

Trust Board paper N1

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 1 February 2018

COMMITTEE: Quality and Outcomes Committee (QOC)

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

DATE OF COMMITTEE MEETING: 21 December 2017

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:**

Minute 62/17 – the quarter 2 2017/18 report by the Freedom to Speak Up Guardian.

DATE OF NEXT COMMITTEE MEETING: 25 January 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, 21ST DECEMBER 2017 AT 2.05PM 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
Mr A Furlong – Medical Director
Mr B Patel – Non-Executive Director
Mrs J Smith – Chief Nurse
Mr K Singh – Chairman (ex officio)

In Attendance:

Ms J Dawson – Freedom to Speak Up Guardian (for Minute 62/17)
Miss M Durbridge – Director of Safety and Risk
Mrs S Hotson - Director of Clinical Quality
Mr D Kerr – Director of Estates and Facilities (for Minute 62/17)
Mr S Ward – Director of Corporate and Legal Affairs
Ms C West – Director of Nursing, Leicester City Clinical Commissioning Group

RESOLVED ITEMS

ACTION

58/17 APOLOGIES FOR ABSENCE

Apologies for absence were received on behalf of Professor P Baker, Non-Executive Director, Mr M Caple, Patient Partner and Ms C Ribbins, Deputy Chief Nurse.

59/17 MINUTES

Resolved – that the Minutes of the meeting held on 30th November 2017 be confirmed as a correct record.

60/17 MATTERS ARISING

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

Discussion ensued on item 16 on the action log relating to a proposal that the Director of Estates and Facilities include information in his quarterly report to the Committee setting out the Trust's position in relation to fire safety and waste management indicators. The Committee noted the arrangements already in place whereby the Health and Safety Committee oversaw fire safety on a routine basis and, taking this into account, agreed to request the Director of Estates and Facilities and Director of Safety and Risk to liaise and report to the Executive Quality Board bi-annually on fire safety issues, with the Executive Quality Board escalating any material issues, as appropriate, to the

Quality and Outcomes Committee.

Resolved – that (A) the action log (paper B), now submitted, be received and noted, and

(B) taking into account the arrangements already in place whereby the Health and Safety Committee oversees fire safety on a routine basis, the Director of Estates and Facilities and Director of Safety and Risk be requested to liaise and report to the Executive Quality Board bi-annually on fire safety issues, with the Executive Quality Board escalating any material issues, as appropriate, to the Quality and Outcomes Committee.

DEF/DSR

61/17 SAFETY AND QUALITY OF EMERGENCY CARE

The Medical Director introduced paper C appended to which was a copy of the Emergency Department Quality Scorecard for the period ending 30th November 2017. The Committee noted that, in some instances, it remained the case that indicators and targets had yet to be agreed.

The Committee Chair questioned how it was intended that the information shown in the Scorecard on 'unplanned re-attendance within 7 days' would be used and, in response, the Medical Director undertook to clarify the position with the Clinical Director and Head of Operations for Emergency and Specialist Medicine.

Members of the Committee commented on the need for the written report which accompanied the Quality Scorecard to better explain actions taken, and planned, in order to improve performance against the specified indicators and the Medical Director undertook to liaise with the Clinical Director and Head of Operations for Emergency and Specialist Medicine to this end.

Resolved – that (A) paper C, now submitted, setting out the Emergency Department Quality Scorecard for the period ending 30th November 2017 be received and noted, and

(B) the Medical Director be requested to liaise with the Clinical Director and Head of Operations for Emergency and Specialist Medicine to:

MD

(1) ensure that the written report which accompanies the Quality Scorecard better explains actions taken, and planned, in order to improve performance against the specified indicators; and

(2) specify the targets to be achieved in relation to a number of the indicators stated in the Scorecard.

62/17 REPORTS FROM DIRECTOR OF SAFETY AND RISK: (1) PATIENT SAFETY REPORT – NOVEMBER 2017, (2) FREEDOM TO SPEAK UP REPORT – QUARTER 2 2017/18 AND (3) COMPLAINTS BRIEFING – NOVEMBER 2017

The Director of Safety and Risk introduced paper D and Ms J Dawson, Freedom to Speak Up Guardian introduced the Freedom to Speak Up quarter 2 report 2017/18, explaining her approach since joining the Trust in early 2017 and identifying actions planned for the future.

Members of the Committee explored a number of issues with the Freedom to Speak Up Guardian concerning her work and asked that a work programme be established for 2018/19; and that a gap analysis be undertaken to measure the Trust's position against recommendations made by the National Freedom to Speak Up Guardian following her 2017 case review of speaking up processes, policies and culture at Southport and Ormskirk Hospital NHS Trust.

The Director of Safety and Risk highlighted a number of key issues which featured in the patient safety and complaints briefing reports (respectively) for November 2017 including:

- (a) the actions being taken to ensure that incidents reported on Datix were closed in a more timely fashion in future by the Clinical Management Groups,
- (b) the actions agreed at the Executive Quality Board meeting held on 5th December 2017 (action notes 14 – 14b refer) to address the issue of unexpected Datix downtime, noted in paper D, and
- (c) that it was understood that NHS Improvement would be launching a public consultation on a new serious incident framework in 2018 and, when published, details would be reported to both the Executive Quality Board and Quality and Outcomes Committee.

Resolved – that (A) paper D, now submitted, be received and noted, and

(B) the Director of Safety and Risk/Freedom to Speak Up Guardian be requested to:

DSR/F2SU

(1) establish a formal work programme for 2018/19;

(2) undertake a gap analysis against recommendations made by the National Freedom to Speak Up Guardian following her 2017 case review of speaking up processes, policies and culture at Southport and Ormskirk Hospital NHS Trust.

63/17 NURSING AND MIDWIFERY QUALITY AND SAFE STAFFING REPORT

Paper E, presented by the Chief Nurse, detailed triangulated information relating to nursing and midwifery quality of care and safe staffing, and highlighted those Wards, triggering Level 1 (15 Wards) and Level 2 (9 Wards) concerns. In October 2017, no Wards had triggered a Level 3 concern.

The Chief Nurse highlighted in particular:

- (a) that Registered Nurse vacancies had remained static at 500 WTE in October 2017; time equivalent to 558 WTE had been worked via bank and agency staff in October 2017;
- (b) work continued in an attempt to attract more Registered Nurses/Operating Department Practitioners and support staff to work at UHL, as described in the report;
- (c) the work in hand to take forward the concept of 'Tomorrow's Ward' and noted the involvement of academic institutions to evaluate the Trust's pilot project, complemented by a Listening into Action initiative.

The Director of Nursing, Leicester City Clinical Commissioning Group commented on the importance of the work at the Trust to take forward the concept of 'Tomorrow's Ward', and commended the Trust on this initiative.

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

64/17 CLINICAL AUDIT UPDATE – QUARTER 2 2017/18

Paper F, presented by the Director of Clinical Quality, updated the Committee on progress against a range of key clinical audit indicators for quarter 2, 2017/18.

The Medical Director commended the dashboard set out at appendix 1 to paper F and advised that he would ask the Clinical Audit Manager to also present the key information in this format, broken down by individual Clinical Management Group, to inform discussions on clinical audit at the monthly Quality and Performance Management meetings held between the Executive Directors and Clinical Management Group Senior Management Teams.

In receiving the report, the Committee noted the Director of Clinical Quality's update on the decision taken by the Executive Quality Board at its meeting held on 5th December 2017 (action note 6 refers) to encourage attendance by Clinical Management Group representatives at meetings of the Clinical Audit Committee.

Resolved – that (A) paper F, the Clinical Audit update for quarter 2 2017/18, now submitted, be received and noted, and

(B) the Medical Director be requested to ask the Clinical Audit Manager to present the key information on Clinical Audit performance broken down by individual Clinical Management Group, to inform discussions on clinical audit at the monthly Quality and Performance Management meetings held between the Executive Directors and Clinical Management Group Senior Management Teams.

MD

65/17 CARE QUALITY COMMISSION (CQC) INSPECTIONS – UPDATE

Further to Minute 49/17 of 30th November 2017, the Director of Clinical Quality introduced paper G and updated the Committee on:

- (a) progress against the Trust's action plan in response to the CQC's comprehensive inspection in June 2016;
- (b) the final formal action plan in relation to the CQC's unannounced inspection of wards 42 and 43, Leicester Royal Infirmary, in July 2017;
- (c) the feedback received following the CQC's recent unannounced inspections at the Trust in November and December 2017;
- (d) the CQC's recent Notice in relation to the prescription and administration of insulin, and the Trust's actions in response.

A copy of the CQC's latest Insight Report was appended to paper G. The CQC's well-led review would take place at the Trust between 10th – 12th January 2018.

Resolved – that paper G, updating the Committee on the subject of Care Quality Commission inspections and resulting actions taken in response, be received and noted.

66/17 SCHEDULE OF EXTERNAL VISITS

Paper H, presented by the Director of Clinical Quality, updated the Committee on external visits undertaken at the Trust and the status of action plans formulated by the Trust in response to such visits.

The information in question had been reviewed at the December 2017 meeting of the Executive Quality Board and actions had been agreed at that time to ensure that evidence was available of the Trust's response to the recommendations made by a number of external bodies.

The Director of Clinical Quality explained that a more user-friendly version of the schedule would be available when the Committee next reviewed the position, at the end of the next quarter.

Resolved – that paper H, now submitted, updating the Committee on the current status of completed and forthcoming external visits to the Trust and the associated action plans, be received and noted.

67/17 QUALITY AND OUTCOMES COMMITTEE – ANNUAL WORK PLAN 2017/18

Further to Minute 52/17 of 30th November 2017, the Committee received an updated version of its annual work plan 2017/18.

Resolved – that paper I, a revised version of the Quality and Outcomes

Committee annual work plan 2017/18, be received and noted.

68/17 MINUTES FOR INFORMATION

68/17/1 Executive Quality Board

Resolved – that the action notes of the meetings of the Executive Quality Board held on 7th November and 5th December 2017 (papers J and J1) be received and noted.

68/17/2 Executive Performance Board

Resolved – that the action notes of the meeting of the Executive Performance Board held on 28th November 2017 (paper K refers) be received and noted.

68/17/3 Health and Safety Committee

Resolved – that the action notes of the meeting of the Health and Safety Committee held on 4th September 2017 (paper L refers) be received and noted.

69/17 ANY OTHER BUSINESS

69/17/1 Never Event

The Medical Director reported orally and briefed the Committee on a recent Never Event which had occurred during a gynaecological procedure within Theatres at Leicester General Hospital. Based on early investigation, there did not appear to have been any serious or permanent patient harm, but the matter would be thoroughly investigated in the usual way with findings reported to the Executive Quality Board and Quality and Outcomes Committee in due course. Immediate actions had been taken to reinforce to staff the importance of following the relevant policies and procedures, and a Safety Notice had been circulated widely to Medical and non-Medical staff.

Resolved – that the position be noted.

70/17 IDENTIFICATION OF ANY KEY ISSUES FOR THE ATTENTION OF THE TRUST BOARD

Resolved – that (A) a summary of the business considered at this meeting be presented to the Trust Board meeting on 4th January 2018, and

(B) the item of business referred to in Minute 62/17 above – the quarter 2 2017/18 report by the Freedom to Speak Up Guardian – be highlighted to the Trust Board by the Committee Chair, noting that the Freedom to Speak Up Guardian was also due to submit a report on her work to the Trust Board meeting on 4th January 2018, when this summary would be

received.

71/17 DATE OF NEXT MEETING

Resolved – that the next meeting of the Quality and Outcomes Committee be held on Thursday, 25th January 2018 from 1.30pm until 4.15pm in the Board Room, Victoria Building, Leicester Royal Infirmary.

The meeting closed at 3.42pm

Cumulative Record of Members' Attendance (2017-18 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	3	75	<i>B Patel</i>	4	4	100
<i>P Baker</i>	4	2	50	<i>K Singh (Ex-officio)</i>	4	4	100
<i>I Crowe (Chair)</i>	4	4	100	<i>J Smith</i>	4	3	0
<i>A Furlong</i>	4	3	75	<i>C West – Leicester City CCG</i>	4	1	0

<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	2	50	<i>S Hotson</i>	4	3	75
<i>M Durbridge</i>	4	2	50	<i>C Ribbins/E Meldrum</i>	4	2	50

Non-Voting Members

Stephen Ward
Director of Corporate and Legal Affairs