

## Cover report to the Trust Board meeting to be held on 2 May 2019

<b>Trust Board paper J</b>	
<b>Report Title:</b>	<b>Quality and Outcomes Committee – Committee Chair’s Report</b> (formal Minutes will be presented to the next Trust Board meeting)
<b>Author:</b>	Helen Stokes – Corporate and Committee Services Manager
<b>Reporting Committee:</b>	<b>Quality and Outcomes Committee</b>
<b>Chaired by:</b>	Col (Ret’d) Ian Crowe – Non-Executive Director
<b>Lead Executive Director(s):</b>	Andrew Furlong – Medical Director Carolyn Fox – Chief Nurse
<b>Date of meeting:</b>	25 April 2019
<b>Summary of key public matters considered by the Committee and any related decisions made:</b>	
<p>This report provides a summary of the key issues considered at the Quality and Outcomes Committee on 25 April 2019:</p> <ul style="list-style-type: none"> <li style="margin-bottom: 10px;"> <p><b>• Neurology service update</b></p> <p>The Clinical Director, Emergency and Specialist Medicine (ESM) attended to update QOC on the challenges facing UHL’s neurology service (a combination of rising demand and workforce pressures), and to outline the mitigating actions planned. A number of actions had been taken to address the current capacity gap, including more stringent review of primary care PRISM referrals, ensuring that follow-ups reflected NICE guidance, using locums for clinics, and increasing the number of new and follow-up patients seen by Registrars – these actions would serve to significantly reduce the weekly slot shortfall. Recognising that neurology was a hard to recruit to specialty, the Medical Director welcomed these actions and advised that time was now needed to assess their impact. In response to a query from the QOC Non-Executive Director Chair, the Medical Director agreed that depending how the actions embedded, other neurology units could then be approached to explore any scope for supporting UHL capacity. In discussion, Professor P Baker Non-Executive Director and Dean of the University of Leicester Medical School noted the need to include teaching, training and research factors within the service action plan, and he advised making contact with the University of Leicester neurosciences department to progress this in an integrated way.</p> <p>QOC also noted rising complaint numbers in neurology as a result of service pressures, as referred to in the Director of Safety and Risk’s monthly report. The Clinical Director ESM advised that it was hoped to amend the covering letter for patient cancellations, to provide more of an explanation of the circumstances; however, the service was currently exploring whether this was possible in the context of an automated system. In response to Non-Executive Director queries, the Clinical Director ESM clarified that DVLA complaints related to clinician input to DVLA forms rather than being an administrative issue, and she also agreed to contact the Trust’s Commissioning Team to discuss the provision of appropriate UHL advice to primary care colleagues on completing the PRISM referrals.</p> <p>QOC sought assurance that no patient harms were occurring as a result of neurology service pressures, and also emphasised the need for appropriate communication with patients (as outlined above). More widely, QOC also noted broader issues relating to ongoing provision of services where capacity was a continued challenge.</p> <p>It was agreed to receive a further update on the neurology service remedial actions in 3 months’ time (July 2019 QOC).</p> </li> <li> <p><b>• Organ donation update</b></p> <p>Drs J Gill and R Bell, Clinical Leads for Organ Donation, attended to update QOC on developments in and improvements to the profile of organ donation within UHL in the 2018-19 year. Instances of organ donation in 2018-19 had significantly increased, with 14 donors resulting in 46 transplants (2 more transplants than the combined 2-year total for April 2016 - April 2018). This highlighted the ability for UHL to perform as a level 1 Trust in terms of organ donation activity, and the Clinical Leads for Organ Donation were hopeful that level 1 accreditation would therefore be re-achieved. In terms of ongoing growth, UHL was aspiring to 20 donors per year resulting in 60 transplants.</p> </li> </ul>	

Significant further awareness-raising work was planned during 2019-20, and QOC supported a request to explore lighting the Victoria Building in pink during organ donation week (2-8 September 2019) – the Director of Estates and Facilities agreed to look into this accordingly. The QOC Non-Executive Director Chair also suggested that an organ donation story be chosen for the September 2019 Trust Board patient story.

QOC was also briefed on the implications of 'Max and Kiera's Law', noting that from April 2020 a new 'opt-out' system of deemed consent for organ donation would be introduced in England for people over 18 years old. Ms V Bailey Non-Executive Director queried the scope for learning (re: patient capacity issues) from Wales, where a similar system had been introduced in December 2015.

Mr B Patel Non-Executive Director noted the need for an inclusive community engagement strategy for national organ donation week, and he emphasised the benefits of clinicians leading that engagement. It was recognised that organ donation required sensitive (and sometimes difficult) conversations with relatives, and the Clinical Leads for Organ Donation noted the key importance of the trained Senior Nurse Organ Donation role in this. With regard to awareness-raising, QOC noted the importance of appropriate messaging within Schools, and the QOC Patient Partner also invited the Clinical Leads for Organ Donation to attend a Patient Partners' meeting. Appropriate linkages were also already being pursued with the LLR-wide work on end of life care.

In further discussion, the Trust Chairman agreed to consider the most appropriate option for a lay Chair of the UHL Organ Donation Committee.

- **EHO inspection of ward kitchens**

The Director of Estates and Facilities outlined the actions in place arising from 2018 Environmental Health Office (EHO) inspections of retail and inpatient catering services on all 3 UHL sites. No high risk issues were currently outstanding, and appropriate measures had been included in the 2019-20 capital plan. The EHO had not yet returned to review food preparation in ward areas. The Director of Estates and Facilities advised that the UHL facilities team had been restructured to introduce a dedicated Head of Patient Catering post, and the frequency of audits had been increased.

- **Clinical waste management**

The Director of Estates and Facilities briefed QOC on how national issues regarding the collection and disposal/incineration of clinical waste were impacting on UHL. A risk score of 12 was currently attributed to clinical waste management issues on the Trust's risk register. QOC noted the actions taken by UHL with its waste management partners, and noted the assurance provided by the Director of Estates and Facilities that levels of clinical waste stored on site were likely to return to normal by June 2019. The QOC Non-Executive Director Chair requested a further update to the June 2019 QOC accordingly.

- **CQC update and schedule of external visits**

The Medical Director confirmed that UHL's preparation for a likely CQC visit was now being increased, although no provider information request had yet been received. In terms of outstanding elements of the action plan, Non-Executive Directors particularly emphasised the need for the Never Event safety walkabouts to be performed. The Trust Chairman advised reviewing recent CQC reports on Well-Led elsewhere, to learn appropriate lessons. With regard to the schedule of external visits, the Deputy Chief Nurse noted the need to review how this information was monitored in the absence of the Director of Clinical Quality.

- **Nursing and Midwifery quality and safe staffing report – February 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 February 2019, 3 wards had triggered a level 3 concern (2 more than in January 2019); 6 wards had triggered a level 2 concern (2 more than in January 2019), and 23 wards had triggered a level 1 concern (6 more than in January 2019). Although the vacancy position had slightly improved, staff continued to feel pressured as additional winter capacity was still open; however, this was not impacting adversely on patient outcomes. A detailed update on maternity staffing would be provided to QOC in May/June 2019, following receipt of the 'Better Births' report.

The Deputy Chief Nurse advised that Nursing Associates would be included in the next acuity review (end of May 2019), noting that 140 such staff were being trained across LLR this year. Non-Executive Directors requested that information on workforce and turnover be included as part of the wider work on assessing skillmix requirements, and the QOC Non-Executive Director Chair suggested that an external/academic perspective might be helpful in reviewing those requirements. It was also noted that the July 2019 QOC report on nurse staffing would include an update on the nursing accreditation and assessment process. In response to a query from the

QOC Patient Partner, it was advised that work on staff mental health and wellbeing done by the Renal, Respiratory and CardioVascular CMG had been shared in the first instance with the Cancer, Haematology, Urology, Gastroenterology and General Surgery CMG.

• **Monthly highlight report from the Director of Safety and Risk – April 2019**

The Director of Safety and Risk presented her monthly highlight report, which specifically featured information this month on (1) staff feedback from the national Sign Up to Safety Kitchen Table week (a specific UHL kitchen table event was also now planned for May 2019); (2) feedback from the national NHS Staff Survey 2018, with specific reference to feedback from reported incidents [those responses showed a significant improvement from previously] and treating staff involved in errors or near misses or incidents [those responses showed that there was room for improvement – see below], and (3) Director on-call responsibilities for 3636 staff concerns, noting that UHL's Junior Doctor Gripe Tool had been shortlisted for an HSJ Patient Safety Award (decision expected in July 2019). The detailed patient safety and complaints performance reports for April 2019 were also attached.

With regard to (2) above, QOC noted the proposals to strengthen the support in place for staff involved in serious incidents/Never Events/near misses. However, the Medical Director considered that more information was needed on the reasons underpinning the survey responses before appropriate action could be taken to address them.

**Items for noting**

- **System-wide review of safeguarding**
- **Dermatology GIRFT (getting it right first time) report** – although noting the need to reduce the acronyms in the report, QOC members welcomed the template being used and considered the report to be realistic
- **CIP quality and safety impact assessment**
- **Executive Quality Board minutes 5.4.19**
- **Executive Quality Board actions 2.4.19**
- **Executive Performance Board minutes 26.3.19**

**Matters requiring Trust Board consideration and/or approval:**

**Recommendations for approval:-**

- None

**Items highlighted to the Trust Board from this meeting:-**

- update on neurology services
- improvements in the position re: organ donation

**Matters referred to other Committees:**

- None.

**Date of next meeting:**

30 May 2019