

Trust Board paper P1

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**

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

**DATE OF TRUST BOARD MEETING: 3 October 2019**

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

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

**DATE OF COMMITTEE MEETING: 29 August 2019**

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

- **Learning from Deaths quarterly update (Minute 97/19).**

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

- **None**

**DATE OF NEXT COMMITTEE MEETING: 26 September 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 29  
AUGUST 2019 AT 2.15PM 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  
Ms C Fox – Chief Nurse  
Mr A Furlong – Medical Director (up to and including Minute 103/19/4)  
Mr B Patel – Non-Executive Director  
Mr K Singh – Trust Chairman (*ex officio*)

**In Attendance:**

Mr P Aldwinckle – Patient Partner  
Ms H Beckitt – Patient Information Librarian (for Minute 103/19/2)  
Dr H Brooks – Clinical Lead, Cancer Centre (for Minute 103/19/1)  
Mrs R Broughton – Head of Outcomes and Effectiveness (for Minute 97/19)  
Mr M Caple – Patient Partner  
Miss M Durbridge – Director of Safety and Risk  
Ms A Freestone – General Manager, Pathology (for Minute 102/19/2)  
Ms L Frith – Lead Nurse for Quality and Contracts, Leicester City CCG  
Mr S Glover – Library Services Manager (for Minute 103/19/2)  
Mr A Johnson – Non-Executive Director (up to and including Minute 103/19/2)  
Mr D Kerr – Director of Estates and Facilities  
Dr P Patel – Clinical Director, Clinical Support and Imaging CMG (for Minute 102/19/2)  
Mr D Smith – Senior Consultant, Dr Foster (for Minute 97/19)  
Ms J Smith – Patient Partner  
Ms H Stokes – Corporate and Committee Services Manager

**ACTION**

**RECOMMENDED ITEMS**

**97/19      LEARNING FROM DEATHS QUARTERLY UPDATE**

In introducing paper C, the Medical Director advised that UHL's mortality position remained steady with a continued low crude mortality rate of 1%, and SHMI and HSMR rates within expected ranges (at 100 and 95 respectively). The Medical Director noted that the format of the report differed slightly from previous versions, as it no longer contained HED data. Appendix 2 of the report outlined progress against UHL's Learning from Deaths framework, noting improvements to the timeliness for Medical Examiner (ME) reviews. It was also reported that the national intent was to expand the Medical Examiner process to cover all child deaths. Circa 10% of adult deaths had then been reviewed through the Structured Judgement Review process, and QOC was advised that in 2018/19 5 deaths (0.15% of deaths) were considered 'more likely than not to be due to problems in care' (death classification 1). The report set out the themes from those cases and also those assessed as 'problems in care but unlikely to have contributed to death' (death classification 2 [38 deaths]).

QOC was also briefed on UHL's intent to review all perinatal mortality deaths, in accordance with CNST maternity incentive scheme requirements, and – in response to a query – Ms V Bailey Non-Executive Director received assurance that the criteria for eligible deaths were known. The Head of Outcomes and Effectiveness advised that the requirement was a cumulative target, and she noted the resource-intensive nature of the Perinatal Mortality Review Tool and the related CMG capacity issues.

QOC further welcomed assurance provided by the Medical Director that the Learning from Death themes and data were appropriately triangulated and fed into UHL's quality priorities and wider quality improvement work. He reiterated that a key aim of UHL's mortality process was to actively learn from deaths, and Non-Executive Directors echoed the importance of that focus. Mr D Smith, Senior Consultant at Dr Foster, also attended for this item, and shared his professional view that UHL's mortality performance was genuinely good, that it had a very robust process in place to understand and verify its mortality data, and that he frequently

advised other Trusts to contact UHL for advice on its processes. QOC welcomed this assurance, and considered that learning from deaths was an area of strong performance for the Trust, particularly given that the learning from deaths national requirements had been introduced only relatively recently. The Medical Director thanked the Head of Outcomes and Effectiveness for her work on this issue.

**Recommended – that the quarterly learning from deaths report be endorsed, and recommended for approval by the Trust Board.**

**QOC  
CHAIR**

**RESOLVED ITEMS**

**98/19 APOLOGIES AND WELCOME**

Apologies for absence were received from Professor P Baker Non-Executive Director.

**Resolved – that the apologies for absence be noted.**

**99/19 DECLARATIONS OF INTERESTS**

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

**100/19 MINUTES**

**Resolved – that the Minutes of the meeting held on 25 July 2019 be confirmed as a correct record.**

**101/19 MATTERS ARISING**

In reviewing paper B, the QOC Non-Executive Director Chair requested that a date be confirmed for presenting the UHL Carers' Strategy to EQPB and QOC.

**CF**

**Resolved – that the matters arising log be noted, and any actions taken forward by the relevant lead(s).**

**CF**

**102/19 KEY ISSUES FOR DISCUSSION/DECISION**

**102/19/1 Forthcoming CQC Well-Led Inspection**

The Chief Nurse provided a verbal update on the forthcoming CQC core services and Well-Led inspections, and noted the timescale for the Use of Resources assessment. QOC noted the information available to staff, a copy of which was requested to be shared with the QOC Patient Partners. Wider discussion also took place on the appearance of some public areas of the Trust's sites; the Director of Estates and Facilities was sighted to these issues, but QOC recognised the very significant capital constraints on the Trust. Patient Partner representatives on QOC queried whether Patient Partners would be involved in the CQC focus groups (membership of which was set by the CQC itself).

**CN**

**CN**

**Resolved – that (A) a copy of the staff information be shared with QOC Patient Partners, and**

**CN**

**(B) the issue of including Patient Partners in the CQC focus groups be raised with the CQC.**

**CN**

**102/19/2 Report from the Clinical Director CSI**

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

**103/19 ITEMS FOR ASSURANCE**

**103/19/1 Quality Outcomes for Cancer Across LLR**

As set out in paper E, the Cancer Centre Clinical Lead presented an analysis of the Public Health England cancer data relating to quality and performance for the three Clinical

Commissioning Groups (CCGs) within LLR, with reference to overall performance in the East Midlands Cancer Alliance and England as a whole. A discussion on the wider EM Cancer Strategy had also taken place in the joint session between QOC and People, Process and Performance Committee members earlier on 29 August 2019.

With regard to the quality outcomes report, QOC particularly discussed the position of patients covered by Leicester City CCG in having a significantly lower percentage uptake of screening compared to the England average, and a related higher than England average for cancers diagnosed through an emergency presentation (percent). In response to Non-Executive Director queries, QOC received assurance that local public health representatives were appropriately involved in addressing these issues. The Cancer Centre Clinical Lead also outlined the various potential remedial measures being explored, including outreach activities to target known low take-up groups, and education packages for GPs.

QOC queried the role of both UHL and the wider LLR system in addressing differential access issues, recognising that that EM Cancer Strategy had recently been introduced. It was agreed to receive a further update on cancer strategy progress (including the scope for prevention opportunities and making every contact count, as now raised by Non-Executive Directors) in 12 months' time, recognising that detailed quality outcomes data might not be available in that timeframe. The QOC Non-Executive Director Chair requested that the 12-month update include relevant run charts where available.

CCCL/  
MD/  
DOI

**Resolved** – that a further update on cancer strategy progress be provided to QOC in 12 months' time (recognising that detailed quality outcomes data might not be available in that timeframe), including the scope for prevention opportunities and making every contact count.

CCCL/  
MD/  
DOI

103/19/2 Information for Patients – 6-month Update

Further to Minute 9/19 of 31 January 2019, QOC received an update on the information for patients service from the Library Services Manager and the Patient Information Librarian. Progress had been made – particularly on the YourHealth library which was welcomed as a very useful resource – although at a slightly slower rate than initially hoped, and QOC recognised the scale of the work required. Mr A Johnson Non-Executive Director noted the need for TrustMed Pharmacy leaflets also to be included in YourHealth. Work continued to engage CMGs more fully (including plans to have identified Patient Information leads in each CMG), and Non-Executive Directors commented on the benefits to both patients and CMG staff of improving access to services by having more readily accessible patient information available, as well as its crucial relationship with the consent process. QOC Patient Partners queried the scope for co-production of patient information, and the Patient Information Librarian noted her hope to run a pilot on this (once an appropriate service was identified). She also confirmed that the Patient Information Group included a Patient Partner member. It was agreed to receive a further update in 6 months' time.

MD/  
LSM/PIL

**Resolved** – that a progress update on information for patients be provided to QOC in 6 months' time.

MD/  
LSM/PIL

103/19/3 Report from the Medical Director

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

103/19/4 NHSI Review of Maternity Services and UHL Action Plan

**Resolved** – it be noted that this item had been withdrawn, and would be brought to a future QOC.

103/19/5 CQC Action Plan – Unannounced Focused Inspection of Maternity Assessment Unit

Paper I comprised the quality report and related UHL action plan arising from the CQC's May 2019 unannounced focus inspection of the LRI Maternity Assessment Unit (MAU). The action plan comprised 2 'must do' and 4 'should do' actions, indicating a green ('action complete, evidence received and reviewed') status for the 5 actions for which a RAG rating was applicable. The Chief Nurse provided assurance to QOC that (as with all action plans) actions would not be closed by UHL unless supported by appropriate evidence. She also confirmed that the Trust's

robust factual accuracy checking comments on the report had largely been accepted by the QOC. The Chief Nurse also commented on the level of local and national publicity arising from the report.

**Resolved** – that the position be noted.

103/19/6 Nursing Safe Staffing and Workforce Report

The Deputy Chief Nurse introduced the nursing safe staffing and workforce report for June 2019, which had also been discussed at the Trust's Executive People and Culture Board. QOC took assurance from this new style report, which triangulated key data and covered vacancies, planned versus actual fill rates, care hours per patient, staff moves in month to support safe staffing across the Trust, and any red flags and Datix reports relating to safe staffing. June 2019 vacancies had reduced for both registered nurses and healthcare support workers (which was welcomed), and the care hours per patient data demonstrated that safe standards were being maintained (albeit involving a number of staff moves, which was noted by QOC). Specialty Medicine remained a challenging area in terms of staffing, however, and was a key focus for UHL. The Deputy Chief Nurse also noted progress on both overseas nursing recruitment (with a particular focus on Specialty Medicine vacancies), and on reviewing the most appropriate use of Nursing Associates. In response to a query from the QOC Non-Executive Director Chair, the Deputy Chief Nurse confirmed that preparation was also in hand for a key NMC approval event on 17-18 September 2019 for UHL's Nursing Associate programme. Going forward, it was hoped to expand Nursing Associate numbers to 150 per year across the system.

**Resolved** – that the June 2019 nursing safe staffing and workforce report be noted.

103/19/7 CRO (Carbapenemase Resistant Organism) update

The Chief Nurse provided assurance that she was working with the Director of Estates and Facilities to develop SOPs for cleaning and ward re-use. Further national guidance on CRO was still awaited from Public Health England (PHE) – once received that would feed into work to develop an overarching UHL approach to CRO. The QOC Non-Executive Director Chair reiterated the previously-agreed need for a Trust Board thinking day session on infection prevention. In response to a query from one of the Patient Partner representatives, the Chief Nurse confirmed that patients were asked about recent travel, as per PHE guidance.

**Resolved** – that the position be noted.

103/19/8 Patient Experience 2019/20 Quarter 1 Report

The Chief Nurse advised that this paper was being received for noting. The QOC Non-Executive Director Chair particularly welcomed the 'Your Stay' placemats. Patient Partners queried why medical staff were only 'encouraged' to use patient feedback in the revalidation process, while (as per national requirements) there was a specified requirement for nursing staff to do so.

**Resolved** – that this paper be received for noting.

103/19/9 Infection Prevention 2019/20 Quarter 1 Report

**Resolved** – that this paper be received for noting.

103/19/10 Monthly Safety Report

The Director of Safety and Risk particularly briefed QOC on the new National Patient Safety Strategy published in July 2019; based on 3 underlying approaches (insight, involvement, and improvement), the Strategy demonstrated a continuing move away from a culture of blame and towards a culture of learning and improvement, which was welcomed by QOC. The Director of Safety and Risk advised that much of the Strategy was already in place at UHL, including (for example) involving patients and/or their relatives in investigations. Further detail had been requested from NHSI/E on the issue of 'Patient safety partners'. The Director of Safety and Risk also noted on the national drive to more closely align the learning from deaths process with the new incident response framework, due to be tested in some Trusts in October 2019. QOC was also advised that the first annual World Patient Safety Day would be on 17 September 2019.

The monthly safety report also highlighted the need for the Trust to reduce the number of overdue patient safety incidents, and advised that good practice on this from the Emergency and Specialist Medicine CMG was being shared more widely. It was noted that this monthly safety report had not been able to be discussed at the recent Executive Quality and Safety Board, although it had been reviewed by all members in advance of the meeting.

**Resolved** – that the report’s recommendation that the Director of Safety and Risk and the Senior Patient Safety Manager be the Trust’s Patient Safety Specialists, be endorsed. DSR

103/19/11 Food Safety Task and Finish Group

Reporting verbally, the Director of Estates and Facilities advised that a further report would be provided to QOC following the 2<sup>nd</sup> meeting of the food safety task and finish group in early October 2019. He noted that a series of EHO audits were due in September 2019. DEF

**Resolved** – that a further update be provided to the October 2019 QOC. DEF

103/19/12 Neuropsychology Services Report

**Resolved** – it be noted that this item had been withdrawn, and would be brought to a future QOC.

104/19 **ITEMS FOR NOTING**

With regard to the Leicester Radiation Safety Service Annual Report 2018/19, in response to a query from the QOC Non-Executive Director Chair the Committee received assurance that the staffing position reflected in the report had since improved.

**Resolved** – that (A) the following reports be received and noted:-

- (1) Getting It Right First Time (GIRFT) Report – Leadership;
- (2) Leicester Radiation Safety Service Annual Report 2018/19;
- (3) report on claims and inquests, and

(B) the updated position re: radiation safety service staffing be circulated to the QOC Non-Executive Director Chair for information. DSR

105/19 **ANY OTHER BUSINESS**

105/19/1 Ward Accreditation

The Chief Nurse confirmed that the ward accreditation process had now started, with 3 wards assessed to date. Ward 33 at the Glenfield Hospital had received a ‘green’ assessment on 29 August 2019.

**Resolved** – that the position be noted.

106/19 **IDENTIFICATION OF ANY KEY ISSUES FOR THE ATTENTION OF THE TRUST BOARD**

**Resolved** – that the following items be highlighted to the Trust Board:

- (1) learning from deaths quarterly update at Minute 97/19, and
- (2) the confidential item at Minute 102/19/2.

QOC  
CHAIR

107/19 **DATE OF NEXT MEETING**

**Resolved** – that the next meeting of the Quality and Outcomes Committee be held on Thursday 26 September 2019 at 1.15pm (joint session) in the Board Room, Victoria Building, Leicester Royal Infirmary.

The meeting closed at 4.40pm

Helen Stokes – Corporate and Committee Services Manager

Cumulative Record of Members’ Attendance (2019-20 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)	5	5	100	C Fox	5	4	80
J Adler	5	4	80	A Furlong	5	4	80
V Bailey	5	5	100	B Patel	5	5	100
P Baker	5	4	80	K Singh ( <i>ex officio</i> )	5	4	80

**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)	2	2	100	M Durbridge	5	5	100
F Bayliss (CCG – up to end of June 2019)	3	0	0	L Frith (CCG – from July 2019)	2	2	100
M Caple (PP)	5	4	80	J Smith (PP)	2	1	50