

Trust Board paper J1

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 26 March 2020

COMMITTEE: Quality and Outcomes Committee (QOC)

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

DATE OF COMMITTEE MEETING: 27 February 2020

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

- Minute 11/20 – Learning from Deaths Quarterly Report (as appended to the QOC Summary of 27 February 2020 submitted to the 5 March 2020 Trust Board meeting).

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

(1) UHL ED Safety Checklist Audit Report (Minute 16/20/1 refers).

DATE OF NEXT COMMITTEE MEETING: To be confirmed.

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 27
FEBRUARY 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 (for Minutes 12/20 – 16/20/7)
Ms V Bailey – Non-Executive Director
Professor P Baker – Non-Executive Director (for Minutes 12/20 – 16/20/3)
Ms C Fox – Chief Nurse
Dr A Furlong – Medical Director
Mr B Patel – Non-Executive Director
Mr K Singh – Trust Chairman (*ex officio*)
Mr M Traynor – Non-Executive Director (for Minutes 12/20 – 16/20/3)

In Attendance:

Mr P Aldwinckle - Patient Partner
Mrs G Belton – Corporate and Committee Services Officer
Ms K Boyle – Consultant Surgeon (for Minute 16/20/2)
Ms C Bradley – Lead Nurse for Assessment and Accreditation (for Minute 16/20/3)
Mr M Caple – Patient Partner
Miss M Durbridge – Director of Safety and Risk (for Minutes 11/20 – 16/20/8)
Ms K Johnston – Head of Nursing, Emergency Medicine (for Minute 16/20/1)
Dr R Marsh – Clinical Director, ESM (for Minute 16/20/1)
Ms B O'Brien – Deputy Director of Quality Assurance
Ms J Smith – Patient Partner
Ms C West – Director of Nursing and Quality, Leicester City CCG

RECOMMENDED ITEMS

11/20 LEARNING FROM DEATHS QUARTERLY REPORT

The Medical Director presented the latest quarterly report in respect of Learning from Deaths (paper C refers), the contents of which were received and noted and recommended onto the Trust Board for approval at its meeting scheduled for 5 March 2020 (via attachment to the QOC summary arising from today's meeting, as scheduled for submission to the 5 March 2020 Trust Board). A summary of UHL's mortality rates, both risk adjusted and crude, were set out in the slide deck at Appendix 1 to the report. Quarter 1-3's 'Learning from Deaths' activity was summarised in Appendix 2 to the report. The Medical Director advised of work currently being undertaken as arising out of the Perinatal Mortality Review Group, further details relating to which were referenced within the main report. In discussion on this item, note was made of the need for further work to be undertaken in relation to the coding element of the report, in order to aid comprehension. In response to the Trust Chairman's request for the Committee to receive a report on maternity safety, it was noted that a quarterly report on Maternity Safety was due to be submitted to the Executive Quality Board and Quality Outcomes Committee in March 2020 and that applicable reports from the Healthcare Safety Investigation Branch (HSIB) would also be submitted to EQB and QOC as they were received. The Medical Director noted that the Trust accepted and treated particularly high fetal risk cases, which had a consequent bearing on outcomes. The Chief Nurse also made note of the issue of continuity of midwives being a high priority on the national agenda. In concluding discussion on this item, the QOC Non-Executive Director Chair expressed his thanks to all staff involved in the progression of the work described within this report and particular recognition was made of the well-established Medical Examiner process within UHL, which was well ahead of the position within Trusts nationally.

Recommended – that (A) this report be received and noted and recommended onto the Trust Board for approval at its meeting on 5 March 2020 (via attachment to the QOC summary arising from today's meeting), and

(B) the Chief Nurse be requested to submit a report on Maternity Safety to the EQB and QOC meetings in March 2020.

CCSO

CN

RESOLVED ITEMS

12/20 APOLOGIES

An apology for absence was received from Mr D Kerr, Director of Estates and Facilities.

13/20 DECLARATIONS OF INTERESTS

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

14/20 MINUTES

Resolved – that the Minutes of the 30 January 2020 meeting (papers A1 and A2 refer) be confirmed as a correct record.

15/20 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 1a (Minute reference 5/20/1a from 30 January 2020) - the Director of Safety and Risk was requested to contact the Head of Operations (MSS) to request that she include information relating to the Vital Few within the report scheduled for EQB in March 2020 re Ophthalmology; DSR
- item number 2 (Minute reference 142/19/2 from 19 December 2019) – the Corporate and Committee Services Officer was requested to ascertain, from the Director of Estates and Facilities, a timescale within which this action would be completed, and CCSO
- item number 3 (Minute reference 142/19/5 from 19 December 2019) – the Chief Nurse was requested to present the slides from a recent Trust Board Thinking Day with a cover note, for the information of the PPPC at its next meeting (March 2020). CN

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

DSR /
CN /
CCSO

16/20 ITEMS FOR ASSURANCE

16/20/1 UHL Emergency Department (ED) Safety Checklist Audit Report

Further to the referral of this matter to the Quality Outcomes Committee from the Audit Committee meeting of 24 January 2020, the Clinical Director and Head of Nursing for Emergency and Specialist Medicine attended to present paper D, which detailed actions implemented following the results of the Internal Audit of the UHL ED Safety Checklist, which had resulted in a 'medium' risk rating. The audit undertaken had reviewed a small sample of 25 sets of case notes which indicated that staff were not always fully compliant with the completion of the checklist on an hourly basis and that, on a number of occasions, it was only partially completed or not at all in some cases. The report documented details of the 25 sets of case notes audited, in terms of which elements of documentation had or had not been completed, and detailed a number of actions implemented to provide additional assurance of safety across the Emergency Department including, but not limited to, progressing the planned change to an electronic checklist (planned for May 2020) in line with ED's plans to move to paperless documentation. This would be streamlined to avoid duplication and repetition and would provide real-time on-going assurance in respect of checklist completion.

In discussion on this item, Ms Bailey, Non-Executive Director, queried whether the planned new electronic checklist would overcome the findings of the audit in relation to the variability of recording and sought assurance that the electronic system was clinically intuitive. In response, it was noted that clinically relevant findings would be recorded and it was expected that this system would overcome the shortcomings of the paper-based method, which relied on staff duplicating the entry of data (across both patient notes and in separate checklists). Ms West, QOC CCG Representative

sought assurance that the electronic system would record nutrition and hydration, and it was confirmed that this would be the case. In conclusion, QOC confirmed that it had taken assurance from the report presented today, noting their intention to receive a further report for assurance purposes in Summer 2020 (July or August QOC meeting) following the introduction of the electronic checklist in May 2020.

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

(B) the QOC NED Chair be requested to inform the Audit Committee of the assurance taken by QOC from the report received re the UHL response to the findings of the Internal Audit re the ED Safety Checklist, and

**QOC
Chair**

(C) the Clinical Director and Head of Nursing for Emergency and Specialist Medicine (ESM) be requested to submit a further report on this matter to QOC in Summer 2020 (July or August), for assurance purposes, following the introduction of the electronic checklist in May 2020.

**CD /
HoN,
ESM**

16/20/2

Schwartz Rounds Update

Ms Boyle, Consultant Surgeon, attended to provide an update to the Committee on progress to-date in the introduction of Schwartz Rounds to UHL (paper E refers). Schwartz Rounds provided a structured forum where all staff, clinical and non-clinical, came together regularly to discuss the emotional and social aspects of working in healthcare. The purpose of Rounds was to understand the challenges and rewards intrinsic to providing care. The underlying premise was that the compassion shown by staff could make all the difference to a patient's experience of care but that, in order to provide compassionate care staff must, in turn, feel supported. Schwartz Rounds were integral to UHL's Quality Strategy and clearly reflected the Trust's values and the implementation of Schwartz Rounds had been supported by charitable funding. Four Rounds had been held to-date and staff feedback following their attendance at these events was detailed within the report, and was positive, with those attending as panellists finding the experience to be empowering.

Professor Baker, Non-Executive Director and Dean of the Medical School, University of Leicester, briefed members of plans underway at the Medical School to increase and promote empathy and he considered this initiative at UHL to help in continuing to build upon this as staff moved through their careers in healthcare. In discussion, it was noted that this initiative formed part of the work on-going around culture and speaking up and the Director of Safety and Risk verbally reported on the planned re-launch of the Peer Support Unit. Also discussed were practical considerations such as the dates and venues for and timing of the Rounds so as to maximise the number of staff members who could attend and Ms West, QOC CCG Representative noted the value in briefing the Clinical Leaders Group of this work. The Committee considered this a really important initiative and requested that Mr Patel, CFC Non-Executive Director Chair, expressed their thanks to the Charitable Funds Committee for funding its introduction in UHL. The Committee also expressed their thanks to Ms Boyle (and Ms Khalid, Clinical Director, RRCV) personally for the work they had undertaken in establishing Schwartz Rounds at UHL and noted the need to continue to progress the Rounds such that they became embedded in the culture of UHL.

**BP,
CFC
Chair**

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

(B) Mr B Patel, CFC Non-Executive Director Chair, be requested to express the thanks of the Quality and Outcomes Committee to the Charitable Funds Committee for approving the use of charitable funding for this very important initiative in UHL.

**BP,
CFC
Chair**

16/20/3

Ward Assessment and Accreditation

Ms Bradley, Lead Nurse for Assessment and Accreditation, attended to present a report (paper F), the purpose of which was to update the Committee on the introduction of Ward Assessment and Accreditation across UHL in adult in-patient wards and to provide an overview of the outcomes of the assessments undertaken to-date. The Chief Nurse noted that this was considered an exemplar process by NHSI, the focus of which was on improvement and represented the start of the nursing excellence journey. There was an opportunity for wards to apply for 'Blue' status when they had achieved three consecutive 'green' ratings against the assessed standards. Achievement of 'blue' status was rewarded with a plaque, badge and presentation of a Caring at its Best Award.

In discussion, the QOC Non-Executive Director Chair queried whether the use of technology had been considered as a standard for assessment, in response to which it was confirmed that this was already included in the standards assessed. Mr Caple Patient Partner, queried whether the standards covered how staff cared for patients with dementia, in response to which it was confirmed that this element ran through all the standards rather than being standalone. Ms Bailey, Non-Executive Director, highlighted the importance of this being a systematic 'business as usual' approach and noted the need to consider how it linked to training for middle managers in Becoming the Best (BtB), in response to which the Chief Nurse confirmed the intention to continue to take this process forward into induction programmes etc. In response to a query raised by Mr Patel, CFC Non-Executive Director Chair, as to how to ignite and maintain enthusiasm amongst staff, the Chief Nurse noted that her experience of the process to-date was that it was self-perpetuating with staff wishing to continue to improve on past achievements. The Chief Executive queried where, within the framework, issues around patient process were covered and it was confirmed that this was within standard 15, with the tool reviewed and ratified every year. Particular discussion took place regarding e-beds, which would become increasingly prominent, and the Chief Nurse noted the socialisation process in place whereby elements not yet being assessed were referenced on the assessment form ahead of their formal introduction. The Chief Nurse explained that individual wards received their results (both quantitative and qualitative) and ward teams immediately began to address any issues identified. In response to a query raised by Mr Caple, Patient Partner, as to whether there was any correlation between any standards currently assessed as 'red' and low staffing levels, it was confirmed that no direct correlation of such had been observed to-date.

In conclusion, the Committee received and noted the contents of this report and expressed their thanks to Ms Bradley for all her hard work in this valuable area. The QOC Non-Executive Director Chair made note that the challenge for the future would be in developing a systematic approach to assuring clinical services.

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

16/20/4 UHL's Response to the Recommendations arising from the Paterson Inquiry

The Medical Director presented a report to the Committee (paper G refers) which addressed the Trust's response to recommendations arising from the Paterson Inquiry by means of the provision of a gap analysis of the current UHL position against the recommendations applicable to NHS Trusts. He confirmed that the Trust had almost completed all possible action that could be taken; with some more work to be undertaken in respect of letters to patients. It was expected that there would also be a co-ordinated NHSE/I response to the recommendations of the Inquiry.

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

16/20/5 Report from the Director of Safety and Risk

The Director of Safety and Risk presented her monthly report to the Committee (paper H refers), the particular focus of which this month related to (1) the findings and recommendations from the recently published Healthwatch report 'Shifting the Mindset – a closer look at Hospital Complaints' and (2) the responsibilities for the Director On Call within the 3636 staff concerns process.

In discussion, Mr Patel, CFC Non-Executive Director Chair, noted the value in the Trust Chief Executive using relevant information within this report for his forthcoming meeting with the local Healthwatch group. In response to a query raised by the Trust Chairman as to how the Trust monitored the learning from complaints, the Director of Safety and Risk advised that this was through a number of means: (1) individual CMGs and directorates were sent data relating to complaints raised about their services to which they were asked to respond and identify learning (2) learning themes were identified through the Bi-Annual Patient Experience report and (3) themes were also identified through the annual Complaints report. It was agreed that Col (Ret'd) I Crowe, QOC NED Chair and the Director of Safety and Risk would meet, outwith the meeting, to discuss complaints management training. Mr Caple, Patient Partner, suggested that the Director of Safety and Risk consider including information on the Trust's website regarding the variety of ways in which Patient Partners contributed to the work of the Trust, as part of the Trust's response to 'Shifting the Mindset – a closer look at complaints'. The contents of this report were received and noted.

	<p><u>Resolved</u> – that (A) the contents of this report be received and noted,</p> <p>(B) the QOC NED Chair and the Director of Safety and Risk be requested to meet, outwith the meeting, to discuss complaints management training, and</p> <p>(C) the Director of Safety and Risk be requested to consider including information on the Trust’s website regarding the variety of ways in which Patient Partners contributed to the work of the Trust (as part of the Trust’s response to ‘Shifting the Mindset – a closer look at complaints’).</p>	<p>QOC NED Chair / DSR</p> <p>DSR</p>
16/20/6	<p><u>Update from Patient Partners re involvement in the Trust’s Quality Strategy ‘Becoming the Best’</u></p> <p>Mr Caple, Patient Partner, reported verbally to confirm the outcome of recent communication between himself and the Trust’s Head of Patient and Community Engagement. The deadline for the completion of the Quality Priorities was 31 March 2020 and workshops were being undertaken on the approach to patient and public involvement (PPI) to assist UHL staff in progressing this agenda, in recognition of the fact the progress to-date had been slower than desired. It was the expectation of the Trust Chief Executive that the 31 March 2020 deadline would be met. Mr Caple was requested to continue reporting verbally on this item to QOC at its monthly meetings.</p> <p><u>Resolved</u> – that (A) this verbal update be noted, and</p> <p>(B) Mr Caple, Patient Partner, be requested to continue to report verbally at the monthly QOC meetings re progress on this matter.</p>	<p>PP</p>
16/20/7	<p><u>Clinical Audit Quarter 3 (2019-20) Report</u></p> <p>The Deputy Director of Quality Assurance presented the quarterly Clinical Audit report (paper I refers), noting that clinical audit was both an important Quality Improvement and Assurance process and work was being undertaken to align the clinical audit programme with the Becoming the Best QI Strategy and create a Quality Management and Learning system. The QOC Non-Executive Director Chair queried why this reporting (currently on a July to July cycle) was out of synch with the Caring at its Best Awards in September and suggested that it be aligned with Caring at its Best, a proposal which was supported by Ms Bailey, Non-Executive Director. Ms Bailey also suggested that the auditors should be Improvement Agents, if they were not already such. The Committee received and noted the contents of his report.</p> <p><u>Resolved</u> – that (A) the contents of this report be received and noted, and</p> <p>(B) the Deputy Director of Quality Assurance be requested to consider aligning clinical audit reporting (currently on a July to July schedule) with Caring at its Best (specifically the CaiB awards in September).</p>	<p>DDQA</p>
16/20/8	<p><u>Nursing and Midwifery Safe Staffing and Workforce Report</u></p> <p>The Chief Nurse presented the latest Safe Staffing and Workforce report (paper J refers), noting that registered Nursing vacancies for December 2019 represented an 11.33% vacancy rate against a 10% vacancy rate nationally, which was a significant improvement compared to quarter 1 and 2. Health Care Support Worker (HCSW) vacancies for December 2019 represented a 7.22% vacancy rate against a 10% vacancy rate nationally. Specialty Medicine continued to report a high number of nurse vacancies, but Datix incidents (re lower than required numbers of registered nurses and poor skill mix) decreased compared to the previous month. The Chief Nurse noted that the Trust continued to move staff in order to maintain patient safety (via a tactical nursing rota in order to ensure that the right moves were made at the appropriate time), albeit noting the practical difficulties this could sometime cause for staff, particularly if the move was across site, as highlighted by the Trust Chairman. The QOC Non-Executive Director Chair noted the clarity of the recent Trust Board Thinking Day presentation on this issue and the contents of this report were received and noted.</p> <p><u>Resolved</u> – that the contents of this report be received and noted.</p>	

17/20 ITEMS FOR NOTING

17/20/1 Medicines Optimisation Committee Report

Resolved – that the contents of this report (paper K) be received and noted.

17/20/2 Blood Sciences Accreditation Update

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

(B) the Medical Director be requested to pass on the thanks of the Committee to the staff involved for their hard work.

MD

17/20/3 Surgical Site Surveillance in Elective Orthopaedics

Resolved – that the contents of this report (paper M) be received and noted.

17/20/4 Infection Prevention Update – Quarter 3

Resolved – that the contents of this report (paper N) be received and noted.

17/20/5 2019-20 Clinical Coding and Data Quality Quarterly Update

Resolved – that the contents of this report (paper O) be received and noted.

17/20/6 Claims and Inquests Report – Quarter 3

Resolved – that the contents of this report (paper P) be received and noted.

17/20/7 EQB Minutes 14.1.20

Resolved – that the action notes of the EQB meeting held on 14 January 2020 (paper Q) be received and noted.

18/20 ANY OTHER BUSINESS

18/20/1 QOC Chairmanship

Col (Ret'd) Crowe noted that this was his last meeting as QOC Non-Executive Director Chair. He would be commencing as the Non-Executive Director Chair of the People, Process and Performance Committee from March 2020 onwards and Ms V Bailey would be commencing as the Non-Executive Director Chair of QOC also from March 2020. He expressed his thanks to the Medical Director and Chief Nurse for their assistance during his time as Chair and the Committee expressed their thanks to Col (Ret'd) Crowe for his chairmanship of the Committee.

Resolved – that this verbal update be noted.

19/20 IDENTIFICATION OF ANY KEY ISSUES FOR THE ATTENTION OF THE TRUST BOARD

Resolved – that the following items be highlighted to the 5 March 2020 public Trust Board via the summary of this Committee meeting:

- (1) Minute 11/20 – Learning from Deaths (recommended item for approval), and
- (2) Minute 16/20/1 – UHL ED Safety Checklist Audit Report.

QOC
Chair

20/20 DATE OF THE NEXT MEETING

Resolved – that the next meeting of the Quality Outcomes Committee be held on Thursday 26 March 2020 from 1.45pm in the Board Room, Victoria Building, Leicester Royal Infirmary.

The meeting closed at 4.25pm.

Gill Belton - Corporate and Committee Services Officer

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)	11	11	100	C Fox	11	9	82
J Adler	11	9	82	A Furlong	11	10	91
V Bailey	11	11	100	B Patel	11	10	91
P Baker	11	8	73	K Singh (<i>ex officio</i>)	11	10	91

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)	8	7	88	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)	8	7	88
M Caple (PP)	11	9	82	C Trevithick/C West (CCG - from January 2020)	2	1	50
M Durbridge	11	10	91				