

Public Trust Board paper J

Meeting title:	Trust Board
Date of the meeting:	14 December 2023
Title:	Escalation Report from the Quality Committee (QC): 30 November 2023
Report presented by:	Vicky Bailey, Quality Committee Non-Executive Director Chair
Report written by:	Hina Majeed, Corporate and Committee Services Officer

Action – this paper is for:	Decision/Approval		Assurance	x	Update	X
Where this report has been discussed previously	Not applicable					

To your knowledge, does the report provide assurance or mitigate any significant risks? If yes, please detail which		
Yes. BAF risk within the remit of QC is listed below:		
BAF Ref	Risk Cause	Risk Event
01-QC	Lack of Quality Governance and Assurance framework	Failure to maintain and improve patient safety, clinical effectiveness, and patient experience.

Impact assessment
N/A
<p>Acronyms used:</p> <p>QC – Quality Committee</p> <p>CMG – Clinical Management Group</p> <p>LLR – Leicester, Leicestershire, and Rutland</p> <p>ICB – Integrated Care Board</p> <p>VTE - Venous thromboembolism</p> <p>ED – Emergency Department</p> <p>MBRRACE - Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK</p> <p>NICE - National Institute for Health and Care Excellence</p> <p>NCEPOD – National Confidential Enquiry into Patient Outcome and Death</p> <p>CMGs – Clinical Management Groups</p> <p>FFT – Friends and Family Test</p> <p>CQC – Care Quality Commission</p> <p>ICB – Integrated Care Board</p> <p>CIP – Cost Improvement Plan</p> <p>LLR – Leicester, Leicestershire, and Rutland</p> <p>RTT – Referral to Treatment</p> <p>QI – Quality Improvement</p>

- Purpose of the Report**
To provide assurance to the Trust Board on the work of the Trust’s Quality Committee, and escalate any issues as required.
- Summary**
The QC met on 30 November 2023 and was quorate. It considered the following items, and the discussion is summarised below:

3. **Recommended items:**

3.1 **Mortality and Learning from Deaths (LfD) Quarterly Report**

The Committee received the quarterly report on mortality rates and progress against the learning from deaths framework which provided assurance in respect of both the national risk adjusted mortality measure (SHMI) and delivery of Death Certification, Medical Examiner (ME) Scrutiny and Case Record Review as per national statutory requirements. The Trust's Summary Hospital-Level Mortality Indicator (SHMI) stood at 103 and the risk adjusted Hospital Standardised Mortality Ratio (HSMR) was 98.9, both within the expected range. The SHMI value for 'Septicaemia (except in Labour)' diagnosis group was now within the expected range. In respect of the perinatal mortality quarterly report, members were advised that the number of stillbirths in 2023 was similar to pre-Covid levels and there were fewer neonatal deaths in quarter 2 of 2023-24 in comparison to the previous two quarters. The Committee had an in-depth discussion about the quality of coding and how it relates to the Trust's population profile and the differences between the three hospital sites. Further review was being undertaken to understand the deterioration in the depth of palliative care coding.

In summary, the Committee was assured with this update, noting that several actions were underway, and the Trust's learning from deaths programme was supporting identification of learning to improve the outcomes of future patients and plans were in place to meet:

- anticipated statutory requirements in respect of the Medical Examiner process being implemented across LLR;
- HM Senior Coroner's request to refer all deaths which may be due to problems in care;
- external reporting of neonatal deaths and stillbirths to the Mothers and Babies – Reducing Risk through Audit and Confidential Enquiries (MBRRACE), and
- Safety Action 1 of the Maternity Incentive Scheme (MIS)/Clinical Negligence Scheme for Trusts (CNST).

The Mortality and Learning from Deaths report be endorsed and recommended for Trust Board approval. A stand-alone report on that item is included on the December 2023 Trust Board agenda accordingly.

4. **Discussion Items**

4.1 **New Risk 4151 (ESM) (Due to delayed discharge of patients within ESM, then it may result in continued adverse effect on patient flow through the system, leading to service disruption.) to escalate the discussion on discharge delays to the QC (matter arising from Risk Committee 7.11.23)**

The Committee noted the verbal update from the Chief Operating Officer regarding discharge delays and the knock-on effect it was having in terms of risk. Members noted that further Executive meetings would be held to undertake a review of the whole system risk and distribute the overall risk in the context of significant operational pressures across the system.

This update was highlighted to the Trust Board, for information.

4.2 **Reporting on Overdue-Follow-ups**

The Deputy Chief Operating Officer provided assurance that the overdue follow up backlog was being monitored through the Outpatient Transformation Board. There was risk in this backlog, due to the capacity challenges and waiting list size. To manage this risk, plans were being put in place at a specialty level to address overdue follow-ups, on a proportionate basis that considered clinical risk and RTT outpatient backlogs. Advice had been sought from national colleagues about the Trust's approach. It was agreed that the OPC should keep an overview of this matter and it be brought to QC, if any patient harm or quality issues emerged as an issue.

This update was highlighted to the Trust Board, for information.

4.3 Radio Pharmacy Services MHRA inspection – Update on action plan

Further to an update to QC in September 2023, the Clinical Director, CSI advised that a working group had progressed the action plan (15 out of 20 actions had been completed) following MHRA’s inspection of the Radio Pharmacy services in June 2023. The Estates team were supporting the CMG and undertaking work to close the short-term actions by end of March 2024. The long-term issue was in relation to provision of an aseptic environment that was fit for purpose (i.e., the facility design, environmental controls in place and documented procedures). The QC noted the progress made and the recommendation for progressing the capital case for development of a new Radio Pharmacy facility at the Glenfield hospital site. It was noted that the Trust would be carefully considering its capital programme for the next couple of years and take forward any capital priorities that were absolutely required from a quality perspective.

4.4 Quality and Safety Performance Report – October 2023

The QC considered the monthly patient safety and complaints performance report for October 2023. The report provided a focus on key performance indicators for quality and safety particularly in respect of: - VTE risk assessment in ESM, HAPUs, falls, serious incidents, infection prevention, medicines safety, FFT, complaints, NPSA, mortality and blood traceability. The Committee were assured with the update provided by the Head of Patient Safety, noting the good progress in several areas.

4.5 Maternity Incentive Scheme (MIS) Progress Report

The Director of Midwifery advised that UHL was a participant in year 5 of the Clinical Negligence Scheme for Trusts (CNST) MIS, the final sign-off deadline will be noon on 1 February 2024. The timeframes for each of the standards and actions differ, therefore, evidence and approvals had been submitted at varying stages. UHL Maternity Assurance Committee (MAC) had the delegated responsibility to review all evidence and will in turn make recommendations to the Quality Committee and the Trust Board on levels of assurance and risks identified. However, the MIS technical guidance was clear that there were certain items which required formal sign-off.

The Quality Committee received and approved the following reports (3 bullet points below) as submitted to the 30 November 2023 Quality Committee. Quality Committee members noted that further work is to be undertaken to improve the quality of monitoring the impact of evidence prior to the final submission deadline.

- Avoiding Term Admissions to Neonatal Units – Action Plan (September 2023);
- MIS Year 5 Mapping Tool (Core Competency Framework v2), and
- Transitional Care (Working) Action Plan.

Members noted that the MAC in December 2023 would be undertaking a comprehensive review of the evidence submission prior to the update being presented to the Trust Board in January 2024, for final approval.

4.6 2022 National Adult Inpatient Survey: CQC benchmark results for UHL

The report showed the benchmark results for UHL from the national adult inpatient survey undertaken in November 2022. The response rate for UHL was 38.04%. The results demonstrated the following – 0 questions were much better than most Trusts, 1 question was better for UHL compared to other Trusts, no questions were worse than other Trusts and 44 questions were about the same as other Trusts. The 2022 survey showed the patients’ experience of inpatient care across England had deteriorated since 2020. The national results for the 2022 survey remain generally consistent with 2021, following significant decline for almost all questions in the 2021 survey when compared to 2020. Nationally, most respondents reported a positive experience in their interactions with doctors and nurses, such as being included in conversations and having confidence and trust, generally remaining consistent with the previous year. Hospital waiting times remained a challenging part of patients’ experiences of care nationally. The Head of Patient Experience would be progressing a number of actions, as listed in the report.

4.7 Board Assurance Framework (BAF)

The QC reviewed strategic risk 1 on the BAF around a framework to maintain and improve patient safety, clinical effectiveness and patient experience which was aligned to the committee and its work plan. The Committee noted the updates in the month, including reference to oversight of ambulance handover delays through TLT on a weekly basis. There were no changes proposed to risk scores this month: current rating is 20 (likelihood of almost certain x impact of major), target rating is 6 and tolerable rating is 12.

5. Reports from QC Sub-Committees

- **Infection Prevention and Assurance Committee**

Members were advised that CMGs were not meeting the target set out in the standard contract for reduction of watch and reserve antibiotics. Therefore, further work needed to be undertaken in terms of antibiotic consumption which would be taken forward by the Antimicrobial Working Party. An action plan was being developed following some issues that had been flagged around antimicrobial stewardship which would be discussed at the January 2024 PSC. The mask fit testing team had now been fully recruited and would be able to offer a comprehensive service across the Trust. In respect of surgical site infection surveillance, the Head of Infection Prevention provided assurance that appropriate actions were being taken and there was good engagement from clinical teams. Responding to a comment, the Head of Infection Prevention undertook to review the reasons for the lack of improvement in the completion of infection prevention mandatory training from the Central Bank team.

- **Patient Safety Committee (21.11.23) Report**

The Committee noted the contents of this report and the assurance it provided. Members noted that most of the reports presented at the November PSC meeting had also been discussed by the Quality Committee. The Deputy Chief Nurse provided assurance that the CQUINs for 2023-24 were on track with no identified risks. Assurance was given in respect of compliance with self-assessments from recent NCEPOD reports.

- **Nursing, Midwifery and AHP Committee (NMAHPC)**

The Committee noted the contents of this report which detailed the discussion of the NMAHPC in October and November 2023. It provided assurance on the actions in place to support safer staffing, reduce patient harm and improve patient and staff experience.

6. Feedback from and escalation to LLR System Quality Board (SQB)

The discussion on the following items be brought to the attention of the LLR SQB: - discharge delays, overdue follow-ups, Radio Pharmacy Services MHRA inspection and a further confidential item.

7. Items for Noting

Integrated Performance Report – Month 7 2023-24

8. Any Other Business

The Medical Director provided a brief update on a Coroner's case highlighting that a detailed update would be provided to Trust Board, in due course.

Date of next meeting – 21 December 2023