

Trust Board paper J2

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 5 March 2020

COMMITTEE: Quality and Outcomes Committee (QOC)

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

DATE OF COMMITTEE MEETING: 30 January 2020

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

- None.

OTHER KEY ISSUES IDENTIFIED BY THE COMMITTEE FOR NOTING BY THE PUBLIC TRUST BOARD:

(1) Progress Update on PPI Strategy – Minute 6/20/3 refers.

DATE OF NEXT COMMITTEE MEETING: 27 February 2020

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

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

**MINUTES OF THE QUALITY OUTCOMES COMMITTEE (QOC) MEETING HELD ON THURSDAY 30
JANUARY 2020 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
Professor P Baker – Non-Executive Director (until and including Minute 6/20/8)
Dr A Furlong – Medical Director
Ms N Green – Deputy Chief Nurse (on behalf of Chief Nurse)
Mr B Patel – Non-Executive Director
Mr K Singh – Trust Chairman (*ex officio*)

In Attendance:

Dr B Barnes – Deputy Medical Director (for Minute 6/20/2)
Mr M Caple – Patient Partner
Miss M Durbridge – Director of Safety and Risk
Dr K Higgins – Diabetes Consultant (for Minute 6/20/1)
Mr D Kerr – Director of Estates and Facilities
Mrs H Majeed – Corporate and Committee Services Officer
Ms B O'Brien – Deputy Director of Quality Assurance (for Minutes 1/20-4/20 and Minutes 6/20/5 & 6/20/7)
Ms H Rooney – Patient and Community Engagement Officer (for Minute 6/20/3)
Ms J Smith – Patient Partner

RESOLVED ITEMS

1/20 APOLOGIES

Apologies for absence were received from Mr P Aldwinckle, Patient Partner and Ms C Fox, Chief Nurse. The QOC Non-Executive Director Chair welcomed Ms N Green, Deputy Chief Nurse to her first QOC meeting.

2/20 DECLARATIONS OF INTERESTS

Resolved – that it be noted that no declarations of interest were made at this meeting of the Quality and Outcomes Committee.

3/20 MINUTES

Resolved – that the Minutes of the 19 December 2019 meeting (papers A1 and A2 refer) be confirmed as a correct record.

4/20 MATTERS ARISING

Paper B detailed the actions from previous meetings of the Quality Outcomes Committee, the contents of which were received and noted.

In discussion under item number 12 (Minute 103/19/1 of 29 August 2019 – Food Safety Task and Finish Group Update), the Director of Estates and Facilities provided a brief verbal update on the positive outcome following a recent inspection of the LRI catering facilities by the Environmental Health Officer. It was therefore agreed to update the QOC Matters Arising Log accordingly and thereafter remove this item from later iterations of the log.

In discussion under item number 3 (Minute 133/19/2 of 28 November 2019 – Neurology Services Update), the Medical Director reported verbally on a productive meeting with counterparts at Nottingham University Hospitals to discuss the possibility of establishing joint neurology posts.

CCSO

In respect of item 5 (Minute 144/19/1 of 19 December 2019 – CCG Representative), the Medical Director confirmed that Ms C Trevithick, Chief Nurse, LLR CCGs or Ms C West, Director of Nursing & Quality, Leicester City CCG would represent the CCG at future QOC meetings.

Resolved – that the discussion on the matters arising log and any associated actions be noted and the QOC Matters Arising Log be updated accordingly.

CCSO

5/20 KEY ISSUES FOR DISCUSSION/DECISION

5/20/1 Report from the Director of Safety and Risk

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

6/20 ITEMS FOR ASSURANCE

6/20/1 Deteriorating Adult Patient Board Update

The Medical Director presented an update on the work of the Deteriorating Adult Patient Board (DAPB) (paper D refers), and highlighted the following in particular: (1) performance with respect to the number of patients receiving antibiotics within 1 hour in ED remained stable at just below 90% and this had been the case despite the significant increase in activity in ED (2) new outcome data in cohorts of patients with Acute Kidney Injury had the potential to improve care across LLR and required further co-ordinated work across LLR, and (3) incident reporting with respect to deteriorating patients continued to be monitored and had been stable with no increase in the number of significant harms in this patient group.

Members were advised that advice from national forums regarding the validity of using NICE high-risk sepsis “red flags” to identify patients with sepsis would be considered and any changes would be taken forward through the Sepsis Working Group.

Dr K Higgins, Diabetes Consultant attended the meeting to provide an update on insulin safety and harms. She advised that although there had been significant improvement, the percentage of patients experiencing an insulin error had now plateaued. The reporting of insulin errors had been increasing, reflecting an open culture of reporting, yet significant harm remained uncommon. Members were advised that an electronic prescribing system for insulin would significantly reduce insulin errors. In response to various queries, the Diabetes Consultant advised that diabetes care in general was improving as a result of various initiatives including the introduction of decision support tools, e-learning and face to face training. The infrastructure to support the implementation of networked blood glucose and ketone meters was already in place and work to integrate the results onto Nerve Centre was being taken forward via the e-Hospital Board. In response to a query from the QOC Non-Executive Director Chair, it was noted that staff compliance with insulin safety training remained a challenge, particularly keeping-up with each turn-around of staff were trained and CMGs were being supported to improve this.

In response to a number of queries, the Diabetes Consultant advised that the Trust had a policy in place for the ‘Self-Administration of Medicines including insulin’. Work was underway to ensure that the processes in place in this policy were even more stream-lined in order to make it easier for patients and nurses.

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

6/20/2 VTE Prevention Task and Finish Group Update

The Deputy Medical Director presented a detailed update (paper E refers) regarding the good progress of the majority of the VTE Prevention Task and Finish Group work streams, despite on-going operational challenges. He highlighted the positive performance in quarters 1 and 2 of 2019-20 against the Quality Schedule for VTE prevention. Progress had been made to facilitate electronic reporting of VTE assessments and prescribing and ultimately the creation of an electronic dashboard to allow real-time CMG level reporting to drive performance and allow a more robust and efficient audit programme. Progress had also been made in VTE assessment in long waiters in ED and work continued to improve this process. Members were advised that ward assessment and accreditation

framework, which currently had a suite of nurse-sensitive indicators, would now incorporate an indicator to capture the delivery of VTE prevention information to patients. A further update was requested for EQB and QOC in April 2020.

DMD
(DB)

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

(B) a further update on Thrombosis/VTE Prevention be provided to EQB and QOC in April 2020.

DMD
(DB)

6/20/3

Progress Update on PPI Strategy

The Patient and Community Engagement Officer attended the meeting to present a progress update on the implementation of the Trust's Patient and Public Involvement Strategy (paper F refers). Appendix 1 of the paper comprised a dashboard, which provided an overview for the development of PPI plans for each of the Trust's core quality priorities. In discussion, the Chief Executive requested that the Trust's supporting priorities were also included in the dashboard and noted that a discussion on the dashboard would take place at the Executive Planning Meeting on 5 February 2020. In a brief discussion on where future reports on this matter should be scheduled, it was agreed that the joint PPPC/QOC session would be best placed for discussion of this report given that Patient Partners were present at this meeting and the PPPC had oversight of the Quality Strategy process. The Chief Executive confirmed that the expectation was to progress the various steps in the process (relating to Quality Strategy Projects) by end of March 2020 for each of the Trust's quality and supporting priorities. Therefore, an update on this matter was requested to be scheduled for the joint PPPC/QOC session in April 2020.

P&CEO

HoP&C
E

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

(B) the Patient and Community Engagement Officer be requested to include an overview for the development of PPI plans for each of the Trust's supporting quality priorities on the dashboard and forward this to the Director of Corporate and Legal Affairs, and

P&CEO

(C) the Head of Patient and Community Engagement be requested to provide an update on the PPI Strategy at the joint PPPC/QOC session in April 2020 and any future updates on this matter also be scheduled on the agenda for the joint PPPC/QOC session.

HoP&C
E

6/20/4

Update from Patient Partners re. their involvement in the Trust's Quality Strategy 'Becoming the Best'

The QOC Patient Partners who were present at the meeting advised that there were currently a number of areas/Groups in which Patient Partners were involved and provided their support. In response to a query from Mr M Caple, Patient Partner, the QOC Non-Executive Director Chair highlighted that Patient Partner involvement in the Trust's Quality Priorities should be given first priority. Ms J Smith, Patient Partner was still awaiting confirmation on the allocation of the Quality Priority that she would be providing PPI support to and undertook to discuss this with the Head of Patient and Community Engagement outwith the meeting. Mr M Caple also noted the need for the newly recruited Patient Partners to have appropriate support on PPI expectations in respect of the Trust's Quality Strategy priority areas.

PP
(JS)

Resolved – that (A) the verbal update be noted and noted, and

(B) the QOC Patient Partner (Ms J Smith) be requested to discuss with the Head of Patient and Community Engagement outwith the meeting re. the allocation of the Quality Priority that she would be providing PPI support to.

PP
(JS)

6/20/5

Schedule of External Visits

The Deputy Director of Quality Assurance presented paper G, a report 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. The QOC Non-Executive Director Chair emphasised the need to mitigate known non-compliance issues as far as possible ahead of forthcoming visits. In response to a comment, the

Deputy Director of Quality Assurance acknowledged that the report was not fully fit for purpose and confirmed that work would be taken forward in due course to ensure robust administration of the database in order that better reports were produced.

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

6/20/6 Report from the Chief Executive

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

6/20/7 Patient Experience Quarter 2 Report (2019-20)

Members noted the contents of the patient experience report for quarter 2 of 2019-20 (paper H refers). The report illustrated the large amount of activity in the Clinical Management Groups focused upon collecting feedback from patients, their families and carers and then responding to that feedback and shaping services and care. In response to a query from Ms V Bailey, Non-Executive Director regarding the low feedback coverage in some areas in respect of Friends and Family Test, Ms N Green, Deputy Chief Nurse advised that the Patient Experience team were undertaking an analysis and would be using different ways to collect feedback.

Mr M Caple, Patient Partner commented that the attendance and contents of the reports at the Patient Involvement, Patient Experience Assurance Committee (PIPEAC) meeting had improved since the Chief Nurse had assumed the role of the Chair of this Committee. He felt that there was a more positive feel and lessons learned from patient feedback were being disseminated and good practice across the Trust was promoted to drive the change and improvements required.

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

6/20/8 Report from the Medical Director

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

6/20/9 Acting on Results Update

The Medical Director presented paper J, a report advising that the configuration of the ICE system as part of the Acting on Results programme had been completed. There had been a large improvement in the rate of acknowledgment of results on the ICE system, however, there was a consensus of opinion that no significant further improvements could be made to the ICE system. A brief update on the interface between ICE and ILab systems was provided. The Conserus system provided an electronic alert highlighting any urgent or significant findings of a result in imaging. A new ordercomms system on Nerve Centre was being developed and this work would be the focus of future efforts in order to build a system ensuring requesting and reporting of diagnostic tests had the critical safety features that were not currently in place within existing systems. The new E-Investigations Board would oversee this new programme of development including the replacement of ICE by Nerve Centre.

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

7/20 ITEMS FOR NOTING

7/20/1 Falls Update – Quarters 1 & 2 (2019-20)

Resolved – that the contents of paper K be received and noted.

7/20/2 UHL Dementia Strategy 2018-20 – Update re. Quarters 1 & 2 (2019-20)

Resolved – that (A) the contents of paper L be received and noted, and

(B) the Deputy Chief Nurse be requested to schedule the Trust's Dementia Strategy as an item for discussion at QOC, when appropriate.

DCN

- 7/20/3 Resuscitation Committee – Quarterly Update
Resolved – that (A) the contents of paper M be received and noted, and
 (B the Medical Director be requested to present a report to QOC to describe the roll-out of the ReSPECT programme across UHL and LLR. MD/DMD (JJ)
- 7/20/4 Executive Quality Board (EQB)
Resolved – that the 17 December 2019 Executive Quality Board action notes (paper N refers) be received and noted.
- 8/20 **ANY OTHER BUSINESS**
- 8/20/1 Internal Audit Report regarding Safety Checks in ED
 The QOC Non-Executive Director Chair highlighted that the Trust’s Internal Auditors had undertaken a review of the Safety checks in ED and presented a report at the Audit Committee meeting in January 2020. This review had identified some quality-related issues that needed to be addressed. In response, the Medical Director undertook to present a report on this matter to EQB and QOC in February 2020. MD
Resolved – that the Medical Director be requested to provide a report addressing the quality-related issues identified in the recent Internal Audit Report regarding Safety Checks in ED. MD
- 8/20/2 Coronavirus
 In response to a query from the QOC Non-Executive Director Chair, the Chief Executive requested Ms N Green, Deputy Chief Nurse to ensure an update in respect of UHL’s stance on responding to the National guidance on Coronavirus was provided to the Director of Corporate and Legal Affairs via the EPRR Manager for inclusion within the Chief Executive’s report to the Trust Board on 6 February 2020. DCN
Resolved – the Deputy Chief Nurse be requested to ensure an update was included within the Chief Executive’s report to February 2020 Trust Board re. UHL’s stance on responding to the National guidance on Coronavirus. DCN
- 9/20 **IDENTIFICATION OF ANY KEY ISSUES FOR THE ATTENTION OF THE TRUST BOARD**
Resolved – that the following item be highlighted to the 6 February 2020 public Trust Board via the summary of this Committee meeting:
 (1) Progress Update on PPI Strategy – Minute 6/20/3 above refers. QOC Chair
- 10/20 **DATE OF THE NEXT MEETING**
Resolved – that the next meeting of the Quality Outcomes Committee be held on Thursday 27 February 2020 from 1.45pm in the Board Room, Victoria Building, Leicester Royal Infirmary.

The meeting closed at 4.24pm.

Hina Majeed - Corporate and Committee Services Officer

Cumulative Record of Members’ Attendance (2019-20 to date):

Voting Members

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
I Crowe (Chair)	10	10	100	C Fox	10	8	80
J Adler	10	8	80	A Furlong	10	9	90
V Bailey	10	10	100	B Patel	10	9	90
P Baker	10	7	70	K Singh (ex officio)	10	9	90

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>
P Aldwinckle (PP)	7	6	86	L Frith (CCG – from July 2019- November 2019)	5	4	80
F Bayliss (CCG – up to end of June 2019)	3	0	0	J Smith (PP)	7	6	86
M Caple (PP)	10	8	80	C Trevithick/C West (CCG - from January 2020)	1	0	0
M Durbridge	10	9	90				