concern. Mr Caple explained that the intention was to produce a refined list, from the long list of issues, for consideration at the September 2018 Trust Board Thinking Day. The Committee welcomed this work and it was agreed that the Director of Clinical Quality would liaise with Mr Caple to arrange for the Patient Partners' long list and shortlist of (a) ideas for inputting into the CQC action plan, and (b) identifying issues of most concern to Patient Partners, to be circulated to the Chairman and members of the Trust Board ahead of the September 2018 Trust Board Thinking Day.

Resolved – that the Director of Clinical Quality be requested to liaise with Mr Caple, Lead Patient Partner to arrange for the Patient Partners' long-list and short-list of (a) ideas for inputting into the CQC action plan, and (b) identifying issues of most concern to Patient Partners, to be circulated to the Chairman and members of the Trust Board ahead of the September 2018 Trust Board Thinking Day.

DCQ

122/18 NEUROLOGY UPDATE AND ACTION PLAN

The Medical Director introduced paper C, summarising a range of issues (eg, poor waiting list management; management capacity and capability shortfalls) affecting the Neurology service which had been identified following a recent internal review. Following individual patient case review, no episodes of patient harm had been identified to date. Details of a range of actions taken and planned to resolve the issues identified were included in paper C.

The Committee discussed the importance of the monthly Clinical Management Group (CMG) Performance Review meetings, and other complementary initiatives, in enabling areas of concern to be identified prospectively. Noting that an update on this specific issue was to be submitted to the Executive Quality Board in August 2018, the Committee agreed to invite the Clinical Director, Emergency and Specialist Medicine to present an update to its August 2018 meeting.

Resolved – that the Medical Director be requested to invite the Clinical Director, Emergency and Specialist Medicine to present an update on this subject to the August 2018 Committee meeting, having first been reviewed by the Executive Quality Board at its August 2018 meeting.

MD

123/18 UPDATE ON CLINICAL NEGLIGENCE SCHEME FOR TRUSTS (CNST) MATERNITY SELF-ASSESSMENT SUBMISSION

Further to Minute 151/18/3 of the Trust Board meeting held on 7th June 2018, paper D briefed the Committee on the final version of the Trust's self-assessment against NHS Resolution's 10 maternity safety actions (Clinical Negligence Scheme for Trusts Incentive Scheme). The Trust had declared full compliance against nine of the ten actions: and partial compliance against the requirement to provide evidence that 90% of each maternity unit staff group had attended an in-house multi-professional maternity emergencies training session within the last training year.

The Trust's submission to NHS Resolution had been the subject of discussion and approval by the Clinical Director and Head of Midwifery, Women's and Children's CMG and the Acting Chief Nurse and Ms V Bailey, Non-Executive Director, the latter Board members acting in their capacity as Maternity Safety Champions.

The Committee agreed to receive a further report on this issue in the light of NHS Resolution's response to the Trust's submission, once received.

Resolved – that the Acting Chief Nurse be requested to submit a further report to the Committee in relation to the Clinical Negligence Scheme for Trusts' Maternity Incentive

Scheme in the light of NHS Resolution's response to the Trust's Maternity self-assessment submission, once available.

ACN

124/18 UPDATE ON END OF LIFE CARE

Paper E updated the Committee on the Trust's End of Life Care Hospital Improvement Programme (ELCHIP), including the development of a draft strategy; a dashboard which would be populated with key metrics to assist tracking of performance; and a business case to increase specialist palliative care capacity, and to provide improved resources for staff and patients.

Discussion ensued on:

- (a) the increasing alignment between the Trust's End of Life Care and Frailty workstreams, respectively;
- (b) the desirability of including an appropriate 'prompt box' on NerveCentre to support the recognition and documentation of patients requiring end of life care – the Director of Clinical Quality agreed to pursue this suggestion; **DCQ**
- (c) the draft strategy, attached to the report: the Director of Clinical Quality undertook to arrange for the document to be reviewed and updated as necessary in light of the comments made at the meeting; **DCQ**
- (d) the importance for patients and relatives of the end of life care experience at the Trust being as good as it could be; and the importance of staff feeling supported and valued in providing this important element of care;
- (e) the importance of ensuring that appropriate connections were made between the end of life care workstream and the Trust's workstream on learning from deaths, particularly with regards to measuring the success of the Programme.

The Committee agreed that the draft end of life care strategy should be finalised and submitted to the Executive Quality Board for approval; and to receive a further update on progress on the End of Life Care Hospital Improvement Programme at its October 2018 meeting.

Resolved – that (A) the update on the Trust's End of Life Care Hospital Improvement Programme (LCHIP), now submitted (paper E), be received and noted, and

(B) the Director of Clinical Quality be requested to:

DCQ

- (1) pursue the suggestion of an appropriate 'prompt box' being incorporated within NerveCentre to support the recognition and documentation of patients requiring end of life care,**
- (2) arrange for the draft end of life care strategy, now submitted, to be reviewed and updated as necessary in the light of the comments made at the Committee meeting,**
- (3) ensure that appropriate connections are made between the end of life care workstream and the Trust's workstream on learning from deaths, particularly with regards to measuring the success of the programme,**
- (4) arrange for the draft end of life care strategy to be finalised and submitted to the Executive Quality Board for approval,**
- (5) arrange for a further update on progress on the End of Life Care Hospital Improvement Programme to be submitted to the Committee in October 2018.**

125/18 INFECTON PREVENTION ANNUAL REPORT 2017/18

Further to Minute 104/18 of 28th June 2018, the Committee received the Infection Prevention Annual Report 2017/18, noting the inclusion of the antimicrobial stewardship annual report for

the same period and, in addition, a copy of an update on infection prevention and control as submitted to the Executive Quality Board on 5th June 2018 (appended to paper F).

Dr D Jenkins, the Trust's Lead Infection Prevention Doctor and Ms L Collins, Lead Infection Prevention Nurse, attended the meeting and presented the reports.

The Committee discussed:

- (a) the Trust's comparatively good infection prevention and control performance against a range of measures;
- (b) the Trust's proactive approach to infection prevention and reduction;
- (c) antibiotic resistance and stewardship;
- (d) arrangements in place to manage norovirus infections across the Trust and discussions taking place across Leicester, Leicestershire and Rutland to strengthen those arrangements in time for Winter 2018/19;
- (e) plans to strengthen the Trust's decontamination arrangements, which had also been discussed at the Finance and Investment Committee on 26th July 2018;
- (f) forthcoming changes to the NerveCentre system which would aid the Trust in its infection prevention and control arrangements.

The Committee agreed that consideration be given to scheduling a further discussion on infection prevention and control at a future Trust Board Thinking Day, with a particular focus on the potential implications of the emergence of bacteria resistant to many or all antibiotics.

Resolved – that (A) the Committee Chair be requested to highlight to the Trust Board the significant assurance which the Committee takes from the Infection Prevention and Control Annual Report 2017/18, underpinned by the proactive approach of the Trust's Infection Prevention and Control Team, led by the Lead Infection Prevention Doctor and Lead Infection Prevention Nurse, and

IC, NED

(B) consideration be given to scheduling a further discussion on infection prevention and control at a future Trust Board Thinking Day, with a particular focus on the potential implications of the emergence of bacteria resistant to many or all antibiotics.

DCLA

126/18 REPORT FROM THE DIRECTOR OF SAFETY AND RISK INCLUDING (1) PATIENT SAFETY REPORT – JUNE 2018 AND (2) COMPLAINTS BRIEFING PAPER – JUNE 2018

The Director of Safety and Risk introduced paper G, drawing attention to the following key issues:

(a) Internal Never Event Action Plan—the Committee noted that the Trust's never events action plan (appended to paper G) was in the process of being updated further, following consideration at the July 2018 Executive Quality Board meeting. A revised version would be submitted to the August 2018 Executive Quality Board meeting, and thereafter to the August 2018 Committee meeting. Following discussion:

- (i) the Medical Director agreed to put in place a process whereby the relevant CMGs operating Local Safety Standards for Invasive Procedures (LocSSIPS) would be required to provide positive assurance on the implementation of relevant barriers to prevent never events in such areas;
- (ii) the Director of Safety and Risk undertook to pursue the suggestion that videos be made involving those staff who had been involved in never events, as an additional tool to assist staff learning and awareness of the

impact of never events.

(b) Implications of the Gosport Independent Inquiry – the Committee noted the Director of Safety and Risk’s summary of the key issues for consideration by the Trust arising from this Inquiry. The Medical Director, Acting Chief Nurse, Director of Clinical Quality and Director of Safety and Risk were to meet and consider the relevant issues in-depth and report back to both the Executive Quality Board and Quality and Outcomes Committee on any further interventions deemed necessary.

(c) National Safety Alerts– paper G identified actions which would be implemented to strengthen the governance of the implementation of national patient safety alerts at UHL, which had been approved by the Executive Strategy Board at its meeting held on 10th July 2018. The Director of Safety and Risk explained how these proposals would work in practice, and the role that a ‘screening panel’ would play in scrutinising action plans before their review at meetings of the Executive Quality Board. The Committee endorsed the suggestion made by the Executive Strategy Board that the Director of Safety and Risk give consideration to mirroring the approach adopted in relation to the tracking of Internal Audit outstanding actions if this was deemed to be helpful in tracking the implementation of national patient safety alerts to completion.

Resolved – that(A) paper G, now submitted by the Director of Safety and Risk and including the patient safety report and complaints briefing paper for June 2018, be received and noted,

(B) the Medical Director be requested to put in place a process whereby the relevant CMGs operating LocSSIPS would be required to provide positive assurance on the implementation of relevant barriers to prevent never events in such areas, MD

(C) the Director of Safety and Risk be requested to pursue the suggestion that videos be made involving those staff who had been involved in never events, as an additional tool to assist staff learning and awareness of the impact of never events, DSR

(D) the Medical Director, Acting Chief Nurse, Director of Clinical Quality and Director of Safety and Risk be requested to meet and consider the relevant issues in relation to the Gosport Independent Inquiry and report back to both the Executive Quality Board and Quality and Outcomes Committee on any further interventions deemed necessary. MD/ACN/
DCQ/ DSR

127/18 NURSING AND MIDWIFERY QUALITY AND SAFE STAFFING REPORT – MAY 2018

Paper H, presented by the Director of Clinical Quality on behalf of the Acting Chief Nurse, detailed triangulated information relating to nursing and midwifery quality of care and safe staffing, and highlighted those wards triggering a ‘level 2 concern’ and ‘level 1 concern’ in the judgement of the Acting Chief Nurse and Corporate Nursing team. No wards had triggered a ‘level 3’ concern in May 2018.

The Committee Chair expressed concern regarding the number of wards triggering Level 2 in the month of May 2018. The Committee noted the level of Registered Nurse vacancies as at May 2018 which now stood at 758.5 WTE, an increase of 83 over April 2018 which, in part, was attributable to increases to some staffing establishments for 2018/19 as part of the budget-setting process. 140 nursing candidates were currently in the process of appointment, with 48 of those staff expected to commence their employment with the Trust during May 2018.

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

128/18 INSULIN SAFETY DASHBOARD

The Committee noted the work in hand (described in paper J) to ensure that the Trust could track (a) the number of instances of severe hypoglycaemia, and (b) the number of instances

of severe hyperglycaemia, respectively, in order to apply improvement thresholds for the remainder of 2018/19. At the request of the Medical Director, the Assistant Chief Nurse (who presented the paper on behalf of the Acting Chief Nurse) undertook to chase up the completion of the E-learning insulin safety staff training module.

Resolved – that (A) paper I, now submitted, updating the Committee on the latest position in relation to insulin safety be received and noted, and

(B) the Assistant Chief Nurse be requested to chase up the completion of the completion of the e-learning insulin safety staff training module.

ACN

129/18 CARE QUALITY COMMISSION (CQC) UPDATE

Further to Minute 110/18 of 28th June 2018, the Director of Clinical Quality introduced paper J, updating the Committee on a number of issues relating to the Care Quality Commission (CQC).

The Committee noted the CQC's publication on 2nd July 2018 of the reports following their unannounced inspections of medical care at the Leicester Royal Infirmary and Glenfield Hospital on 29th May 2018, focusing on the 'Safe' domain only. The Committee noted the two new compliance actions arising from this CQC inspection, detailed in paper J, which had now been added to the current CQC action plan and notified to the CQC, NHS Improvement and the Clinical Commissioning Groups. The Committee would receive an update report on the CQC action plan and on the recently updated CQC Insight report, at its August 2018 meeting.

Resolved – that (A) paper J, now submitted, updating the Committee on matters relating to the Care Quality Commission (CQC) be received and noted, and

(B) the Director of Clinical Quality be requested to submit an update report on the CQC action plan, and on the recently updated CQC Insight report, to the August 2018 Committee meeting.

DCQ

130/18 QUALITY AND OUTCOMES COMMITTEE – ANNUAL WORKPLAN 2018/19

Resolved – that paper K, the latest iteration of the Quality and Outcomes Committee annual workplan 2018/19, be received and noted.

131/18 2017/18 QUARTER 4 HEALTH AND SAFETY REPORT

In receiving and noting the 2017/18 quarter 4 health and safety report (paper L), the Committee agreed to take the quarter 1 2018/19 health and safety report as a substantive item on its agenda.

Resolved – that the quarter 1 2018/19 health and safety report be taken at the Committee as a substantive item on its agenda.

CCSM

132/18 MINUTES FOR INFORMATION

132/18/1 Executive Quality Board

Resolved – that the action notes of the meeting of the Executive Quality Board held on 3rd July 2018 (paper M) be received and noted.

132/18/2 Executive Performance Board

Resolved – that the action notes of the meeting of the Executive Performance Board held on 26th June 2018 (paper N) be received and noted.

133/18 ANY OTHER BUSINESS

There were no other items of business transacted at the Committee meeting.

134/18 IDENTIFICATION OF KEY ISSUES FOR THE ATTENTION OF THE TRUST BOARD

Resolved – that the Committee Chair be requested to highlight to the Trust Board the significant assurance which the Committee takes from the Infection Prevention Annual Report 2017/18 (Minute 125/18 above also refers), underpinned by the proactive approach of the Trust’s Infection Prevention and Control Team, led by the Lead Infection Prevention Doctor and Lead Infection Prevention Nurse.

135/18 DATE OF NEXT MEETING

Resolved – that the next meeting of the Quality and Outcomes Committee be held on Thursday, 30th August 2018 from 1.15pm until 4.15pm in the Board Room, Victoria Building, Leicester Royal Infirmary.

The meeting closed at 4.16pm

Stephen Ward – Director of Corporate and Legal Affairs

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

Voting Members

<i>Name</i>	<i>Possible</i>	<i>Actual</i>	<i>% attendance</i>	<i>Name</i>	<i>Possible</i>	<i>Actual</i>	<i>%attendance</i>
<i>J Adler</i>	4	2	50	<i>A Furlong</i>	4	4	100
<i>V Bailey</i>	4	4	100	<i>E Meldrum</i>	4	3	75
<i>P Baker</i>	4	1	25	<i>B Patel</i>	4	4	100
<i>I Crowe (Chair)</i>	4	4	100	<i>K Singh (Ex-officio)</i>	4	1	25
				<i>C West – Leicester City</i>	4	0	0

Non-Voting Members

<i>Name</i>	<i>Possible</i>	<i>Actual</i>	<i>% attendance</i>	<i>Name</i>	<i>Possible</i>	<i>Actual</i>	<i>%attendance</i>
<i>M Caple</i>	4	3	75	<i>S Hotson</i>	4	3	75
<i>M Durbridge</i>	4	4	100	<i>C Ribbins</i>	4	2	50

Stephen Ward
Director of Corporate and Legal Affairs