

Trust Board paper S1

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**

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

**DATE OF TRUST BOARD MEETING: 2 May 2019**

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

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

**DATE OF COMMITTEE MEETING: 28 March 2019**

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

- **Aseptic Unit Capacity Plan and External Audit Results (Minute 32/19)**

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

- **The timetable for the Quality Account (Minute 37/19/1)**

**DATE OF NEXT COMMITTEE MEETING: 25 April 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  
28 MARCH 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)  
Professor P Baker - Non-Executive Director (from Minute 33/19 to Minute 37/19/4 inclusive)  
Ms C Fox – Chief Nurse  
Mr B Patel – Non-Executive Director  
Mr K Singh – Trust Chairman (*ex officio*)

**In Attendance:**

Mrs G Belton – Corporate and Committee Services Officer  
Mr M Caple – Patient Partner  
Miss M Durbridge – Director of Safety and Risk  
Ms C Ellwood – Chief Pharmacist (for Minute 32/19)  
Ms H Harrison – CQC Project Manager (for Minute 37/19/1)  
Mr M Hotson – Head of Business, Commercial and Contracts (deputising for Mr D Kerr, Director of Estates and Facilities)  
Mrs S Hotson – Director of Clinical Quality

**ACTION**

**RECOMMENDED ITEMS**

**32/19      ASEPTIC UNIT CAPACITY PLAN AND EXTERNAL AUDIT RESULTS**

Ms C Ellwood, Chief Pharmacist, attended to present paper G, which detailed the Aseptic Unit Capacity Plan which had been revised, due to significant changes in workload and staffing, since it was last approved by the Quality Assurance Committee in September 2017, and thereafter by the Trust Board.

All activities within the Aseptic Unit, which was responsible for the dispensing of chemotherapy and other aseptically prepared products, were required to follow the standards laid out in the Quality Assurance of Aseptic Preparation Services (QAAPS) Guide. There was a requirement that the aseptic unit was externally audited, on an annual basis, against the QAAPS standards. This audit had been completed on 19 December 2018 and the final report received on 13 February 2019. The external audit had categorised the aseptic unit as low risk, in line with previous audits. A number of actions had been identified as part of the audit and an action plan had been developed to resolve these within the required timescale. The capacity plan indicated that the aseptic unit was safe at current levels of activity, with the short term measures taken to address the 90% capacity level, however additional activity could not be accommodated without increased staffing and there were plans to address this.

QOC received and noted the contents of this report and approved the revised capacity plan (appendix 4 of paper G refers) for onward recommendation onto the Trust Board on 4 April 2019 for formal approval (via its attachment as an appendix to the QOC summary arising from this meeting).

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

**(B) the revised Aseptic Unit Capacity Plan be approved and recommended onto the Trust Board for formal approval at its meeting on 4 April 2019 (via its attachment as an appendix to the QOC Summary arising from this meeting).**

**CCSO**

## RESOLVED ITEMS

### 33/19 APOLOGIES FOR ABSENCE AND ANNOUNCEMENTS

Apologies for absence were received from Mr J Adler, Chief Executive, Ms V Bailey, Non-Executive Director and Mr D Kerr, Director of Estates and Facilities.

The QOC Chairman reported verbally to notify the Committee that Ms V Bailey, Non-Executive Director, had been appointed as QOC Deputy Chair at the Trust Board meeting held on 7 March 2019.

**Resolved** – that the appointment of Ms V Bailey, Non-Executive Director, as Deputy QOC Chair be noted.

### 34/19 DECLARATIONS OF INTEREST

**Resolved** – that there were no declarations of interest.

### 35/19 MINUTES

**Resolved** – that the Minutes of the meeting held on 28 February 2019 (paper A refers) be confirmed as a correct record.

### 36/19 MATTERS ARISING

#### 36/19/1 Matters Arising Log

Members received and noted the contents of the Matters Arising Log (paper B refers). Specific discussion took place regarding the following entries on the log:-

- (a) item number 1b / Minute reference 25/19/1 of 28 February 2019 (re confirmation as to whether the Trust had discussed the DC1 case identified with the other Trust involved in the patient's care) – the Medical Director confirmed that this action had been completed and could therefore be RAG-rated '5' and closed down accordingly on the Log;
- (b) item number 12 / Minute reference 197/18 of 25 October 2018 (re the timing of submission of the report detailing the outcome of the EHO inspection of ward kitchen areas) – it was noted that this item was now scheduled for receipt at the April 2019 EQB meeting and, thereafter, at the April 2019 QOC meeting and
- (c) item numbers 16 and 16a / Minute reference 79/18/3 of 24 May 2018 (regarding the provision of an update on Psychology Services) – the Medical Director advised that work remained in progress in relation to this item. He confirmed that a report would be submitted to a future EQB meeting and, thereafter, to a QOC meeting, and requested that the Corporate and Committee Services Officer contacted him, outwith the meeting, to confirm if there was already an agreed timeline in place for the submission of this report to EQB and QOC.

**CCSO**

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

**(B) the Corporate and Committee Services Officer be requested to:-**

**(i) update the Matters Arising Log accordingly and**

**(ii) reply to the Medical Director in response to his request outlined under point (c) above.**

**CCSO**

#### 36/19/2 Management of the Cross-Site Transfer of Patients

The Medical Director reported verbally to advise that Mr Jameson, Deputy Medical Director, would be leading a multi-disciplinary Task Group specifically established to review the cross site transfer of patients and this work would commence in the following week. Updates on the progression of the work undertaken by this Task Group would be reported through the quarterly Learning from Deaths Reports, with the next such report due to be submitted to the Executive

Quality Board and Quality and Outcomes Committee in May 2019.

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

**(B) updates on the progression of the work to be undertaken by the Task and Finish Group (convened to review the management of the cross site transfer of patients) to be reported through the quarterly Learning from Deaths report, with the next such report due to be submitted to the EQB and QOC meetings in May 2019.**

DMD/  
CCSO

**37/19 KEY ISSUES FOR DISCUSSION / DECISION**

37/19/1 Quality Account

The Director of Clinical Quality presented the draft Quality Account (paper C refers) prior to circulation to external partners on 5 April 2019, noting the need for some updated datasets / additional information to be included before circulation to external partners (including the introduction by the Chief Executive Officer), which was currently in progress. The Quality Account would then be externally audited, as per the statutory requirement, and thereafter presented at the public Trust Board meeting in June 2019.

In discussion on the content of this draft report, the following matters were discussed:-

(1) it was suggested, and accepted, that the colours of red and green were not utilised throughout this document given that these two colours were frequently used in Trust documents to indicate a RAG rating of actions which had been achieved (marked in green) and those which had not been achieved (marked in red). As this connotation was not applicable to this document, removal of these colours was considered appropriate to prevent any potential misunderstanding and

DCQ

(2) it was suggested that in future such reports (from 2019/20 onwards), the opportunity was taken to consider how the Trust could present this information one year (and beyond) into the Trust's Quality Strategy and accreditation work, thereby utilising the opportunities afforded in the development of this document to enhance the reputation of the Trust (albeit noting the largely prescribed nature of the document's contents which would need to continue to be observed).

DCQ

The Quality and Outcomes Committee accepted the contents of the draft Quality Account, subject to the addition of the introduction from the Chief Executive Officer and any required updates to the datasets featured, for release to external stakeholders on 5<sup>th</sup> April 2019 for comment, prior to external auditing and presentation to the public Trust Board on 6 June 2019.

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

**(B) the Director of Clinical Quality be requested to remove the 'green' and 'red' coloured boxes from the draft Quality Account (to avoid the potential for misunderstanding in relation to other Trust documents which employed RAG-ratings utilising 'green' and 'red' colour codes, which were not applicable to the Quality Account),**

DCQ

**(C) the Director of Clinical Quality and relevant colleagues be requested to utilise the opportunity in future such reports (from 2019/20 onwards) to consider how the Trust could present this information one year (and beyond) into the Trust's Quality Strategy and accreditation work (albeit noting the largely prescribed nature of the document's contents which would need to continue to be observed), and**

DCQ

**(D) the Director of Clinical Quality be requested to release the Quality Account to external stakeholders on 5 April 2019 for comment (subject to the addition of the introduction from the Chief Executive and any required updates to the datasets featured), prior to external auditing and presentation to the public Trust Board on 6 June 2019.**

DCQ

37/19/2 VTE Prevention Task and Finish Group Update

The Director of Clinical Quality presented a detailed update regarding the work of the VTE Prevention Task and Finish Group (paper D refers), which had been in place since 11 December 2018. QOC was specifically asked to note the progress made by the various workstreams as detailed within the report and note that recommendations relating to (1) improving the function of the Thrombosis Prevention Committee and (2) improving training for clinicians would be taken to the Executive Quality Board on 2 April 2019. QOC was also requested to note that the NerveCentre VTE risk assessment module was to be implemented in pilot form at the LGH site from the beginning of April 2019.

In discussion, it was noted that updates on the progress of this workstream were shared with the Coroner. It was also agreed that a further update on progress would be submitted to the June 2019 EQB and QOC meetings, in order to ensure that the high profile of this work was maintained.

DMD/  
CCSO

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

**(B) a further update on progress in relation to VTE prevention be submitted to the Executive Quality Board meeting on 4 June 2019 and, thereafter, to the Quality and Outcomes Committee meeting on 27 June 2019.**

DMD /  
CCSO

37/19/3 Acting on Results Update

The Medical Director presented paper E, which detailed an update on work associated with acting upon results and particularly noted the progress made recently through the ICE system, with the requirement placed upon clinicians to 'file' their results in order that acknowledgement could be demonstrated. Group filing had been undertaken of any results over a year old in order to enhance the speed at which the system worked and on the (risk assessed) basis that these were unlikely to be required after such a timeframe. A further step change would now only be possible with the use of NerveCentre, the move to which was estimated to be in approximately one year's time. The focus for now was on the creation of dashboards regarding any unacknowledged results, the contents of which would be reviewed in the monthly CMG performance review meetings.

In discussion, assurance was provided to members that clinicians were able to access results requested by colleagues if they were covering their workload due to absence and there was recognition of the need to encourage clinicians to utilise the functionality now available to them through ICE. It was agreed that a further update on progress would be submitted to the June 2019 EQB and QOC meetings.

DMD/  
CCSO

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

**(B) a further update on progress in relation to Acting on Results be submitted to the Executive Quality Board meeting on 4 June 2019 and, thereafter, to the Quality and Outcomes Committee meeting on 27 June 2019.**

DMD/  
CCSO

37/19/4 Deteriorating Adult Patient Board Report (covering EWS and Sepsis)

The Medical Director presented an update on the work of the Deteriorating Adult Patient Board (paper F refers) noting that this report now also encompassed an update relating to Early Warning Scores (EWS) and sepsis.

Particular points for noting were: (1) a potential deterioration in performance management of patients with sepsis, albeit noting some potential data issues which could partly account for this, alongside a genuine dip in performance over the Winter period (2) delivery of NEWS2 ahead of the national deadline and (3) continued satisfactory performance against ICNARC metrics. The

Trust was performing well in comparison with the national data, albeit wished to continue to improve. Note was made that the Trust's Sepsis Nurses, previously based in the Trust's Emergency Department, now formed part of a Deteriorating Adult Response Team (DART) which had in-reach into the Emergency Department as well as the rest of the Trust.

Specific discussion also took place around the increasing availability of and access to real-time data which was being used proactively to manage workflow. It was considered that it would be useful to utilise a future Trust Board Thinking Day to focus on the benefits to be achieved from access to and use of real time data (through the provision of one to two granular examples of this in practice – e.g. quiksense - with focus then on how to apply this further) and it was agreed that the Trust Chairman would discuss the scheduling of this item at a future Trust Board Thinking Day with the Director of Corporate and Legal Affairs.

TC

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

**(B) the Trust Chairman be requested to discuss with the Director of Corporate and Legal Affairs the utilisation of a future Trust Board Thinking Day to focus on the benefits to be achieved from access to and use of real time data (through the provision of one to two granular examples of this in practice, with focus then on how to apply this further).**

TC

## 38/19 ITEMS FOR ASSURANCE

### 38/19/1 Estates and Facilities Update

In the absence of the Director of Estates and Facilities, Mr Hotson, Head of Business, Commercial and Contracts, presented the quarterly Estates and Facilities performance data report (paper H refers), which provided an update on the provision of key services across UHL.

The data presented covered the period of operation to January 2019 and supplemented the data included in the monthly Quality and Performance Report with wider and more detailed narrative. The previously reported plateaued performance standards had continued and remained short of overall target levels across services, with the exception of patient catering. For cleaning standards, the previously noted slight downward trend suggested by the data had resolved and levelled out again. Both financial (revenue and capital) and operational pressures continued to impact upon both the maintenance of standards and the pace of service development required to progress improvement.

Particular discussion took place regarding car parking, Estates and Facilities Information Systems and the response to Datix reports made relating to cleaning issues. Note was also made of the opportunities available to gather intelligence from staff members if they felt sufficiently empowered to bring issues to attention, potentially through more informal means than had previously been tried. Particular note was made of the continued satisfaction demonstrated with the patient catering service and note was made of planned discussion on cleaning at a future Joint PPPC / QOC session, as had been agreed during today's Joint Session.

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

### 38/19/2 Nursing and Midwifery Quality and Safe Staffing Report – January 2019

Paper I, as presented by the Chief Nurse, 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 January 2019, 1 ward had triggered a level 3 concern (this was the same as in December 2018), there had been 4 wards triggering a level 2 concern (this was 3 less than in December 2018) and 17 wards had triggered a level 1 concern (this was 5 less than in December 2018.) A verbal update was provided by the Chief Nurse with regard to the actions being taken in response to the staffing challenges on ward 22 LRI (a CHUGGS ward), as also discussed at the previous QOC meeting (Minute 26/19/1 of 28 February 2019 refers).

Particular discussion took place regarding the deployment of Nursing Associates in Secondary care, following the release of national guidance in January 2019 from the National Quality Board and the circulation of a provider briefing on such from the CQC in the same month. QOC members noted that the wealth of data available in respect of nursing staff was not replicated for Midwifery staff, in response to which the Chief Nurse noted that data was collected and submitted to the Local Maternity System and CCGs. Once the Birthrate Plus report had been received (the timescale for which was not currently known), the Chief Nurse undertook to submit a separate report to the Committee specifically regarding midwifery staffing. The QOC Chair requested that this report included reference, when applicable, to service consolidation. The Chief Nurse undertook to seek notification of the timescale for receipt of the Birthrate Plus report, and advise QOC accordingly at its next meeting.

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

**(B) the Chief Nurse be requested to seek notification of the timescale for receipt of the Birthrate Plus report and advise QOC accordingly, via the provision of an update on the QOC Matters Arising Log, at the April 2019 QOC meeting and**

CN

**(C) (upon receipt of the above-referenced Birthrate Plus Report), the Chief Nurse be requested to produce and submit a separate report to EQB and QOC specifically regarding midwifery staffing (including reference, when applicable, to service consolidation, as requested by the QOC Chair).**

CN

38/19/3 Monthly Highlight Report from the Director of Safety and Risk

The Director of Safety and Risk presented her monthly highlight report (paper J refers), which specifically featured information this month on the following (1) review of moderate plus harm incidents for quarter 3 (2) progress on the Never Event action plan (3) HSIB maternity investigations for UHL (4) Sign Up to Safety Kitchen Table week and (5) feedback from the visit to UHL of Deputy PHSO. The report also appended the latest available patient safety report and complaints report. The Director of Safety and Risk reported verbally to notify members of a letter received from the PHSO advising the Trust that they wished to use one of the Trust's partially upheld complaints in their next report.

QOC were specifically asked to note (1) that HSIB would commence maternity investigations in UHL which met their defined criteria from 18 March 2019 (2) the Kitchen Table events at the three sites and (3) the positive feedback from the Deputy PHSO visit and the planned collaborative work to be undertaken on the development of a good practice framework with regard to complaints and the complaints coding review.

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

39/19 **ITEMS FOR NOTING**

39/19/1 Fractured Neck of Femur Update

Members received and noted the contents of paper K, which detailed an update on the current position for the Fractured Neck of Femur (NOF) service. In light of the marked, sustained improvement in performance observed over recent months, and the fact that performance would continue to be monitored through the monthly Quality and Performance reports, it was agreed to remove regular reports on Fractured Neck of Femur from the QOC reporting cycle and to submit future updates on an exception basis.

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

**(B) regular reports on Fractured Neck of Femur be removed from the QOC reporting cycle and future updates be submitted on an exception basis.**

MD/  
CCSO

39/19/2 Ophthalmology GIRFT Report

**Resolved** – that the contents of this report (paper L refers, which detailed a response to the final GIRFT report following the visit which took place on 12 July 2018) be received and noted.

40/19 **MINUTES FOR INFORMATION**

**Resolved** – that the following be noted for information at papers M1, M2 and N respectively:-

- (1) EQB minutes of 5 February 2019 (paper M1 refers);
- (2) EQB actions of 5 March 2019 (paper M2 refers) and
- (3) EPB minutes of 26 February 2019 (paper N refers).

41/19 **ANY OTHER BUSINESS**

41/19/1 Moving to Good and Beyond – National Summit Event

The QOC Chair reported verbally to advise members of the key messages delivered by the three speakers at the 'Moving to Good and Beyond' National Summit Event held on 21 March 2019. The key messages were:

- the need for an 'executive focus' for improvement;
- the importance of leadership and teamwork;
- the need for a Trust improvement team and
- the 'buy-in' and involvement of all staff.

**Resolved** – that the verbal information provided be received and noted.

41/19/2 CCG Representation at QOC Meetings

The Trust Chairman expressed his disappointment at the lack of CCG representation at meetings of the Quality and Outcomes Committee. Whilst members appreciated the demands on the time of CCG colleagues, this was considered to be an important meeting for CCG colleagues to attend and discuss issues of quality and outcomes with senior members of UHL. The Chief Nurse undertook to raise this matter with CCG colleagues (noting that CCG colleagues had requested a Board-to-Board meeting in June 2019, at which they had requested the attendance of both the UHL Medical Director and UHL Chief Nurse).

CN

**Resolved** – that the Chief Nurse be requested to discuss CCG representation at QOC meetings with relevant CCG colleagues.

CN

41/19/3 Retirement of Director of Clinical Quality and Head of Business, Commercial and Contracts

The QOC Chairman noted that this was the last QOC meeting to be attended by the Director of Clinical Quality and the Head of Business, Commercial and Contracts due to their impending retirement and expressed thanks on behalf of the Committee for the work they had undertaken during their long service within the Trust. He particularly made reference to the significant CQC-related work undertaken by the Director of Clinical Quality, for which he expressed the Committee's gratitude. The Director of Clinical Quality expressed her thanks for the support extended to her by the Committee.

**Resolved** – that this information be noted.

42/19 **IDENTIFICATION OF ANY KEY ISSUES FOR THE ATTENTION OF THE TRUST BOARD**

**Resolved** – that the following issues be highlighted to the public 4 April 2019 Trust Board meeting via the public summary of this QOC meeting:-

- recommendation of the Aseptic Suite Capacity Plan (paper G, Minute 32/19 refers), and
- the timetable relating to the Quality Account (paper C, Minute 37/19/1 refers).

QOC  
Chair



43/19 DATE OF NEXT MEETING

**Resolved** – that the next meeting of the Quality and Outcomes Committee be held on Thursday 25 April 2019 from 1.45pm until 4.15pm in the Board Room, Victoria Building, Leicester Royal Infirmary.

The meeting closed at 4.31pm.

Gill Belton - Corporate and Committee Services Officer

**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 Crowe (Chair)	12	12	100	A Furlong	12	9	75
J Adler	12	6	50	E Meldrum	6	5	83
V Bailey	12	11	92	B Patel	12	11	92
P Baker	12	7	58	K Singh ( <i>Ex-officio</i> )	12	9	75
C Fox	6	6	100	C West/F Bayliss – LC CCG	12	4	33

***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>
M Caple	12	10	83	S Hotson	12	10	83
M Durbridge	12	10	83	C Ribbins	8	2	25