

Trust Board paper M1

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**

**REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD**

**DATE OF TRUST BOARD MEETING: 6 February 2020**

**COMMITTEE: Quality and Outcomes Committee (QOC)**

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

**DATE OF COMMITTEE MEETING: 19 December 2019**

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

- None.

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

- None

**DATE OF NEXT COMMITTEE MEETING: 30 January 2020**

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

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**

**MINUTES OF THE QUALITY OUTCOMES COMMITTEE (QOC) MEETING HELD ON THURSDAY 19  
DECEMBER 2019 AT 1.45PM IN THE BOARD ROOM, VICTORIA BUILDING,  
LEICESTER ROYAL INFIRMARY**

**Voting Members Present:**

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

**In Attendance:**

Mr P Aldwinckle – Patient Partner  
Mrs G Belton – Corporate and Committee Services Officer  
Ms K Boyle – Deputy Clinical Director, CHUGGS CMG (for Minute 142/19/6)  
Mr M Caple – Patient Partner  
Miss M Durbridge – Director of Safety and Risk  
Ms J Green – Head of Business, Finance and Performance, Estates and Facilities (for Minute 142/19/2)  
Mr M Holmes – Interim Head of Facilities (for Minute 142/19/3)  
Ms M Khiroya – Managing Director / Superintendent Pharmacist, TMP (Observing)  
Mr D Kerr – Director of Estates and Facilities  
Mr K Mayes – Head of Patient and Community Engagement (for Minute 142/19/1)  
Ms B O'Brien – Deputy Director of Quality Assurance  
Ms J Smith – Patient Partner

**RESOLVED ITEMS**

**138/19 APOLOGIES**

There were no apologies for absence.

**139/19 DECLARATIONS OF INTERESTS**

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

**140/19 MINUTES**

**Resolved – that the Minutes of the 28 November 2019 meeting (papers A1 and A2 refer) be confirmed as a correct record.**

**141/19 MATTERS ARISING**

Paper B detailed the actions from previous meetings of the Quality Outcomes Committee, the contents of which were received and noted.

In discussion under item number 3 (Minute 133/19/2 of 28 November 2019 - Neurology Services Update) it was agreed that Mr Aldwinckle, Patient Partner, would take this matter forward through the Task and Finish Group. It was therefore agreed to update the QOC Matters Arising Log accordingly and thereafter remove this item from later iterations of the Log. The Medical Director reported verbally on a recent GIRFT visit to Neurology, the outcome of which had been complimentary and note was made of the potential benefit in using the information from the GIRFT visit to assist recruitment to the service. The Medical Director further noted a meeting planned with counterparts at Nottingham University Hospitals in January 2020 to discuss the possibility of establishing joint neurology posts.

In respect of item number 6a (Minute 133/19/5 of 28 November 2019 – Patient Safety Report), the Director of Safety and Risk confirmed that she had arranged a meeting with the Out-Patient Transformation Reconfiguration Programme Manager on 7 January 2020 regarding complaint feedback in out-patients, after which time the Director of Safety and Risk would include relevant information in a future report to the Committee. It was therefore agreed to update the QOC Matters Arising Log accordingly and thereafter remove this item from later iterations of the Log.

CCSO

**Resolved – that the discussion on the matters arising log and any associated actions be noted and the QOC Matters Arising Log be updated accordingly.**

CCSO

## 142/19 ITEMS FOR ASSURANCE

142/19/1 PPI Strategy Update and Update from Patient Partners re their involvement in the Trust's Quality Strategy 'Becoming the Best'

The Head of Patient and Community Engagement attended to provide a progress update (paper paper C refers) on the implementation of the Trust's Patient and Public Involvement Strategy. It reviewed the activity undertaken to-date, assessed the current position and outlined the steps to be taken in the coming months. A dashboard summarising the status of each of the Quality Strategy priority areas in relation to patient and public involvement was provided. The report concluded that the Patient and Community Engagement Team and Patient Partners were ready to support PPI across the Quality Strategy priority areas. Although Patient Partners were yet to be integrated into specific Quality Strategy priority areas, they remained involved in a wide range of activity across the Trust. It was anticipated that, as the Trust recruited to project support roles, work on PPI in the Quality Strategy priorities would pick up pace. The contents of the report presented were received and noted.

Specific discussion took place regarding the timing of Patient Partner involvement in Quality Strategy projects, as a result of which it was agreed helpful to determine a suitable timeframe by which various steps in the process were to be completed and the Chief Executive undertook to progress this accordingly. In this discussion, it was also noted that it was not always appropriate for Patient Partners to be involved from the initial meeting with the Project Lead as that meeting would be used to determine which (if any) mechanisms for patient engagement were already in place and whether a specific Patient Partner was required for the project.

CEO

Discussion also took place regarding:-

- (i) the process to be utilised for ensuring Patient Partner involvement in the reconfiguration programme and the likely training required by Patient Partners to equip them with the required background knowledge. It was suggested by QOC that quarterly briefing meetings between relevant Patient Partners and the UHL Reconfiguration Team would be helpful and the Head of Patient and Community Engagement was requested to make arrangements for such;
- (ii) the benefit in making arrangements for the Trust Chairman and Chief Executive to have the opportunity to hear feedback directly from the Trust's Patient Partners on a regular basis (e.g. bi-annually) – again, the Head of Patient and Community Engagement was requested to make arrangements for such;
- (iii) recently agreed tenure arrangements for Patient Partners (i.e. 3 years with an option to continue for a further 3 years if so desired) – Mr Aldwinkle expressed his concerns at a potential loss (to the Trust) of organisational knowledge and experience when Patient Partners reached the end of their tenure. Mr Aldwinkle's concern was noted by the Committee, however it was not considered that this decision was suitable for review at the current time given that it had only recently been approved by the Trust Board. It was noted that the Trust also had to guard against the potential that Patient Partners would become so knowledgeable that they would no longer be representative of the general patient population;
- (iv) the timing of the process to recruit additional Patient Partners – it was agreed to consider this further at the Quality Strategy Group meetings, in addition to consideration of the interface between the different roles;
- (v) how the various QI roles fit together – the Chief Executive noted that the roles were complementary;
- (vi) the need to close the loop by giving feedback to groups who have engaged with the Trust,

HoPCE

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- and  
(vii) the fact that the Trust would be seeking an integrated approach with community colleagues in taking this work forward.

In conclusion, it was agreed that a further report on this subject would be submitted to the next meeting of QOC in January 2020, rather than to the January 2020 Trust Board, which would provide a progress update on the actions agreed as outlined above (re the timetable, recruitment plans etc.), at which time consideration could be given as to determining where future reports on this matter were scheduled (whether to QOC or directly to the Trust Board).

HoPCE  
/ CCSO

**Resolved – that (A) the contents of this report be received and noted,**

**(B) the Chief Executive be requested to determine a suitable timeframe by which various steps in the process (relating to Quality Strategy Projects) were to be completed;**

CEO

**(C) the Head of Patient and Community Engagement be requested to arrange the following:-**

**(1) quarterly briefing meetings between relevant Patient Partners and the UHL Reconfiguration Team, and**

**(2) the opportunity for the Chief Executive and Trust Chairman to hear feedback directly from Patient Partners on a regular basis (e.g. bi-annually);**

HoPCE

**(D) the Quality Strategy Group be requested to consider the timing of the process to recruit additional Patient Partners at a future meeting, and**

HoPCE

**(E) the Head of Patient and Community Engagement be requested to submit a further report on progress at the January 2020 QOC meeting and to consider at this time where future reports on this matter should be scheduled.**

HoPCE/  
CCSO

142/19/2

Performance Dashboard – position statement for Estates and Facilities

Ms J Green, Head of Business, Finance and Performance for Estates and Facilities attended to provide Estates and Facilities' performance data covering the period December 2017 until November 2019 (paper D refers). The updated report had been developed to demonstrate some of the key service lines performed by Estates and Facilities, with the aim of providing a trajectory of data to demonstrate and ensure services met the rigours of current external demands within the economy. A new electronic system, FM First, had been introduced into UHL cleaning audits, allowing greater scope for audit reporting and trend analysis. Since introduction, there had been a significant increase in audits achieved, which provided the Trust with confidence in its service delivery. Not all services had been included within the report presented, but were under review and would be included in future reporting. Both financial (revenue and capital) and operational pressures continued to impact on both the maintenance of standards and the pace of service development required to progress improvement.

In presenting this report, it was noted that information from this report would be extracted and feature in future iterations of the Trust's overall Quality and Performance report. Note was also made of the intention to develop a report for future consideration on a bi-annual basis relating to energy usage and sustainability. Members received and noted the contents of this report.

Specific discussion took place regarding the following:-

- (i) the good results for the Trust in terms of its catering provision which was required to meet diverse religious and dietary needs, and also regarding the positive data in terms of portering, albeit members noted they would wish to see a metric relating to emergency portering should this become possible in future (this was not currently possible as there was no way of interrogating the current electronic system to pull the data required);
- (ii) in response to a query raised, confirmation was provided of the system in place in terms of fire risk assessments / inspections and
- (iii) an acknowledgement was made of the deterioration in cleaning provision in low risk areas

(e.g. offices), as described by the Director of Safety and Risk, due to the need to concentrate resource on the high risk and patient areas.

The Committee welcomed this report and noted that the Director of Estates and Facilities, along with the Executive Team, would determine the relevant forum for the future receipt and consideration of this data.

DEF / ET

**Resolved – that (A) the contents of this report be received and noted, and**

**(B) the Director of Estates and Facilities, in conjunction with the Executive Team, be requested to determine the relevant forum (both executive-level and board-level) for the future receipt and consideration of this data.**

DEF

142/19/3 Cleaning Metrics Update

Mr M Holmes, Interim Head of Facilities, attended to present a report detailing progress in terms of the diagnostic review that had been undertaken on the domestic and associated housekeeping activity across the Trust (paper E refers). The data presented outlined the activity and scope of the current services with outline recommendations to ensure the service met the needs of the changing healthcare landscape. Historic and current pressures had had a significant impact on the Trust's domestic service. Previous analysis and the preliminary results of the current diagnostic concurred that the service was in a position where it could not sustainably provide the required level of services due to lack of sufficient resources. Options to minimise the impact now needed to be considered including combining the domestic and housekeeping services thereby removing duplication and combining elements of the roles.

In considering this report, members acknowledged the difficulties faced by the service in terms of retention of staff and also the difficulties faced due to a lack of industrial standard equipment, as described by the Director of Estates and Facilities. Caution was expressed by the QOC Non-Executive Director Chair of the need to remain vigilant to any unintended consequence when changing processes. In concluding discussion on this item, the QOC Non-Executive Director Chairman and the Chief Executive acknowledged the excellent job undertaken by Estates and Facilities staff often in challenging circumstances (e.g. the response to the recent flood on ward 9, actions taken around the implementation of the ambulance handover pod etc.) and requested that the Director of Estates and Facilities passed their thanks back to Estates and Facilities staff.

**Resolved – that (A) the contents of this report be received and noted, and**

**(B) the Director of Estates and Facilities be requested to pass the thanks of the Committee onto Estates and Facilities staff for the work they undertook in challenging circumstances.**

DEF

142/19/4 CQC Update

The Chief Nurse reported verbally to confirm that the Trust awaited the draft report documenting the results of its CQC Inspection.

**Resolved – that this verbal update be noted.**

142/19/5 Safe Staffing and Nursing Workforce Update

The report for October 2019 (paper F refers, as presented by the Chief Nurse) noted that Registered Nurse (RN) vacancies were 549wte; a slight reduction compared to Q1/Q2 but a 14.15% vacancy rate against a 10% vacancy rate nationally. The Chief Nurse reported verbally that an additional data cleansing exercise was currently being undertaken in respect of Healthcare Assistant data to ensure no double counting. Overall fill rates for RNs and HSCWs had improved slightly for October 2019, despite the number of vacancies being reported, demonstrating that staff were being moved and deployed appropriately across CMGs / the Trust to cover shortfall areas. Members received and noted the contents of this report and note was made of a report relating to a recruitment campaign that would be submitted to a future meeting of the People, Process and Performance Committee, when available.

The Committee welcomed the recent announcement relating to nursing bursaries being made available. Note was made of the need for the Trust to continue to support its Registered Nurses who worked in a training capacity and whose role in this respect was vital. Particular discussion took place regarding the high turnover of HCAs given the demands of the role, and of the initiative being introduced that would see all Medical Students spend time working as HCAs. The first tranche of such students had been placed onto the Nursing Bank and the significant resource implications for the Practice Development Team were highlighted by the Chief Nurse.

**Resolved – that (A) the contents of this report be received and noted and**

**(B) a report on a recruitment campaign be submitted to a future PPPC meeting.**

CN

142/19/6 Report from the Deputy Director of CHUGGS

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

142/19/7 Report from the Director of Safety and Risk

The Director of Safety and Risk presented her monthly report (paper H refers) which specifically focussed this month on early emerging themes from the Leadership Walkabout Programme and the proposed audit plan for the five steps to safe surgery.

In presenting this report, the Director of Safety and Risk made note of the recent number of complaints referencing medical care and of the consequent request made by the Medical Director that a deep dive was undertaken into these – this would take place in February 2020. The Director of Safety and Risk also made reference to two partially upheld Ombudsman complaints and the process in place for monitoring relevant actions arising from these. Ms Bailey, Non-Executive Director queried where these complaints were discussed in detail, in response to which the Director of Safety and Risk confirmed that such discussion took place at the Adverse Events Committee.

In discussing the Leadership Walkabouts, note was made of the need for participants to return their completed forms as soon as possible after completing the walkabout. Reference was also made to the fact that note had been made at EQB that whilst the Trust Board had dedicated diary time for the Leadership Walkabouts, this was not the case for other Directors and their deputies leading to them being less visible within the organisation. Discussion also took place regarding an examination of relevant data which provided assurance that, despite record numbers of attendances and admissions to the Trust, there was no evidence to-date that these increased numbers were impacting negatively on safety issues, albeit this was a matter which continued to be monitored. In response to a query raised by Mr Caple, Patient Partner, regarding why the number of GP concerns raised relating to discharge issues had been higher in the months of October and November 2019, the Director of Safety and Risk advised that increased numbers of transfer of care and interface of care issues arose during the Winter months when patient numbers were higher and there was a need to discharge patients as soon as possible upon them being medically fit for discharge. The contents of this report were received and noted.

**Resolved – that the contents of this report be received and noted.**

142/19/8 2019/20 CQUIN Scheme Quarter 2 Performance and NICE Guidance Compliance

The Deputy Director of Quality Assurance presented two reports; the first (paper I1) provided a Quarter 2 update against the financial risk affiliated to the CQUINS for 2019/20 and the second (paper I2) provided an update against the reporting and monitoring of UHL's compliance against NICE guidance as part of the Quality Schedule.

With regard to the latter report (paper I2), it was noted that there were currently too many references to items still for confirmation (i.e. 'TBCs') in response to which the Medical Director confirmed that he had requested action on this at the EQB meeting held on 17 December 2019. Specific discussion took place regarding the CQUIN relating to flu vaccines and of further action planned within the Trust to continue to promote this, including the assistance needed from Clinical Management Groups in this respect, and of further actions that could be considered to continue to improve staff take-up. Also

noted was the need to ensure capture of data from staff who had received their flu vaccine elsewhere, such as from their GP. Members received and noted the contents of this report and the Deputy Director of Quality Assurance was requested to liaise with the Head of Financial Planning and Analysis to ensure that the latest CQUIN data had been triangulated with the latest financial forecast.

DDQA

**Resolved** – that (A) the contents of this report be received and noted, and

(B) the Deputy Director of Quality Assurance be requested to liaise with the Head of Financial Planning and Analysis to ensure that the latest CQUIN data had been triangulated with the latest financial forecast.

DDQA

**143/19 ITEMS FOR NOTING**

143/19/1 Executive Quality Board (EQB)

**Resolved** – that the 12 November 2019 Executive Quality Board action notes (paper J refers) be received and noted.

**144/19 ANY OTHER BUSINESS**

144/19/1 CCG Representation at QOC

Note was made that there had been no CCG representation at QOC since October 2019, which might be due to a current re-structure. The Medical Director was requested to discuss with CCG colleagues who would be the nominated CCG representative to sit on the Quality Outcomes Committee in future.

**Resolved** – that the Medical Director be requested to discuss with CCG colleagues who will be the nominated CCG representative to sit on the Quality Outcomes Committee in future.

MD

144/19/2 Verbal Report by the Director of Safety and Risk

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

144/19/3 Verbal Report by the Medical Director

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

**145/19 IDENTIFICATION OF ANY KEY ISSUES FOR THE ATTENTION OF THE TRUST BOARD**

**Resolved** – that there were no specific items to be brought to the attention of the Trust Board at its meeting on 9 January 2020.

**146/19 DATE OF THE NEXT MEETING**

**Resolved** – that the next meeting of the Quality Outcomes Committee be held on Thursday 30 January 2020 from 1.45pm in the Board Room, Victoria Building, Leicester Royal Infirmary.

The meeting closed at 4.26pm.

Gill Belton - Corporate and Committee Services Officer

**Cumulative Record of Members' Attendance (2019-20 to date):**

**Voting Members**

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
I Crowe (Chair)	9	9	100	C Fox	9	8	89
J Adler	9	7	78	A Furlong	9	8	89
V Bailey	9	9	100	B Patel	9	8	89
P Baker	9	6	67	K Singh ( <i>ex officio</i> )	9	8	89

**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)	6	6	100	M Durbridge	9	8	89
F Bayliss (CCG – up to end of June 2019)	3	0	0	L Frith (CCG – from July 2019)	5	4	80
M Caple (PP)	9	7	78	J Smith (PP)	6	5	83