

Trust Board paper M1

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 4 July 2019

COMMITTEE: Quality and Outcomes Committee (QOC)

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

DATE OF COMMITTEE MEETING: 30 May 2019

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

- Quality Account 2018/19 (Minute 54/19), and
- Mortality Report (Minute 55/19).

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

- Freedom to Speak Up Quarter 4 update (Minute 63/19)

DATE OF NEXT COMMITTEE MEETING: 27 June 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
30 MAY 2019 AT 2.20PM 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
Professor P Baker - Non-Executive Director (up to and including Minute 48/19/1)
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:

Ms E Broughton Head of Midwifery/Head of Nursing – (for Minute 64/19)
Ms J Dawson – Freedom To Speak Up Guardian (for Minute 63/19)
Miss M Durbridge – Director of Safety and Risk
Ms J Edyvean – Outpatient Transformation/Reconfiguration Programme Manager (for Minute 60/19)
Mr A Johnson – Non-Executive Director
Mr D Kerr – Director of Estates and Facilities (for Minutes 58/19 and 59/19)
Mr S Ward – Director of Corporate and Legal Affairs

ACTION

RECOMMENDED ITEMS

54/19 QUALITY ACCOUNT 2018/19

The Committee received paper C, enclosing the final version of the UHL Quality Account 2018/19. The document had been updated from the first draft version seen by the Committee in March 2019 (Minute 37/19/1 refers) to include year-end data, and incorporate stakeholder feedback (included at section 5.1 of the document).

External Audit's ('limited assurance') opinion on the Quality Account was included at section 5.2. External Audit had confirmed that the Quality Account had been prepared in line with the relevant Regulations, but had made a recommendation in relation to the Venous Thromboembolism (VTE) indicator as, via testing, it had been established that the Trust had reported an outcome that reflected a lower performance than actually achieved during the reporting period. Management had accepted the recommendation for improvement and it was noted that the Trust was in the process of implementing electronic VTE risk assessments in 2019/20. In the interim, the Trust would undertake periodic sample checking of cases to ensure that Patient Centre accurately reflected the VTE risk assessments recorded in patients' notes.

The Chief Nurse noted that, further to discussion at the March 2019 Committee meeting, consideration would be given to how best to present the information set out in the Accounts for 2019/20 (and onwards) reflecting the Trust's Quality Strategy, while having regard to the prescribed requirements of the document.

CN

The Committee endorsed the Quality Account 2018/19 for adoption by the Trust Board.

Recommended - that the Quality Account 2018/19 (paper C, now submitted) be endorsed for adoption by the Trust Board, noting that, following approval by the Board, the document would be placed on NHS Choices by 30th June 2019, as required.

CN

55/19 MORTALITY REPORT

The Committee received paper E, the latest quarterly mortality report including, at appendix 1, the UHL mortality rates slide deck and, at appendix 2, details of learning from the deaths

of patients in the Trust's care during 2018/19.

The Committee noted:

- (a) UHL's crude mortality rate for the 2018/19 financial year was 1.1%, slightly lower than in 2017/18; whilst the usual seasonal increases in mortality in December 2018 and January 2019 had been experienced, both months were below the previous year's figures;
- (b) UHL's latest published Standardised Hospital Mortality Index (SHMI) was 99, covering the period January to December 2018 – within the expected range;
- (c) those diagnosis groups with a SHMI above 100 which were most contributing to the Trust-level SHMI, as identified in paper E,
- (d) UHL's SHMI by hospital site: NHS Digital was now publishing 'hospital-site SHMIs'. It was noted that there would often be differences between sites for various reasons, and NHS Digital had stated, *"the range of SHMI values is considerably greater at site level than at Trust level. There are several factors which contribute to this. These include some sites having particular specialisms and service models (for example dialysis, maternity and end of life care) and also some inconsistencies in how Trusts have defined their 'site'"*;
- (e) the Medical Director's commentary on the learning from deaths work undertaken via:
 - (i) the Medical Examiner Process, in collaboration with Bereavement Services,
 - (ii) Specialty Mortality and Morbidity meetings, and the Structured Judgement Review Process,
 - (iii) The Bereavement Support Service,
 - (iv) the serious incident reporting and investigation process;
- (f) that, in 2018/19, three adult deaths and one neonatal death had been considered by the Specialty Mortality and Morbidity meeting process to be more likely than not due to problems in care: each death had been reviewed by the Patient Safety Team, and three had been investigated as a serious incident. Details of the learning and actions arising from the investigations were included in paper E, and it was noted that monitoring of agreed actions would be undertaken by the Adverse Events Committee;
- (g) the work of two task and finish groups, established since the last quarterly report, examining (1) inter-site hospital transfers and (2) the Acute Abdomen Pathway, respectively;
- (h) work undertaken to review all perinatal deaths, as set out in paragraph 4.4 of the report;
- (i) that a presentation on end of life care would be made at a future Trust Board Thinking Day, building on the information presented at a recent 'Dying Matters' conference.

Recommended - that the latest quarterly mortality report be recommended to the Trust Board for adoption.

MD

RESOLVED ITEMS

56/19 APOLOGIES

Apologies for absence were received on behalf of Mr J Adler, Chief Executive and Mr M Caple, Patient Partner.

57/19 DECLARATIONS OF INTERESTS

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

58/19 MINUTES

Resolved – that the Minutes of the meeting held on 25th April 2019 be confirmed as a

correct record.

59/19 MATTERS ARISING

Paper B, now submitted, listed outstanding matters arising from previous Quality and Outcomes Committee meetings.

The Committee Chair confirmed that he would speak to Mr M Caple, Patient Partner in respect of the outstanding action listed as item 4b and the Committee agreed that, accordingly, this action could be closed.

DCLA

In respect of item 5 of the action log, the Director of Estates and Facilities confirmed that clinical waste services had now returned to 'business as usual' and, accordingly, it was appropriate that this action be closed on the log.

DCLA

Referring to item 7c of the log, the Chief Nurse confirmed that the work undertaken by the Renal, Respiratory and Cardio Vascular Clinical Management Group on staff mental health and wellbeing had been shared widely and, accordingly, the Committee agreed to close this action.

DCLA

In response to a question raised by Ms V Bailey, Non-Executive Director, the Director of Safety and Risk confirmed that very few Never Event walkabouts remained to be undertaken. Those that remained outstanding would be tracked to completion, and the Director of Safety and Risk would escalate any concerns to the Chief Executive.

The Committee noted that the relevant updates had not been included in respect of items 17 and 18 featured on the log but that these would be updated ahead of presentation of the next iteration of the log to the Committee in June 2019.

DCLA

The Medical Director explained the difficulties which had been encountered in preparing a cancer quality outcomes dashboard (item 19 of the action log, Minute 152/18 of 30th August 2018 refers). It was suggested that it might be possible to draw upon information available to Directors of Public Health (published nationally), and the Medical Director undertook to explore this suggestion with Dr D Barnes, Deputy Medical Director.

MD

The Committee questioned whether there were any outstanding issues in relation to psychology services (item 21 of the action log, Minute 79/18/3 (B) of 24th May 2018 refer.) The Medical Director undertook to check and confirm the position with the Clinical Director and Head of Operations for Emergency and Specialist Medicine: if issues remained outstanding, a report would be submitted to the Executive Quality and Performance Board and, thereafter, Quality and Outcomes Committee; if no matters remained outstanding, the action would be closed.

Resolved – that the action log, now submitted (paper B), be received, noted and updated in the light of the oral updates now made at the meeting of the Committee.

DCLA

60/19 OUTPATIENT TRANSFORMATION – PROGRESS REPORT

The Outpatient Transformation and Reconfiguration Programme Manager presented paper D, updating the Committee on the Outpatient Transformation Programme, noting the significant progress achieved over the past six months and highlighting, in particular:

- (a) delivery of the two way text reminder service across 92% of eligible outpatient clinics;
- (b) reduction in non-attendance (DNA) rates from 8.05% to 6.74%;
- (c) delivery of cost improvements of £963,000, against a target of £990,000 in 2018/19;
- (d) work undertaken to establish a formal customer care training programme: formal launch would take place as part of implementing the Quality Strategy, and having regard to the results of the Leadership Behaviours survey;
- (e) launch of the 'Referral Support System' (RSS) in Leicester, Leicestershire and Rutland for musculo-skeletal conditions, and dermatology;
- (f) the roll-out (above target) of the 'Advice and Guidance' process, which would continue.

The Committee welcomed the progress being made, taking particular assurance from the significant extension of the work programme beyond the initial specialties.

The Committee noted the updated 2019/20 outpatient transformation programme, as set out in paper D, while urging the Outpatient Transformation Manager to continue to give consideration to the possibility of UHL adopting a fundamentally different outpatient model, appropriately informed by external advice, in order to maximise patient experience.

The Committee Chair welcomed the development of a single performance dashboard for 2019/20 to support performance improvement and requested that (a) waiting times in clinic, and (b) hospital cancellations feature prominently in the dashboard to ensure that there was a focus on improving performance in respect of these two indicators which had significant implications for patients' experience.

Resolved – that (A) paper D, now submitted, updating the Committee on the progress of the Outpatient Transformation Programme, be received and noted,

(B) consideration be given to the possibility of UHL adopting a fundamentally different outpatient model, appropriately informed by external advice, in order to maximise patient experience, and

OTRPM

(C) the development of a single performance dashboard for the Outpatient Transformation Programme be welcomed, and consideration be given to (1) waiting times in clinic, and (2) hospital cancellations featuring prominently in the dashboard to ensure that there was a focus on improving performance in respect of these two indicators, given their implications for patients' experience.

OTRPM

61/19

ORAL AND MAXILLO-FACIAL SURGERY SERVICES – UPDATE ON PATIENT CONTACT PROCESS

Further to Minute 7/19/2 of the Trust Board meeting held on 10th January 2019, the Medical Director presented paper F, updating the Committee on the Trust's receipt of a further external review report and the results of that external review. Further patient contact was now in hand, and an update report would be submitted to the public meeting of the Trust Board in July 2019.

The Committee noted:

- (a) all of the findings arising from the various external reviews, including the results arising from the latest external clinical review, had been or would be shared with the General Medical Council;
- (b) that the Trust had advertised to appoint to a third Consultant post in Maxillo-facial surgery;
- (c) the work underway to develop an East Midlands Head and Neck Cancer Network, led by NHS England Specialised Commissioners, and that the Trust would partner with Northampton General Hospital NHS Trust to form one of three surgical clusters in the region,
- (d) the planned restoration of Higher Surgical Trainee training places within the Oral and Maxillo-facial Surgical Services, confirmed by Health Education East Midlands,
- (e) that further consideration was being given to how best to take forward the proposal that the Trust develop an 'assured clinical service' framework for each of its clinical services: the Medical Director explained that it had not proven possible to identify a similar system already in use elsewhere (following discussions with NHS Improvement and also at the regional Medical Directors' Forum), but that there might be scope to adapt the approach applied via the Trust's 'Vital Few' initiative for the purpose. Moreover, the 'Getting it right First Time' (GIRFT) reviews were an important source of independent assurance on clinical services.

Noting that, despite best efforts, a significant number of patients had not responded to the Trust's invitations to discuss the findings of the external clinical reviews, the Director of Corporate and Legal Affairs undertook to confirm with the Clinical Director, Musculo-Skeletal

and Specialist Surgery the need to document the efforts made by the Trust in this regard (in the patients' notes), in case of need of future reference.

Resolved – that (A) paper F, now submitted, updating the Committee on the results of the further external clinical review in relation to care provided by the Trust's Maxillo-facial Surgery Service, and on the patient contact arising from the findings of that further external clinical review, be received and noted, and

(B) the Director of Corporate and Legal Affairs be requested to confirm with the Clinical Director, Musculo-Skeletal and Specialist Surgery the need to document the efforts made by the Trust in this regard (in the patients' notes), in case of need of future reference,

DCLA

(C) the Medical Director be requested to submit a report on the progress of the patient contact process mentioned at (A) above to the public Trust Board meeting to be held on 4th July 2019.

MD

62/19 MONTHLY HIGHLIGHT REPORT FROM THE DIRECTOR OF SAFETY AND RISK – MAY 2019

The Director of Safety and Risk presented paper G, highlighting:

- (a) the new primary care concerns process;
- (b) the proposed safety key performance indicators for the 2019/20 quality and performance dashboard;
- (c) gaps in some basic elements of care which had been identified following a recent analysis of incidents and complaints, followed up by specific safety walkabouts.

The Committee noted:

- (i) the new primary care concerns process;
- (ii) the proposed safety key performance indicators for 2019/20;
- (iii) at the Executive Quality Board on 7th May 2019, Clinical Management Groups had been requested to address the issues identified concerning basic elements of care at their next Quality and Safety Board meetings.

Resolved – that the monthly highlight report from the Director of Safety and Risk for May 2019, now submitted as paper G, be received and noted.

63/19 FREEDOM TO SPEAK UP UPDATE: QUARTER 4 2018/19

The Freedom to Speak Up Guardian introduced paper H, the latest quarterly update on concerns raised by staff via the various reporting routes.

The Committee noted that the Freedom to Speak Up Guardian was due to meet with the Chief Executive during week commencing 3rd June 2019 to discuss how best to ensure that feedback was provided to staff on concerns raised, learning and actions implemented in response to staff speaking up, and the Committee agreed that the outcome of those discussions should be incorporated into the Guardian's 2018/19 Annual Report to be presented at the July 2019 Trust Board meeting.

The Committee noted that the Freedom to Speak Up Guardian was in discussions with the Director of People and Organisational Development on the possibility of revising the Trust's Grievance Policy to become a 'Resolution Policy' (replicating practice from another Trust), and agreed that the outcome of those discussions be reported to a future meeting of the People, Process and Performance Committee.

Resolved – that (A) the Freedom To Speak update for quarter 4 2018/19, now submitted as paper H, be received and noted,

(B) the outcome of the Freedom To Speak Up Guardian's forthcoming discussions with

the Chief Executive on how best to ensure that feedback was provided to staff on concerns raised be incorporated into the Guardian's 2018/19 Annual Report to be presented at the July 2019 public Trust Board meeting, and

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(C) the outcome of the Freedom To Speak Up Guardian's discussions with the Director of People and Organisational Development on the possibility of revising the Trust's Grievance Policy, to become a 'resolution policy' (replicating practice at another Trust), be reported to a future meeting of the People, Process and Performance Committee.

DPOD

64/19

SAFER MATERNITY CARE

The Head of Midwifery introduced paper I, briefing the Committee on the actions taken, and planned, by the Trust's Maternity Service in response to the national Strategy for Safer Maternity Care.

The report comprehensively set out the national drivers and the progress made by UHL's maternity services, updated the Committee on the professional midwifery advocate provider model in UHL, and also detailed the local assurances able to be provided by Leicester's maternity service. Although providing assurance that UHL was fully engaged with the maternity safety strategy, the Head of Midwifery acknowledged that this was challenging without additional resource.

It was understood that a report commissioned by NHS Improvement into maternity care provided at Shrewsbury and Telford Hospital NHS Trust would be published shortly, and it was agreed that it would be appropriate for the Trust to review the findings of that report, undertake a gap analysis and develop an overarching UHL Maternity Improvement Plan.

The Chief Nurse confirmed that, going forward, there would be quarterly reports submitted to both the Executive Quality and Performance Board and the Committee on Maternity Services, and this was welcomed.

The Committee noted that the Trust's application to NHS Resolution in relation to year 2 of the 'Maternity Incentive Scheme' would be the subject of report to both the Executive Quality and Performance Board and the Committee in July 2019, ahead of review by the Trust Board at its August 2019 meeting, in time for submission of the application by the deadline of 15th August 2019.

The Committee welcomed the report and drew assurance from the fact that the Trust's Maternity Service was engaged fully with the national maternity safety strategy, committed to improving safety and had made good progress in implementing transformational change.

Resolved – that the report, now submitted (paper I), updating the Committee on the actions taken, and planned, by the Trust's maternity service in response to the national Strategy for Safer Maternity Care be received, noted and welcomed.

65/19

NURSING AND MIDWIFERY QUALITY AND SAFE STAFFING REPORT – MARCH 2019

Presented in the new format, 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. In March 2019, one ward had triggered a level 3 concern (two fewer than February). Seven wards had triggered a level 2 concern (one more than February), with fifteen wards triggering a level 1 concern (eight fewer than February). The vacancy position had slightly improved, but UHL was running below the national average for Registered Nurse/Midwifery care hours (care hours per patient day – CHPPD), partly because of the additional ward capacity which remained open.

Resolved – that the Nursing and Midwifery Quality and Safe Staffing report dated March 2019, now submitted (paper J), be received and noted.

66/19 CARE QUALITY COMMISSION – UPDATE

The Chief Nurse reported orally and briefed the Committee on a range of activities in hand to ensure that the Trust was prepared for the next CQC inspection. The Committee welcomed the support of NHS Improvement who were working with the Trust in reviewing Clinical Management Group governance, systems and processes; and in developmental work more generally, including conducting a focus group with the Chairman and Non-Executive Directors on 4th July 2019.

Resolved – that the report be received and noted.

67/19 ITEMS FOR NOTING

Resolved – that the following reports be received and noted:

- (A) Report on claims and inquests: quarter 4 2018/19 (paper K),
- (B) Quality commitment 2018/19 – quarter 4 performance and end of year report (paper L),
- (C) Getting It Right First Time (GIRFT) reports: Hospital Dentistry, Orthopaedics and Renal Medicine (papers M1 – M3),
- (D) New Interventional Procedures Authorising Group – Annual Report 2018/19 (paper N),
- (E) Clinical Audit Quarterly Report – Quarter 4, 2018/19 (paper O),
- (F) Executive Quality Board – actions from 7th May 2019 (paper P),
- (G) Executive Performance Board – action notes from 23rd April 2019 (paper Q).

68/19 ANY OTHER BUSINESS

Resolved – that it be noted that no other business was transacted at this meeting of the Committee.

69/19 IDENTIFICATION OF KEY ISSUES FOR THE ATTENTION OF THE TRUST BOARD

Resolved – that the following issues be highlighted to the public 6th June 2019 Trust Board meeting via the summary of this Committee meeting:

- (A) Quality Account 2018/19,
- (B) Mortality Report – latest quarterly position.

70/19 DATE OF NEXT MEETING

Resolved – that the next meeting of the Quality and Outcomes Committee be held on Thursday, 27th June 2019 in the Board Room, Victoria Building, Leicester Royal Infirmary.

The meeting closed at 4.41 pm.

Stephen Ward – Director of Corporate and Legal Affairs

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)	2	2	100	A Furlong	2	2	100
J Adler	2	1	50	B Patel	2	2	100
V Bailey	2	2	100	K Singh (<i>ex officio</i>)	2	2	100
P Baker	2	2	100	F Bayliss	2	0	0
C Fox	2	1	50				

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>
M Caple	2	1	50	M Durbridge	2	2	100