

Trust Board paper M1

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 10 January 2019

COMMITTEE: Quality and Outcomes Committee

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

DATE OF COMMITTEE MEETING: 29 November 2018

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

- Learning from Deaths quarterly report – Minute 194/18

OTHER KEY ISSUES IDENTIFIED BY THE COMMITTEE FOR PUBLIC CONSIDERATION/ RESOLUTION BY THE TRUST BOARD:

- None

DATE OF NEXT COMMITTEE MEETING: 20 December 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 29
NOVEMBER 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)
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 M Archer – Head of Operations, Clinical Support and Imaging (for Minute 200/18)
Miss M Durbridge – Director of Safety and Risk
Mrs J Edyvean – Outpatients Transformation Programme Manager (for Minute 205/18)
Mrs S Hotson - Director of Clinical Quality
Mr D Kerr – Director of Estates and Facilities
Dr A Mistri – Deputy Clinical Director, Emergency and Specialist Medicine (for Minutes 198/18 and 199/18)
Mr W Monaghan – Director of Performance and Information (for Minute 204/18)
Ms H Stokes – Corporate and Committee Services Manager
Ms S Taylor – Head of Operations, RRCV (observing)

ACTION

RECOMMENDED ITEMS

194/18 LEARNING FROM DEATHS QUARTERLY UPDATE

Paper M set out UHL's crude and adjusted mortality rates for the second quarter of 2018-19 – the crude mortality rate for that period was 1.1% with no undue variations. UHL's HSMR and SHMI were both 95. The report also updated QOC on UHL's processes for learning from deaths, and advised that 95.9% all adult deaths had been reviewed by UHL's Medical Examiners in 2018-19 to date (although there had been some capacity-related slippage on the % of Structured Judgement Reviews completed within 4 months of death). As previously reported, the main themes emerging from Medical Examiner (ME) review related to end of life care and communication around DNACPR decisions. Where the ME review identified potential for learning, or the bereaved raised concerns about clinical management, cases were referred on for further internal review using the national mortality review template – in quarter 1 of 2018-19 1 death had been considered to be 'more likely than not' due to problems in care (death classification 1). In a further 7 instances, problems in care had been considered 'unlikely to have contributed to the death' (death classification 2).

The Medical Director noted the very significant resource implications of national plans to roll out the ME model to children and to primary care. The Medical Director further advised that Professor A Fowler, National Director of Patient Safety was visiting UHL on 20 December 2018, and noted that the Trust was hosting a conference in February 2019 on how to run the ME process (the 'Leicester model'). The learning from deaths report also briefed QOC on the work of the Trust's Bereavement Support Service, and contained information on perinatal mortality (noting work in progress to correct UHL's stillbirths figure, and also advising of MBRRACE's assurance re: UHL processes).

Recommended – that the learning from deaths quarterly update be endorsed and recommended for Trust Board approval via the public QOC summary.

**QOC
CHAIR**

RESOLVED ITEMS

195/18 APOLOGIES FOR ABSENCE

Apologies for absence were received from Mr J Adler Chief Executive, Professor P Baker Non-

Executive Director, and Mr M Caple Patient Partner.

196/18 MINUTES

Resolved – that the Minutes of the meeting held on 25 October 2018 be confirmed as a correct record.

197/18 MATTERS ARISING

The QOC Non-Executive Director reiterated his wish for Executive Director leads to close any date gaps in the matters arising log. The Director of Safety and Risk advised that the video developed re: learning from never events would form the basis of the patient safety story presented to the January 2019 Trust Board, and the Medical Director noted the benefits that would also come from further embedding of the Schwartz round initiative. The Medical Director further noted the Trust-wide quarterly patient safety event being held on the afternoon of 20 December 2018, and QOC welcomed the steps taken to release clinical teams for that training event.

The Director of Estates and Facilities advised that a report on the outcome of Environmental Health inspections would be provided to the January 2019 QOC (also a verbal update to the December 2018 QOC if available). No food safety issues had been identified from a reaudit, although some flooring issues had been identified at the LGH site. Given the importance of a continuous investment programme, the Director of Estates and Facilities noted his intention to realign some capital accordingly.

DEF

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

LEADS

198/18 MODERNISATION OF THE STROKE TIA SERVICE

The Deputy Clinical Director Emergency and Specialist Medicine (ESM) presented a report highlighting actions to improve Stroke TIA clinic performance, noting that a recent dip in performance was linked primarily to increased demand. At present, the majority of patients seen in the clinic were not subsequently diagnosed with a TIA/stroke, and the performance improvement actions included strengthening referral guidelines and implementing more appropriate referral pathways. Changes would also be made to PRISM, the GP referral tool. The actions would also be in line with the new national definition of 'high risk', currently out for consultation.

Non-Executive Directors queried the factors behind the rise in demand, including the ease and speed of accessing the TIA clinic. The Deputy Clinical Director ESM noted the service's intention to audit the new referral guidelines in January/February 2019, and Non-Executive Directors suggested that those audits would also be useful in highlighting any need for further information to primary care on the referral criteria.

QOC was assured by the report, and agreed that it would only require a further update on this issue if the expected performance improvement had not taken place as anticipated by March 2019.

MD

Resolved – that the Medical Director confirm in March 2019 whether any further update was required to QOC (ie if the anticipated improvement to stroke TIA performance had not taken place by then).

MD

199/18 RHEUMATOLOGY DEXA SCANNER REPORTING

The Deputy Clinical Director ESM advised QOC of a reporting issue with the rheumatology DEXA scanner, which although reporting the correct headline diagnosis had been registering mean T-scores since a software upgrade by the manufacturer. QOC received assurance that the reporting had now been corrected and that no issues remained ongoing. A Consultant review of all affected reports had taken place, and any clinical risk was felt to be negligible to very low.

GPs were aware (and had been appropriately advised to use the reported diagnosis rather than the score), and the MHRA had been informed by UHL. QOC was assured by this report, and considered that all appropriate action looked to have been taken. QOC was also advised that, going forward, the DEXA scanner would sit – as was appropriate – in the Clinical Support and Imaging CMG rather than with ESM.

Resolved – that the report on rheumatology dexa scanner reporting be noted.

200/18 UHL IMAGING RESPONSE TO THE CQC RADIOLOGY REPORTING REVIEW

The Head of Operations Clinical Support and Imaging (CSI) attended to outline the position of UHL's Imaging service in respect of the national CQC report issued in Summer 2018 (paper E). He provided assurance to QOC that the Trust had effective oversight of radiology reporting, that risks to patients were fully assessed and managed, and that staffing and other resources were used effectively to ensure examinations were reported in an appropriate timeframe. In response to a Non-Executive Director query, the Head of Operations CSI considered that monthly swings were primarily demand-driven.

The report confirmed the very significant reduction in the number of unreported examinations (although recognising continued challenges in plain film reporting due to demand), and QOC welcomed the transparent monthly reporting of performance KPIs via the CSI dashboard to the Clinical Management Group Performance Review Meetings. It was also planned to report quarterly to the Executive Performance Board, and the KPIs were already shared with Commissioners. The Head of Operations CSI advised that a CCG performance notice had been stepped down, which was welcomed. The QOC Non-Executive Director Chair received assurance that the CQC was also appropriately sighted to the KPIs in paper E. In response to a further query from the QOC Non-Executive Director Chair, the Head of Operations CSI advised that the KPI thresholds were UHL-set; the lack of standardised national thresholds having been an issue highlighted in the CQC's national report.

QOC also welcomed UHL's success in recruiting radiologists (a profession in shortfall nationally) and queried how this had been achieved – the Head of Operations CSI agreed to share information on this accordingly. In further discussion, QOC noted the very significant growth in ED CT demand, and received assurance that this was being appropriately explored by Imaging. Noting the potential demand impact of the national focus on cancer, Ms V Bailey Non-Executive Director commented on the wider need to look at whether increased diagnostics resulted in better patient outcomes.

**HoOps
CSI**

Resolved – that the Executive Workforce Board report on radiology recruitment be shared with Ms V Bailey Non-Executive Director, for information.

**HoOps
CSI**

201/18 RADIATION SAFETY – GLENFIELD HOSPITAL

Further to Minute 183/18 of 25 October 2018, in considering paper F QOC reviewed the report submitted to the Environment Agency in early November 2018, a response to which was awaited. As previously confirmed, no patient harm had occurred, and any associated staff risk was assessed as minimal. Separately, the Director of Safety and Risk also noted positive outcomes from November 2018 visits to the catheter labs by the Environment Agency and the CQC. QOC also discussed an internal risk-based assurance review carried out by UHL's Radiation Safety team, looking at safety and compliance in using radiation – following discussion, it was agreed to receive a further update (on that work and on the issue of seeking a potential external peer review to take place in early 2018-19) at EQB and QOC in March 2019. The Director of Safety and Risk also advised that additional staff resource had recently been approved for the Trust's Radiation Safety team.

DSR

The QOC Non-Executive Director Chair reiterated the need for appropriate SOPs to be followed in all cases, and for appropriate induction of staff particularly in any related areas of high turnover. He also emphasised the need for clear accountability. The Director of Safety and Risk agreed to discuss potential options (with the Clinical Audit Manager and the Director of Clinical Quality) for an 'early flag' system to highlight instances of non-compliance. In

DSR

response to a query, the Director of Clinical Quality confirmed that any external visits/ inspections were captured in her regular report to QOC, and formed part of the PIR information submissions to the CQC as appropriate.

Resolved – that (A) a further update be provided in March 2019, covering:-

DSR

- (1) the audit assurance work;
- (2) potential external peer review, and

(B) options for an ‘early flag’ system/tracker be explored, to highlight instances of non-compliance with required practice.

DSR

202/18 NURSING AND MIDWIFERY QUALITY AND SAFE STAFFING REPORT – OCTOBER 2018

The report provided triangulated information relating to nursing and midwifery quality of care and safe staffing, and highlighted those wards triggering a level 3, 2 or 1 concern in the judgement of the Chief Nurse and Corporate Nursing team. A specific medical ward at the LRI continued to face pressures, although a staffing plan was in place and improvements had started to take effect. The Chief Nurse provided assurance that appropriately-close attention continued to be paid to that area.

Recent nursing and HCA recruitment events had been very successful, and the Chief Nurse also advised QOC of UHL’s (welcomed) involvement in NHS Improvement’s Formal Retention Programme, recognising the key importance of retaining staff once recruited.

The QOC Non-Executive Director Chair particularly welcomed the Chief Nurse’s focus on reviewing the ‘team around the patient’. The Chief Nurse noted that ward leadership would also be discussed further at a Trust Board thinking day – as part of that discussion, Ms V Bailey Non-Executive Director suggested looking at the scope for ward-based apprentices.

CN

In response to a query from Mr B Patel Non-Executive Director, the Chief Nurse outlined the actions taken by UHL to welcome and orientate overseas nurses (given their potential influence in attracting other overseas staff), and she noted her view that UHL performed very strongly in that regard. QOC discussed the crucial importance of good communication in reaching out to all staff groups to attract them to UHL, and the Medical Director outlined the specific measures planned re: junior doctors.

Resolved – that the potential role of ward-based apprentices be considered as part of the Trust Board thinking day on wider workforce issues.

CN

203/18 MONTHLY HIGHLIGHT REPORT FROM DIRECTOR OF SAFETY RISK

At paper H, QOC considered a suite of reports covering:- (i) the triangulation of themes from the review of incidents and learning from deaths process; (ii) the updated never event action plan; (iii) the patient safety report for October 2018, and (iv) the complaints performance report for October 2018. The Director of Safety and Risk also briefed QOC verbally on a number of VTE incidents, noting the position of the inquests into those deaths. In addition to a task and finish group review of VTE practice, a number of immediate actions were also planned including an assessment of CMGs’ positions against new NICE guidance. A further report would be provided to the January 2019 QOC, including the Trust’s response to a Regulation 28 report. The Chief Nurse confirmed that she was also meeting with VTE nurses, the Director of Clinical Quality and other senior nursing colleagues to discuss TED stockings, in light of changes to guidance.

DSR

QOC received assurance that the position re: Never Event Director-led safety walkabouts had improved since the production of the monthly highlight report. Following a regional NHS Improvement event in November 2018, QOC was also advised that UHL was not an outlier in terms of Never Events. UHL continued to monitor its own Never Event action plan, and QOC was advised of a focus on CMG-related actions. In response to a query from Ms V Bailey Non-Executive Director, the Director of Safety and Risk confirmed that staff were supported (by the Trust’s Litigation team) when appearing before HM Coroner.

In further discussion on her monthly highlight report, the Director of Safety and Risk advised QOC that UHL had achieved HEE funding for 2 Safety Fellows (1 day per week for a year) from January 2019 – interviews would be held shortly and an encouraging number of applications had been received. QOC was also advised that UHL’s patient safety twitter account would launch in January 2019.

Resolved – that a report be presented to the January 2019 Executive Quality Board and QOC on the review of VTE incidents and practice, including the Trust’s response to the recent Regulation 28 report.

DSR

204/18 WAITING LIST MANAGEMENT

At the request of the QOC Non-Executive Director Chair, QOC received an update from the Director of Performance and Information on progress in improving waiting list management within UHL. The report also briefed QOC on a recent processing error involving outpatient appointment letters, and the Director of Performance and Information confirmed that all affected patients had now received their appointment and that no harm had been identified. QOC noted ongoing work to address human error factors including staff refresher training, development of a simplified access policy and moves to paperless referrals to reduce the scope for human error. QOC welcomed the move to e-referrals, and also recognised the crucial role played by UHL’s administrative staff in managing waiting lists, often at relatively lower pay bands. QOC also noted comments from the Director of Performance and Information on the limitations of UHL’s existing PAS due to its age.

Although assured by the report, QOC noted the wider issue of the appropriateness of follow-up appointments in general.

Resolved – that the update on waiting list management improvements be noted.

205/18 OUTPATIENTS TRANSFORMATION UPDATE

The Head of Outpatients Transformation attended to update QOC on the outpatients transformation programme (paper J), noting the significant progress made in the 6 months since the previous update. Progress had particularly been made in improving outpatient appointment letters, with automation of the new-style letters scheduled for early 2019. A 2-way text reminder service for outpatients would also begin in mid-December 2018, and the report set out the further IT improvements planned. The Head of Outpatients Transformation noted the need to take appropriate account of the Royal College of Physicians’ report on outpatient practices, and she outlined work on new models of care in outpatients. Patient expectations and the need to ensure a quality visit to outpatients would also feature in the transformation work, and QOC briefly discussed the issue of follow-up appointments, noting that the clinical rationale should always be the driving factor. The QOC Non-Executive Director Chair welcomed the progress being made on the outpatients transformation programme, taking particular assurance from the extension of the work beyond the initial specialties. QOC agreed to receive a further update in 6 months’ time.

**O/P T
Mgr**

Resolved – that a further update on the outpatients transformation programme be presented to QOC in 6 months’ time (May 2019).

**O/P T
Mgr**

206/18 CQC UPDATE

Through paper K, the Director of Clinical Quality updated QOC on work to refresh the Trust’s Statement of Purpose, gave details of the next CQC Provider Engagement Meeting, and provided an update on the Internal Audit review of governance to assess ongoing compliance with CQC requirements. The latest CQC Insight report was also appended, and QOC commented on the impact of the arrow trends. In response, the Medical Director commented on the age of the data being used (eg some comments related to UHL’s old ED rather than the new facility) and clarified that the ‘change’ position related simply to performance compared to the previous month. He advised that the national comparison column was more useful and he provided assurance that (with the exception of one issue being explored by the Head of

Midwifery) any of the indicators where UHL was adverse to the national position were already known to the Trust.

Resolved – that the position be noted.

207/18 QOC ANNUAL WORKPLAN 2018/19

Resolved – that the latest iteration of the 2018-19 QOC annual workplan be noted, and any changes arising from today’s meeting be reflected in the next iteration. **CCSM**

208/18 REPORTS FOR INFORMATION

208/18/1 Learning from Claims and Inquests 2018-19: Quarter 2 report

Resolved – that the 2018-19 quarter 2 report on learning from claims and inquests be noted for information as per paper N.

208/18/2 Report from the Medical Director

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

209/18 MINUTES FOR INFORMATION

Resolved – that the following be noted for information at papers O, O1 and P respectively):-

- (1) EQB minutes 2.10.18 and EQB actions 6.11.18, and
- (2) EPB minutes 23.10.18.

210/18 ANY OTHER BUSINESS

There were no items of any other business.

211/18 IDENTIFICATION OF ANY KEY ISSUES FOR THE ATTENTION OF THE TRUST BOARD

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

- (1) Learning from Deaths quarterly update (recommended for Trust Board approval – Minute 194/18).

**QOC
CHAIR**

212/18 DATE OF NEXT MEETING

Resolved – that the next meeting of the Quality and Outcomes Committee be held on Thursday 20 December 2018 from 1.15pm until 4.15pm in the Board Room, Victoria Building, Leicester Royal Infirmary.

The meeting closed at 4.45pm

Helen Stokes – Corporate and Committee Services Manager

Cumulative Record of Members’ Attendance (2018-19 to date):

Voting Members

Name	Possible	Actual	% attendance	Name	Possible	Actual	%attendance
I Crowe (Chair)	8	8	100	A Furlong	8	7	88
J Adler	8	3	38	E Meldrum (ACN)	6	6	100
V Bailey	8	8	100	B Patel	8	8	100
P Baker	8	4	50	K Singh (Ex-officio)	8	5	63
C Fox	2	2	100	C West/F Bayliss – LC CCG	8	2	25

Non-Voting Members

Name	Possible	Actual	% attendance	Name	Possible	Actual	%attendance
M Caple	8	6	75	S Hotson	8	7	88
M Durbridge	8	7	88	C Ribbins	8	2	25