

Trust Board paper N2

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 7 February 2019

COMMITTEE: Quality and Outcomes Committee

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

DATE OF COMMITTEE MEETING: 20 December 2018

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

- Freedom to Speak Up vision, strategy and action plan – Minute 213/18

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

- good performance on fractured neck of femur (Minute 217/18), and
- VTE and the work of the task and finish group (Minute 221/18).

DATE OF NEXT COMMITTEE MEETING: 31 January 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 20
DECEMBER 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
Ms C Fox – Chief Nurse
Mr K Singh – Trust Chairman (*ex officio*)
Professor P Baker – Non-Executive Director (excluding Minutes 215/18 and 216/18)

In Attendance:

Ms F Bayliss – Leicester City CCG Representative
Mr M Caple – Patient Partner
Mr A Currie – Clinical Director Musculoskeletal and Specialist Surgery
Ms Jo Dawson – Freedom to Speak Up Guardian (for Minute 213/18)
Mrs S Hotson – Director of Clinical Quality
Mr C Kazoka – Interim Corporate and Committee Services Officer
Mr D Kerr – Director of Estates and Facilities
Ms E Meldrum – Deputy Chief Nurse
Ms H Stokes – Corporate and Committee Services Manager

ACTION

RECOMMENDED ITEMS

213/18 FREEDOM TO SPEAK UP STRATEGY

The UHL Freedom to Speak Up (F2SU) Guardian attended the meeting to present paper G1. In addition to the 2018-19 quarter 2 data report mentioned in Minute 221/18 below, the Quality and Outcomes Committee (QOC) considered the Trust's Freedom to Speak Up vision, strategy and plan, to be recommended to the Trust Board for approval. UHL's Freedom to Speak Up Guardian introduced the report, and advised that the approach would be implemented across the Trust in partnership with UHL's Leadership and Culture Programme as part of the overarching Quality Strategy. In response to comments from the Trust's Chairman, the Trust's Freedom to Speak Up Guardian confirmed that appropriate lessons would be learned from elsewhere, although noting that UHL was ahead of some of its peers on Freedom to Speak Up issues due to having a full-time Guardian in place. QOC commented on the importance of cultural change to embed and progress Freedom to Speak Up, openness and transparency, and to encourage staff to feel able to speak up. A Freedom to Speak Up UHL video was in production, and the QOC Non-Executive Director Chair suggested that this could be shown at the January 2019 Trust Board thinking day. The QOC Chair underscored the importance of promoting the 'Civility Saves Lives' initiative - as part of the Trust's Freedom to Speak Up Plan - stating that had a demonstrable impact on team performance. QOC supported the Freedom to Speak Up vision, strategy and plan, and recommended them for Trust Board approval.

**QOC
CHAIR**

Recommended – that (A) the F2SU video being produced be taken to the January 2019 Trust Board 'Thinking Day', and

DSR

(B) the Freedom to Speak up vision, strategy and plan report be endorsed and recommended for Trust Board approval via the public QOC summary.

**QOC
CHAIR**

RESOLVED ITEMS

214/18 APOLOGIES FOR ABSENCE

Apologies for absence were received from Mr B Patel, Non-Executive Director, Miss M Durbridge, Director of Risk and Safety and Mr A Furlong, Medical Director.

215/18 MINUTES

Resolved – that the Minutes of the meeting held on 29 November 2018 be confirmed as a correct record.

216/18 MATTERS ARISING

In discussing paper B, the QOC Non-Executive Director Chair stated that the recording of timescales for actions as 'immediate' should be construed to mean the date of the next meeting and if not that, then a specific expected completion date should be inserted.

The following items in the action log should be earmarked for closure:

- Item 5a
- Item 10
- Item 12
- Item 21: With regard to this item, the Chief Nurse advised that there would be no reduction in premium and that the issue of the training of midwifery support workers had now been addressed.

CCSO

Resolved–that the updates above be noted, and any actions progressed by the appropriate lead.

LEADS

217/18 FRACTURED NECK OF FEMUR – PILOT UPDATE

The Clinical Director, Musculoskeletal and Specialist Surgery, updated QOC on the fractured neck of femur (#NOF) service pilot, following concerns about the service's performance on the 36-hour time to theatre target (as discussed at previous QOCs). The renewed approach adopted by the service involved treating fractured neck of femur cases as emergencies and thus aiming to have them operated on within 24 hours of presentation. This change in mindset was crucial. A 2-week 'rapid cycle fortnight' pilot had begun on 1 October 2018, involving initiatives such as enhanced anaesthetic and surgical cover, extended theatre team availability, and an improved pathway through ED. Although not all elements had been able to be fully delivered (due, partly to theatre staffing constraints), the pilot had been very successful with only 2 of 27 patients not achieving the required 36-hour target. The service had now been able to meet its target for the past 4 months, with 6-months and 12-months achievement being the next goals. Exception reports were undertaken on all patients not meeting the 36-hour target, and further work was planned with regard to job plans, although the service recognised that this was a complex issue. A potential longer trial was being considered for January 2019, with greater involvement of ED.

QOC welcomed the performance improvement, and voiced its assurance that the underlying change in mindset would make the improvement sustainable. In response to a query, the Clinical Director Musculoskeletal and Specialist Surgery considered that – based on the actions to date – the 72% performance level could be sustained without additional investment. The service recognised the need for a business case if any additional resource was required to make improvements above and beyond that level. QOC also discussed the need to align the Quality Schedule with the national best practice tariff.

**CD,MSS/
CCG Rep**

A query was raised on why the service was aiming (in the future) to secure orthogeriatrician cover on weekends in order to help improve performance on the 72 hour target. In response, the Clinical Director Musculoskeletal and Specialist Surgery stated as the service treated frail patients, orthogeriatricians were essential to meeting the needs of this cohort of patients.

Given the improvements made, QOC agreed that it did not require a further specific update on the fractured neck of femur service, as performance on the target would be monitored via the monthly quality and performance report.

Resolved – that discussion take place outside of the meeting on how the performance thresholds contractually set for the Trust by the CCGs, in the Quality Schedule, could be aligned with those of the #NOF service and national best practice tariff.

**CD,MSS/
CCG Rep**

218/18 DEMENTIA UPDATE STRATEGY 2018 – QUARTER 1 & 2

The Chief Nurse presented paper D to QOC. Noting a recent Trust Board story, the Chief Nurse provided a high level summary of progress against the 7 strategic priorities of UHL’s Dementia Strategy 2018-20. This included the implementation of the ‘Forget Me Not’ Scheme across the adult patient wards and the growing number of patients that this scheme was supporting, and the improvements in nutrition and hydration for dementia patients (e.g. energy dense menus [smaller portion size] and finger foods). This followed collaborative work between the facilities, dietetics and speech and language therapy teams. The Chief Nurse also highlighted an opportunity for UHL to work in partnership with Dementia UK to establish Admiral Nursing across Leicester, Leicestershire and Rutland, representing exemplary practice. QOC Non-Executive Directors requested that further consideration be given to how best to enable carers/relatives to support dementia patients while in hospital (if they wished to), and it was agreed to discuss that issue further through the Trust’s Safeguarding Assurance Committee and the Patient Involvement Patient Experience Assurance Committee (PIPEAC). In discussion on this matter, it was noted that communication around the Trust’s ‘Stay with Me’ initiative needed to be carefully handled in order to avoid conveying the wrong impression that patients’ relatives were being asked to look after patients under this scheme when this was not the case.

CN

The Chief Nurse also agreed to follow-up a query from the QOC Patient Partner representative on the extent to which wards were using the ‘Red Tray’ system. The QOC Non-Executive Director Chair emphasised the need for the dementia strategy to align appropriately to the Trust’s end of life care strategy.

CN

Resolved – that (A) a review be carried out (via the Safeguarding Assurance Committee and Patient Involvement and Patient Experience Assurance Committee) on how best to accommodate visitors under the ‘Stay with Me’ initiative and reconcile this with the way that care for the patients was to be appropriately arranged by the Trust, and

CN

(B) the query on the extent to which wards were using the ‘Red Tray’ system be explored by the Chief Nurse.

CN

219/18 NURSING AND MIDWIFERY QUALITY AND SAFE STAFFING REPORT

The Chief Nurse presented paper E to QOC. The report 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 October 2018, 0 wards had triggered a level 3 concern, and there had also been a reduction (compared to September 2018) on wards triggering either a level 1 or level 2 concern. A specific medical ward at the LRI continued to be appropriately-closely monitored. In response to a Non-Executive Director query, the Deputy Chief Nurse outlined the trigger points (including length of time) for escalating concerns from level 1 to level 2. The QOC Non-Executive Director Chair queried how the format of this report might change when the new assessment and accreditation process took effect. In response (and noting the quarterly nature of that process), the Chief Nurse provided assurance that the monthly staffing report would be streamlined to include a dashboard looking at harms and staffing. She also provided assurance to QOC that safety would continue to be the core driver for the report.

Resolved – that the nursing and midwifery quality and safe staffing report for October 2018 be noted.

220/18 “UNDER PRESSURE” CQC NATIONAL REPORT: GAP ANALYSIS OF ED SAFETY

The Chief Nurse briefed QOC on the contents of paper F, which was a report on the RAG-rated gap analysis undertaken in response to the May 2018 CQC national report “Under Pressure – Safely Managing Increased Demand in Emergency Departments”. Although welcoming the information, QOC agreed that these were primarily operational, rather than quality-led actions, and noted that any further updates would be provided to the People, Process and Performance Committee (via the Urgent Care Board and led by the Chief Operations Officer). Non-Executive Directors suggested that it would be helpful for the gap analysis to also indicate whether the

COO

actions were part of the LLR winter plan (inclusion in the UHL winter plan already indicated), to ensure that system issues were appropriately captured. In response to comments from the QOC Patient Partner representative, the Clinical Commissioning Group member of QOC advised that issues relating to the community urgent care offering were being progressed through the Community Services Review.

Resolved – that future updates be directed through the People, Process and Performance Committee. COO

221/18 MONTHLY HIGHLIGHT REPORT FROM THE DIRECTOR OF SAFETY AND RISK

The Director of Clinical Quality presented paper G on behalf of the Director of Safety and Risk. QOC considered information relating to (i) the 2018-19 quarter 2 review of harms data; (ii) duty of candour compliance [which was also actively monitored through the monthly performance review meetings with Clinical Management Groups]; (iii) governance and management of VTE; (iv) interim feedback on the Never Event specific Director-led safety walkabouts; (v) the patient safety report for November 2018; (vi) the complaints performance report for November 2018, and (vii) Freedom to Speak Up data for quarter 2 of 2018-19.

(i) 2018-19 Quarter 2 Review of Harms Data:

Although noting his concern about the rise in harms (graded as moderate and above) in Q2 compared to Q1, the QOC Non-Executive Director Chair acknowledged that the change in reporting requiring harms (from falls) which were previously not graded (as major) could have contributed to this rise. He also noted assurance from the Director of Clinical Quality that there had been a reduction in the more severe harms. She added that the rise in the figures for reported harms could also be interpreted as a sign that an improved reporting culture was now being embedded within the Trust.

ii) Duty of Candour Compliance

QOC noted the improvement in the evidencing of duty of candour compliance with a reduction in the number of incidents which were not evidenced at the time of this report. The closing of these gaps was the result of the persistent effort of the Patient Safety Team. QOC supported the need for all CMGs to demonstrate full compliance with their duty of candour obligations. It was noted that this was also a matter that was being monitored via the performance review meetings.

(iii) Governance and management of VTE

QOC sought (and received) assurance that the appropriate people were involved in the VTE Task and Finish Group, and that appropriate pace was being applied in its work. The group had also provided appropriate input into the Trust's response to a recent Regulation 28 report. QOC also sought (and received) assurance that the group's terms of reference would be included in the VTE update to the January 2019 Executive Quality Board (and thereafter, be brought to the March 2019 QOC meeting). QOC also agreed that the VTE interim work programme would be brought to its March 2019 meeting. DSR
DSR

(iv) Interim feedback on the Never Event specific Director-led safety walkabouts

QOC noted that following the decisions respectively made at the QOC and EQB meetings of June 2018, that all Directors should undertake 2 safety walkabouts by the end of September 2018 (in order to strengthen the Trust's response to Never Events), only 50% of the visits had been undertaken. 23 areas, out of the 46 agreed to be covered, had been visited. QOC noted the key themes highlighted from the visits that had taken place and the need for Directors who had not carried out these walkabouts to do so and provide feedback on them. DCQ

(v) Patient Safety Report for November 2018:

In further discussion, the Director of Clinical Quality agreed to circulate the December 2018 national Patient Safety Strategy to QOC members for information.

(vi) Complaints Performance Report for November 2018

QOC noted an improvement in the Trust's responsiveness to 10 day and 25 day formal complaints (from 81% to 91% and 80% to 91% respectively) although performance on 45 day complaints had deteriorated. ED had received the highest number of complaints in month. The

report also indicated a decrease in the number of formal and re-opened complaints in month.

vii) Freedom to Speak Up data for quarter 2 of 2018-19

QOC noted the contents of the report which provided QOC with information on concerns raised through various mechanisms such the CQC, the Trust's Anti-Bullying and Harassment Service and the Junior Doctor Gripe Tool, among others.

Resolved – that (A) the December 2018 National Patient Safety Strategy be circulated to QOC members for information; DCQ

(B) the terms of reference for the VTE Task and Finish Group be taken to the January 2019 meeting of the Executive Quality Board (and then to the March 2019 QOC meeting as part of action C below), and DSR

(C) the VTE interim work programme be brought to the March 2019 QOC meeting. DSR

222/18 HEALTH AND SAFETY PERFORMANCE INDICATORS 2018-19- QUARTER 1 & 2

The Director of Clinical Quality presented paper H on behalf of the Director of Safety and Risk. It provided QOC with a statistical report containing information on RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences) incidents, training and claims. QOC noted that more detailed information on the Local Security Management Specialist function would be provided to the January 2019 Audit Committee. With regard to the Quarter 1 reported increase in office-based referrals involving health and safety and/or manual handling issues, Non-Executive Directors requested that an explanation of the underlying numbers/trends/reasons be included in future updates. The report advised that that consideration was being given to the possibility of increasing the Trust's portfolio of alternative equipment designed to aid better working, worker comfort and to alleviate symptoms of a poor environment. This would enable the Trust to offer help and react quickly to concerns with viable solutions.

DSR

Resolved – that future Health and Safety performance indicator updates to QOC include an explanation of underlying numbers, /trends and reasons relating to office based referrals involving health and safety and manual handling issues. DSR

223/18 CQUIN and QUALITY SCHEDULE

The Director of Clinical Quality presented paper I to QOC. She advised QOC of the potential end of year variance on CQUIN schemes (confirming that the Chief Financial Officer was appropriately sighted on this), and noted the impact of the remedial actions planned. The Chief Executive advised that the CQUIN scope and value were significantly reducing in 2019-20. The QOC Non-Executive Director Chair considered that UHL was already focused on many of the patient safety-related CQUIN issues, including (e.g.) fractured neck of femur, blood transfusion, VTE, etc. With regard to the locally-agreed Quality Schedule, the Chief Executive noted the need for an appropriately-focused (rather than broad-based) approach. QOC agreed that the CCG representative on QOC should be invited to attend the Trust Board Thinking Day discussion on the Quality Strategy.

CE

Resolved – that an invitation be sent to the CCG's QOC representative to attend the Trust Board Thinking Day discussion on the Quality Strategy. CE

224/18 QUALITY COMMITMENT 2018-19 QUARTER 2 UPDATE

The Director of Clinical Quality presented paper J, the Quality Commitment update for Quarter 2 of 2018-19. The key issues identified included the large number of competing priorities for IT hardware/mobile devices, the dependence of a number of workstreams on the rollout of IT systems, and a need for more consistent embedding of standardised processes such as Stop the Line, Red 2 Green, and ward/board rounds. Although there were no particular concerns to highlight, the Director of Clinical Quality noted that some work programmes spanned more than 12 months, and she drew QOC's attention to the information on 'risks to delivering KPI by year-end'. QOC also noted that work was already in hand on the 2019-20 Quality Commitment.

Resolved – that the contents of the abovementioned report be noted.

225/18 SCHEDULE OF EXTERNAL VISITS

The Director of Clinical Quality presented paper K which provided QOC with a schedule of visits by various external agencies/bodies. The schedule formed part of the Trust's governance arrangements for responding to and managing such visits. QOC noted the status of the various external visits listed, and the actions being taken in response to any recommendations received.

Resolved – that the contents of the abovementioned report be noted.

226/18 CQC ACTION PLAN UPDATE

The Director of Clinical Quality presented paper L. QOC was assured that there were no significant concerns regarding any of the actions from the last CQC visit, and noted that on her appointment, the Chief Nurse had begun systematically reviewing the action plan. With regard to the next expected CQC well-led inspection, the Chief Nurse anticipated that a Provider Information Return (PIR) request might potentially be received in Quarter 4 of 2018-19.

Resolved – that the contents of the abovementioned report be noted.

227/18 NICE GUIDANCE COMPLIANCE 2018-19: QUARTER 1 & 2 UPDATE

The Director of Clinical Quality presented paper M which reported on UHL's compliance with NICE (National Institute for Health and Clinical Excellence) guidelines. QOC received this update for information, and noted that an appropriate governance process was in place within UHL.

Resolved – that the contents of the abovementioned report be noted.

228/18 QOC ANNUAL WORKPLAN 2018-19

QOC received the latest iteration of its annual work plan and noted its contents for information. The QOC Non-Executive Director Chair suggested reviewing the Board Committee workplans to avoid any unnecessary overlap. QOC also noted the likely impact on the workplans of the Trust's Quality Strategy work.

**NED
CHAIRS**

Resolved – that a review be carried out on the Board Committee work plans to avoid any unnecessary overlap.

**NED
CHAIRS**

229/18 DATA QUALITY AND CLINICAL CODING (APRIL – JUNE 2018)

QOC received paper O which was presented to provide it with assurance that the information describing the activities of the Trust was of very good quality. The report disclosed that the Data Quality Maturity Index, version 11, recently released from NHS Digital, showed the Trust to have maintained strong performance in the quality of its data. Since April 2017, UHL had, within its peer group, maintained the highest scoring for the high quality and completeness of its data. QOC welcomed the good performance described in the report.

Resolved – that the contents of the abovementioned report be noted and assurance be taken from the report.

230/18 MINUTES FOR INFORMATION

Resolved – that the following be noted for information at papers P, P1 and Q respectively):-

- (1) EQB minutes 6.11.18;
- (2) EQB actions 4.12.18, and
- (3) EPB minutes 27.11.18

231/18 ANY OTHER BUSINESS

There were no items of any other business.

232/18 IDENTIFICATION OF ANY KEY ISSUES FOR THE ATTENTION OF THE TRUST BOARD

Resolved – that the following issues be highlighted to the public December 2018 Trust Board via the public summary of this QOC meeting:-

(1) the Freedom to Speak up vision, strategy and plan report (recommended for Trust Board approval – Minute 213/18).

**QOC
CHAIR**

233/18 DATE OF NEXT MEETING

Resolved – that the next meeting of the Quality and Outcomes Committee be held on Thursday 31 January 2019 from 1.15pm until 4.15pm in the Board Room, Victoria Building, Leicester Royal Infirmary.

The meeting closed at 4.45pm.

Chipo Kazoka **Interim 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)	9	9	100	A Furlong	9	7	78
J Adler	9	4	44	E Meldrum	6	6	100
V Bailey	9	9	100	B Patel	9	8	89
P Baker	9	5	56	K Singh (<i>Ex-officio</i>)	9	6	67
C Fox	3	3	100	C West/F Bayliss – LC CCG	9	3	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	94	7	78	S Hotson	9	8	89
M Durbridge	9	7	78	C Ribbins	8	2	25