

Trust Board paper O1

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 9 January 2020

COMMITTEE: Quality and Outcomes Committee (QOC)

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

DATE OF COMMITTEE MEETING: 28 November 2019

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

- **Learning from Deaths Quarterly Report (Minute 128/19/1)**

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

- **None**

DATE OF NEXT COMMITTEE MEETING: 19 December 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 (QOC) HELD ON THURSDAY 28 NOVEMBER 2019 AT 2.55PM IN THE BOARD ROOM, VICTORIA BUILDING, LEICESTER ROYAL INFIRMARY

Voting Members Present:

Col (Ret'd) I Crowe – Non-Executive Director (Chair)
Ms V Bailey – Non-Executive Director
Ms C Fox – Chief Nurse
Mr A Furlong – Medical Director
Mr B Patel – Non-Executive Director
Mr K Singh – Trust Chairman (*ex officio*)

In Attendance:

Mr P Aldwinckle – Patient Partner
Mr M Caple – Patient Partner
Miss M Durbridge – Director of Safety and Risk
Mr V Karavadra – Associate Non-Executive Director
Dr R Marsh – Clinical Director Emergency and Specialist Medicine (for Minutes 133/19/1 – 133/19/3)
Dr A Mistri – Deputy Clinical Director Emergency and Specialist Medicine (for Minutes 133/19/1 – 133/19/3)
Ms J Smith – Patient Partner
Ms H Stokes – Corporate and Committee Services Manager

RECOMMENDED ITEMS

ACTION

128/19 KEY ISSUES FOR DISCUSSION AND DECISION

128/19/1 Learning from Deaths Quarterly Report

The Medical Director introduced paper C, updating members on the latest quarterly position re: UHL mortality and learning from deaths. UHL's position remained steady, with a continued low crude mortality rate of 1%, and SHMI (Summary Hospital-level Mortality Indicator) and HSMR (Hospital Standardised Mortality Ratio) rates within expected ranges (98 and 95 respectively) for a large, high-volume Trust. The Medical Director advised that – following analysis – the HSMR alert on the 'CABG other' procedure group was considered to be due to clinical coding issues. UHL was monitoring the result of the recoding exercise which was now underway, and QOC received assurance that tracking against NICOR (National Institute for Cardiovascular Outcomes Research) data had highlighted no concerns for this procedure group.

Appendix 2 of the report outlined progress against UHL's Learning from Deaths framework, noting improvements to the timeliness for Medical Examiner (ME) reviews with 99% of adult deaths in quarters 1 and 2 of 2019/20 screened. Circa 28% of adult deaths screened had then been further reviewed through the Structured Judgement Review (SJR) process. Paediatric/neonatal deaths were also automatically referred for that SJR process. QOC was advised that in 2019/20 to date, 2 deaths were considered 'more likely than not to be due to problems in care' (death classification 1), and the Medical Director confirmed that both of those deaths had been through the Serious Incident process. The report set out the themes from those cases – which related to delays in diagnosis and treatment and on which actions had been agreed accordingly – and also from the 3 deaths classed as 'problems in care but unlikely to have contributed to death' (death classification 2). In further discussion, the Medical Director noted that national progress was awaited on the ME funding model, and he also commented on the good performance by Bereavement Support Service Nurses with regards to contacting the family of the deceased. QOC was also reminded that there were no on-site Medical Examiners at the Leicester General or Glenfield Hospital sites.

Paper C also highlighted that UHL's 2017 stillbirth, neonatal death, and perinatal mortality rates were below the average for its peer group, as shown in the latest data available (national MBRRACE report published in October 2019 and the quarterly UHL Perinatal Mortality Review

Group report). The Medical Director provided assurance that UHL was on track against the CNST maternity incentive scheme requirements re: perinatal mortality reporting.

QOC took assurance from the update in the paper, and voiced its thanks to UHL's Medical Examiners for their work. The QOC Non-Executive Director Chair queried the actions being taken to address workforce capacity issues in the Mortality and Morbidity corporate team – in response, the Medical Director advised that he was meeting with the Deputy Medical Director and the Head of Outcomes and Effectiveness to identify appropriate mitigations. In response to a further query from the QOC Non-Executive Director Chair on the issue of the missed STEMI diagnosis referenced within the report, the Medical Director advised that further work was needed on a region-wide solution for the transfer of ECG images.

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

**QOC
CHAIR**

RESOLVED ITEMS

ACTION

129/19 APOLOGIES

Apologies for absence were received from Mr J Adler Chief Executive, Professor P Baker Non-Executive Director, Ms L Frith Lead Nurse for Quality and Contracts Leicester City CCG, and Mr D Kerr Director of Estates and Facilities.

Resolved – that the apologies for absence be noted.

130/19 DECLARATIONS OF INTERESTS

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

131/19 MINUTES

Resolved – that the Minutes of the Quality and Outcomes Committee meeting held on 24 October 2019 be confirmed as a correct record.

132/19 MATTERS ARISING

In reviewing the QOC action log at paper B, the QOC Non-Executive Director Chair advised that action 14 (Minute 92/19/6 of 25 July 2019) could be closed, as the December 2019 Trust Board thinking day was scheduled to receive a briefing on infection prevention issues. The log would be updated accordingly.

CCSM

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

CCSM

133/19 ITEMS FOR ASSURANCE

133/19/1 Report from the Clinical Director Emergency and Specialist Medicine

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

133/19/2 Report from the Clinical Director Emergency and Specialist Medicine

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

133/19/3 Report from the Clinical Director Emergency and Specialist Medicine

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

133/19/4 Report from the Patient Partners regarding their Involvement in UHL's Quality Strategy "Becoming the Best"

Mr P Aldwinckle, Mr M Caple and Ms J Smith, QOC Patient Partners, reported verbally on their

experiences of Patient Partner involvement in “Becoming the Best”, noting discussions with both UHL’s Head of Quality Improvement and the Head of Patient and Community Engagement. The Patient Partners also noted their meeting with the CQC during its recent visit.

Although the pace had quickened in recent weeks, it was noted that not all Patient Partners had yet to be directly involved with a UHL Quality Priorities – in response the Medical Director provided assurance that this was now being progressed through the Executive Planning Team, and noted his understanding that at present 4 of the 6 key workstreams involved Patient Partners. The QOC Non-Executive Director Chair commented on the need for the data in this Patient Partner verbal update (with regard to levels of involvement) to be appropriately captured by the Head of Patient and Community Engagement.

In discussion, Mr B Patel Non-Executive Director sought assurance that there was an appropriate focus on co-production, given the crucial importance of patient and public involvement within the Quality Improvement strategy. It was agreed that QOC would consider co-production issues when reviewing the patient and public involvement update scheduled for its December 2019 meeting (*en route* to the January 2020 Trust Board). The Trust Chairman emphasised the need for that update to focus on outputs rather than processes/structures, and he also commented on the need for both Executive and Clinical Directors to champion active patient and public input to the Quality Improvement projects. Mr M Caple, Patient Partner, also commented on the need to look more widely than solely Patient Partners.

ALL

Resolved – that co-production issues be discussed when reviewing the update on patient and public involvement at the December 2019 QOC.

ALL

133/19/5 Monthly Patient Safety Update

In introducing paper G, the Director of Safety and Risk advised QOC that the 2019/20 quarter 1 harms review had identified no significant concerns. Harm rates would continue to be monitored each quarter for report to the Executive Quality Board and QOC. The report also advised that the Trust’s process for monitoring overdue actions from Serious Incidents had been strengthened, which was welcomed by the QOC Non-Executive Director Chair.

In response to a Patient Partner comment on the same issues consistently featuring in the top 5 complaints themes, the Director of Safety and Risk outlined the ways in which CMGs were informed of those issues through the monthly Performance Review Meetings. The themes particularly reflected the high-volume nature of the specialties involved, and the Director of Safety and Risk confirmed that concerns were escalated to appropriate Executive Boards and Board Committees (patient experience aspects also discussed at UHL’s PIPEAC [patient experience and involvement] group). Work was therefore underway with each of the specialties in that top 5 list. It was further noted that some “mystery shopper” work was planned for some of those areas during 2020/21, and the Director of Safety and Risk agreed to contact Patient Partners about that – the QOC Non-Executive Director Chair requested that this work also be fed into the Outpatient Transformation Programme.

DSR

DSR

Resolved – that (A) contact be made with the Patient Partners re: a 2020/21 proposed ‘mystery shopper’ exercise in some of the areas with the highest number of complaints, and

DSR

(B) the Outpatient Transformation Reconfiguration Programme Manager be advised of the work in (A) above, to ensure that it was also appropriately fed into the outpatient transformation programme.

DSR

133/19/6 Report from the Director of Safety and Risk

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

133/19/7 Mental Health Service Work Priorities

Paper I from the Head of Safeguarding outlined the work in place across the Trust to support the care of mental health patients within UHL. The terms of reference for the UHL Mental Health Steering Group and the forward workplan for that group were also appended to the report. The Chief Nurse also advised QOC that the Trust’s Safeguarding Assurance Committee monitored the position re: any detained patients.

In response to a query from the QOC Non-Executive Director Chair, the Chief Nurse outlined the process for mental health Serious Incidents. She agreed to contact the Director of Safety and Risk and the Head of Safeguarding outside the meeting, to discuss how best to provide assurance that appropriate lessons were being learned from such incidents (noting that they might not be UHL incidents). Ms V Bailey Non-Executive Director suggested that it would be useful to have more clarity as to what was covered in the mental health service workplan, given the broad nature of the term 'mental health'. CN

Resolved – that (A) contact be made with the Director of Safety and Risk and the Head of Safeguarding to discuss how best to provide assurance that appropriate lessons were being learned from mental health Serious Incidents on UHL premises, and CN

(B) the UHL mental health service workplan be updated to clarify what issues were/were not included. CN

133/19/8 Nurse Safe Staffing and Workforce Report – August 2019

Paper J comprised the nurse safe staffing and workforce report for August 2019. The report triangulated a number of key staffing metrics and considerations, including CMG planned versus actual staffing, nurse staffing fill rates (which had improved slightly in August 2019), vacancies for Registered Nurses and for Healthcare Support Workers (latter at 7.99%, which was lower than the national average of 10%), Care Hours Per Patient Day (CHPPD) rates, Red Flags, and Datix reports relating to safe staffing. The Chief Nurse advised that CHPPD rates (higher than the national median) were skewed by adult ICU, and she confirmed that future reports would also separate out Registered Nurses and Healthcare Support Workers.

In considering the report, QOC briefly discussed the potential factors behind the relatively high level of 1:1 HCA shift requests (new metric). The QOC Non-Executive Director Chair also emphasised the importance of retaining staff following their training, noting the high quality training provided at the in-house Glenfield facility. He also queried the scope to improve the healthcare support workers vacancy rate further through use of that training facility.

Resolved – that the position be noted.

133/19/9 CQC Update

The Chief Nurse advised verbally that the draft CQC report was expected in December 2019, with a likely limited window of availability then for factual accuracy checking and comments. The Trust Chairman expressed this thanks to all UHL staff involved in the CQC inspection.

Resolved – that the position be noted.

134/19 **ITEMS FOR NOTING**

Resolved – that the following reports be received and noted as presented:-

- (1) Health and safety quarterly update (paper K);**
- (2) Infection prevention quarterly update (paper L);**
- (3) Safeguarding mid-year update (paper M);**
- (4) Inquests and claims quarterly update (paper N), and**
- (5) Executive Quality Board minutes from 8 October 2019 and actions from 12 November 2019 (papers P1 and P2).**

134/19/1 Report from the Clinical Director Clinical Support and Imaging

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

135/19 **ANY OTHER BUSINESS**

There were no items of any other business raised.

136/19 **IDENTIFICATION OF ANY KEY ISSUES FOR THE ATTENTION OF THE TRUST BOARD**

Resolved – that the following item be highlighted to the public Trust Board via the summary of this Committee meeting:
(1) Learning from Deaths quarterly update – recommended item in Minute 128/19 above.

**QOC
CHAIR**

137/19 DATE OF NEXT MEETING

Resolved – that the next meeting of the Quality and Outcomes Committee be held on **Thursday 19 December 2019 at 1.15pm (joint session) in the Board Room, Victoria Building, Leicester Royal Infirmary.**

The meeting closed at 4.20pm

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)	8	8	100	C Fox	8	7	88
J Adler	8	6	75	A Furlong	8	7	88
V Bailey	8	8	100	B Patel	8	7	88
P Baker	8	5	63	K Singh (<i>ex officio</i>)	8	7	88

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)	5	5	100	M Durbridge	8	7	88
F Bayliss (CCG – up to end of June 2019)	3	0	0	L Frith (CCG – from July 2019)	5	4	80
M Caple (PP)	8	6	75	J Smith (PP)	5	4	80