

Trust Board paper K1

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 1 November 2018

COMMITTEE: Quality and Outcomes Committee

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

DATE OF COMMITTEE MEETING: 27 September 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:

- Deprivation of Liberty Safeguards Authorisations risks (Minute 164/18)

DATE OF NEXT COMMITTEE MEETING: 25 October 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 27
SEPTEMBER 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
Professor P Baker – Non-Executive Director
Ms E Meldrum – Acting Chief Nurse
Mr K Singh – Trust Chairman (*ex officio*)

In Attendance:

Mr M Caple – Patient Partner
Miss M Durbridge – Director of Safety and Risk
Mr P Gelsthorpe – Interim Corporate and Committee Services Officer
Mrs S Hotson - Director of Clinical Quality
Mr J Jameson – Deputy Medical Director (up to and including Minute 167/18)
Mr D Kerr – Director of Estates and Facilities (for Minute 166/18)
Dr R Marsh – Clinical Director, ESM (for Minute 162/18)
Mr W Monaghan – Director of Performance and Information (for Minute 169/18)
Ms S Nancarrow – Head of Operations, CHUGGS (for Minute 161/18)
Ms H Stokes – Corporate and Committee Services Manager

ACTION

RESOLVED ITEMS

158/18 APOLOGIES FOR ABSENCE

Apologies for absence were received from Mr A Furlong, Medical Director, Ms F Bayliss, Deputy Director of Nursing and Quality, Leicester City CCG, and Mr B Patel, Non-Executive Director. Mr J Jameson, Deputy Medical Director attended on the Medical Director's behalf.

159/18 MINUTES

Resolved – that the Minutes of the meeting held on 30 August 2018 be confirmed as a correct record.

160/18 MATTERS ARISING

With regard to action 3 (Minute 141/18 of 30 August 2018), the Acting Chief Nurse advised that she planned to discuss Tomorrow's Ward with the Chief Nurse, NHSI at the forthcoming NHSI Conference. The QOC Non-Executive Director Chair requested that a reporting date for the psychology services update be included in future iterations of the matters arising log (Minute 79/18/3 of 24 May 2018). He also reiterated the need for appropriate Estates input to relevant external visits (eg aseptic suite, mortuary) as per action 12 of paper B (Minute 151/18 of 30 August 2018).

CCSM

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

LEADS

161/18 REPORT FROM THE HEAD OF OPERATIONS, CANCER HAEMATOLOGY UROLOGY GASTROENTEROLOGY AND GENERAL SURGERY CLINICAL MANAGEMENT GROUP

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

162/18 REPORTS FROM THE CLINICAL DIRECTOR, EMERGENCY AND SPECIALIST MEDICINE CLINICAL MANAGEMENT GROUP

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

163/18 NURSING AND MIDWIFERY QUALITY AND SAFE STAFFING REPORT

The report provided 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. Although no wards had triggered a level 3 concern in July 2018, there had been an increase in the number of wards triggering a level 1 concern that month. The report also briefed QOC on wards requiring additional support and oversight, and the Acting Chief Nurse outlined the pressures on surgical areas in particular, noting the impact of acuity levels and complex casemix, the CRO outbreak, and staffing shortages. As mentioned at the August 2018 QOC, the Chief Executive noted that UHL's reconfiguration plans would significantly ease pressure on the existing LRI surgical stepdown ward.

Appendix 4 of the report explored the factors behind the nurse staffing challenges experienced in July and August 2018, focusing particularly on specialty medicine, general surgical and gastroenterology wards at the LRI, and outlined a number of actions needed going into winter 2018. This report had also been discussed by the September 2018 Executive Quality Board. An action plan was in development as part of the winter staffing plan, and would be presented to the October 2018 Executive Quality Board and QOC meetings. 70 new Registered Nurses were due to start employment with UHL in October 2018, with between 70-80 overseas nurses also starting before January 2019.

ACN

QOC discussed the need to review skillmix requirements on wards, noting the need to make the best use of all members of the ward team to ensure an appropriate and safe care environment for patients. In response to queries from the Patient Partner representative on QOC, the Acting Chief Nurse noted the need for nursing staff to be appropriately inducted when moved to work in other areas. Any decisions to move staff (including to different sites if needed, although that was relatively rare) were undertaken on a risk assessed basis, and such staff would not be placed in charge of the ward to which they were moved.

ACN

The Chief Executive reiterated that nurse staffing was a key priority for the Trust.

Resolved – that (A) an action plan on effective and safe staffing be discussed at the October 2018 EQB and QOC meetings, and

ACN

(B) further discussion take place outside the meeting re: how ward staffing skillmix impacted on safety, recognising the need to make best use of the whole ward team skillset.

ACN

164/18 MANAGEMENT OF UNLAWFUL DEPRIVATION OF LIBERTY SAFEGUARDS AUTHORISATIONS

The Director of Clinical Quality outlined progress in responding to the concerns expressed by the CQC, noting that the Trust's Deprivation of Liberty Safeguards policy and procedures had been reviewed and updated to ensure compliance with the CQC's 'must do' action on this issue. Further contact had been made with Local Authorities (as the Supervisory Body) since the QOC report had been written, and a formal response was now awaited from them. Further targeted training had taken place in medical ward areas, and a monitoring role had also been added for Matrons. Spot checks were also planned by the UHL Safeguarding Assurance Committee. The Director of Clinical Quality reiterated that the issues raised by the CQC were national in nature, also reflected Local Authority resource constraints, and were not unique to UHL. Although recognising this, the QOC Non-Executive Director Chair nonetheless noted the risk being borne by the Trust as a result, and requested that this issue be highlighted to the October 2018 Trust Board via the meeting summary. The QOC Non-Executive Director Chair also requested that QOC be kept informed of the Local Authorities' response to the Trust on this issue.

**QOC
CHAIR**

DCQ

Resolved – that (A) this issue be highlighted to the public October 2018 Trust Board via

QOC

the public meeting summary, and

CHAIR

(B) QOC be kept advised of the response from Local Authorities.

DCQ

165/18 MONTHLY HIGHLIGHT REPORT FROM DIRECTOR OF SAFETY RISK

Although also updating QOC on [i] the never event gap analysis report (for never events occurring outside UHL); [ii] the patient safety report for August 2018; [iii] complaints performance for August 2018, and [iv] the Freedom to Speak Up 2018-19 quarter 1 report, discussion focused particularly on the quarter 1 harms review which had also been considered in detail at the September 2018 Executive Quality Board. Given the quarter 1 increase in harms rated as moderate or above, the harms review sought to analyse main trends and themes and explore any reasons behind that increase. It was noted that the quarter 1 increase in harms had not continued in quarter 2. In quarter 1 of 2018-19, the two most common harms themes related to in-patient falls, and post-partum haemorrhage, which was the same as in the 2017-18 year. The review had also looked at reporting and validation processes, noting that with the exception of the Women’s and Children’s CMG (which used its own in-house team) all harm incidents were validated centrally by the Corporate Patient Safety Team.

QOC noted the difficulty in drawing thematic and trend conclusions from such small numbers, and also considered that a rebasing exercise was needed to be clear on when harms definitions had changed (noting, for example, the NHSI requirement to class in-hospital fractured neck of femur as a major harm since 1 April 2018). The QOC Non-Executive Director Chair noted the importance of providing meaningful feedback to staff which aimed to share learning and change behaviours, and it was agreed to discuss that further outside the meeting. The Director of Safety and Risk also commented on the need for appropriate clarity on the 2018-19 harms KPI within the monthly quality and performance report.

DSR

It was agreed to bring a further update on the harms review to QOC in 6 months’ time (using broadly the same format so as to enable appropriate comparison).

DSR

In discussion on other elements of the Director of Safety and Risk’s monthly report, QOC noted:-

- (a) a detailed session on the Freedom to Speak Up self-assessment at the September 2018 Trust Board thinking day;
- (b) work planned to explore the exit interview data findings within the Freedom to Speak Up quarterly update, and
- (c) a desktop review exercise underway to understand instances of patients being cancelled multiple times without flagging on the system.

Resolved – that in respect of the 2018-19 quarter 1 harms review:-

- (1) a similar update be provided in 6 months’ time, including appropriate trend analysis and baselining around any national definition changes, and**
- (2) consideration be given to how best to provide meaningful feedback to staff, to share learning and enable any cultural/behavioural changes required.**

DSR

DSR/
ACN

166/18 PATIENT-LED ASSESSMENT OF THE CARE ENVIRONMENT (PLACE) RESULTS 2018

In introducing the published PLACE results for 2018, the Director of Estates and Facilities advised that UHL had sustained – and in some areas improved – its 2017 position on the 6 domains covered by the PLACE review. The Director of Estates and Facilities advised that UHL was performing better than its peers on the softer FM metrics, and he noted the challenges generally posed for large acute teaching hospitals on the hard FM elements. Although recognising the need to continue to improve on the scores, the Director of Estates and Facilities commented on the challenge of how to make significant improvements in the absence of the planned FM LLP development, given UHL’s already-low cost base. He also confirmed to QOC that – as in previous years – the Trust would conduct its own internal iteration of the PLACE review in January 2019, as a precursor to the next formal PLACE review in summer 2019.

Patient Assessor comments were included in the report (as previously requested by the Patient

Partner representative on QOC), and the Director of Estates and Facilities advised that actions were being taken in response to those comments where needed. In response to a query from the Patient Partner representative on QOC, the Director of Estates and Facilities outlined the make-up of the PLACE team, noting that (as a patient-led assessment) patient assessors were in the majority. Noting that a number of factors were involved in the differing UHL site results (including eg footfall, staff turnover rates, investment levels etc) the Director of Estates and Facilities considered that the estates constraints facing the LRI site in particular were not always understood in depth. Although welcoming the 2018 PLACE results, the QOC Non-Executive Director Chair noted the need for further improvement on cleaning. Although catering was performing well, the QOC Non-Executive Director Chair requested a future report on the implementation of protected mealtimes. He also voiced his thanks to all of the PLACE assessors, noting the rich data provided by the report.

ACN/DEF

Resolved – that a report be provided to a future QOC on the implementation of the protected mealtimes initiative.

DEF/
ACN

167/18 REPORT BY THE DEPUTY MEDICAL DIRECTOR

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

168/18 2018-19 PRODUCTIVITY IMPROVEMENT PROGRAMME (PIP) – QUALITY AND SAFETY ASSESSMENTS (MONTH 4)

QOC received the standing quarterly update on this issue, noting comments from the Acting Chief Nurse that where PIP schemes were rejected, it was primarily due to deliverability rather than any quality and safety concerns. The Acting Chief Nurse also provided assurance to QOC that she had no significant quality and safety concerns about any of the 2018-19 PIPs reviewed to date. It was noted that 27 schemes had yet to be reviewed.

Resolved – that the position be noted.

169/18 DATA QUALITY AND CLINICAL CODING UPDATE

The Director of Performance and Information presented the quarterly update on UHL data quality and clinical coding. The NHS Digital 'Data Quality Maturity Index' continued to show UHL as best in its peer group for high quality and complete data (and 2nd nationally for Acute Non-Specialist Trusts). Within UHL, work continued to improve collection of GP data. With regard to coding, UHL's coding team had won an innovation award for its 'orange dot' coding initiative, which identified notes requiring tracking and sending to the coding team. QOC welcomed the progress made on data quality and coding performance, and noted the need to sustain these improvements. Ms V Bailey Non-Executive Director suggested that implementation of SystemOne would be beneficial.

Resolved – that the position be noted.

170/18 CQC ACTION PLAN

With regard to outstanding CQC actions, the Director of Clinical Quality confirmed that the action re: Deprivation of Liberty Safeguards (review of Trust policy) had now been closed – Minute 164/18 above refers – and that the updated Interpreting and Translation Policy had been reviewed by UHL's Policy and Guideline Committee on 21 September 2018, with some further clarifications required. In response to QOC queries, the Director of Clinical Quality advised that a work programme was in place re: translating leaflets, with a progress report planned for a future Executive Quality Board and QOC as part of wider work by the Patient Information Librarian. The QOC Non-Executive Director Chair commented favourably on the 'e-leaflet' approach used in the Trust's Emergency Department.

DCQ

QOC was further advised that no concerns had been raised to date from the CQC's 13 September 2018 visit to UHL (paediatrics, ED, Hampton Suite), although formal feedback was still awaited. The Director of Clinical Quality also noted separate discussions with the CQC on the current requirements in respect of location registrations.

Resolved – that an update on patient information (including translation of patient information) be provided to EQB and QOC.

DCQ

171/18 CQUIN AND QUALITY SCHEDULE UPDATE

The paper was noted for information, and had also been discussed at the September 2018 Executive Quality Board. In response to a query, Non-Executive Directors received assurance that the Trust's financial plan took appropriate account of any non-achievement of CQUIN monies.

Resolved – that the position be noted.

172/18 LEARNING FROM CLAIMS AND INQUESTS

This report had been reviewed in detail by the Trust's Adverse Events Group, and also by the Executive Quality Board. In respect of the Regulation 28 report attached to the quarterly update, the QOC Non-Executive Director Chair noted that there had been no criticism of the care provided by UHL – in light of that, he would not therefore be highlighting that report to the Trust Board. In discussion, it was agreed that consideration was needed of how best to use the information available from GIRFT ('getting it right first time') reports in the wider sense, which would be progressed by the Chief Executive outside the meeting.

CE/CFO/
DE&CIP

Resolved – that consideration be given more widely as to how best to use information from the GIRFT initiative.

CE/CFO/
DE&CIP

173/18 QOC ANNUAL WORKPLAN 2018/19

Resolved – that the latest iteration of the 2018-19 QOC annual workplan be noted.

174/18 SAFEGUARDING ASSURANCE REPORT 2018-19 – QUARTER 1

The report advised QOC of developments in the last quarter re: safeguarding practice across the Trust for children and adults. A task force had been established to explore training data issues (in appropriate discussion with the Trust's Training Lead), and CMGs were currently reviewing their training data accordingly.

Resolved – that the position be noted.

175/18 MINUTES FOR INFORMATION

Resolved – that the following be noted for information at papers Q1, Q2 and R respectively):-

- (1) EQB minutes 7.8.18;
- (2) EQB actions 4.9.18, and
- (3) EPB minutes 28.8.18.

176/18 ANY OTHER BUSINESS

There were no items of any other business.

177/18 IDENTIFICATION OF ANY KEY ISSUES FOR THE ATTENTION OF THE TRUST BOARD

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

- (1) Deprivation of Liberty Safeguards Authorisations risks (Minute 164/18).

QOC
CHAIR

178/18 DATE OF NEXT MEETING

Resolved – that the next meeting of the Quality and Outcomes Committee be held on Thursday 25 October 2018 from 1.15pm until 4.15pm in the Board Room, Victoria Building, Leicester Royal Infirmary.

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>
J Adler	6	3	50	A Furlong	6	5	83
V Bailey	6	6	100	E Meldrum	6	6	100
P Baker	6	3	50	B Patel	6	6	100
I Crowe (Chair)	6	6	100	K Singh (<i>Ex-officio</i>)	6	3	50
				C West – Leicester City CCG	6	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>
M Caple	6	5	83	S Hotson	6	5	83
M Durbridge	6	6	100	C Ribbins	6	2	33