

Trust Board paper O1

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 1 August 2019

COMMITTEE: Quality and Outcomes Committee (QOC)

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

DATE OF COMMITTEE MEETING: 27 June 2019

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

- **Changes to Patient Partner attendance at QOC (Minute 71/19);**
- **7-Day Services self-assessment submission (Minute 72/19);**
- **Annual Fire Report 2018/19 (Minute 73/19), and**
- **CQC Statement of Purpose (Minute 74/19).**

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

- **the temporary closure of the Immunology Service to new referrals (Minute 80/19/1).**

DATE OF NEXT COMMITTEE MEETING: 25 July 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 27 JUNE 2019 AT 1.15PM 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 (for Minutes 71/19 to 73/19 and 75/19 to 79/18)
Ms C Fox – Chief Nurse
Mr B Patel – Non-Executive Director
Mr K Singh – Trust Chairman (*ex officio*)

In Attendance:

Mr M Archer – Head of Operations, CSI (for Minute 80/19/1)
Dr D Barnes – Deputy Medical Director (for Minute 72/19)
Ms L Barton – Consultant Haematologist (for Minute 80/19/1)
Mr M Caple – Patient Partner
Miss M Durbridge – Director of Safety and Risk
Ms L Frith – Lead Nurse for Quality and Contracts, Leicester City CCG (on behalf of Ms F Bayliss, Deputy Director of Nursing and Quality, Leicester City CCG)
Mr J Jameson – Deputy Medical Director (on behalf of the Medical Director)
Mr D Kerr – Director of Estates and Facilities

ACTION

RECOMMENDED ITEMS

71/19 CHANGES TO PATIENT PARTNER ATTENDANCE AT BOARD COMMITTEES

The Committee received paper C, briefing the Committee on the proposed changes to the Committee's Terms of Reference, noting that three non-voting co-opted Patient Partners would be attending QOC meetings with effect from July 2019, and that this development was consistent with the emphasis on the Trust's Quality Strategy. The proposed changes were endorsed (as presented in paper C) and recommended for Trust Board approval on 4 July 2019.

Chair

Mr M Caple, Patient Partner advised that he would continue to attend QOC meetings himself and he briefed the Committee on the selection process for the additional two Patient Partner representatives. He agreed to forward the names and contact details of the new Patient Partners to the Corporate and Committee Services Officer so that they could be invited to attend QOC meetings with effect from 25 July 2019 (subject to availability).

MC, PP

Recommended – that (A) the proposal to increase the number of non-voting co-opted Patient Partners attending QOC meeting to three be endorsed and recommended for Trust Board approval on 4 July 2019, and

Chair

(B) Mr M Caple, Patient Partner be requested to provide the Corporate and Committee Services Officer with the names and contact details of the two additional Patient Partners (when known).

MC, PP

72/19 7 DAY SERVICES UPDATE

Dr D Barnes, Deputy Medical Director attended to present paper E, updating QOC on the 7 Day Services Self-Assessment process and seeking the Committee's endorsement to submit the June 2019 Board Assurance Framework to NHS England ahead of the 28 June 2019 deadline. QOC members noted that Priority Clinical

Standards CS05 (relating to diagnostics) and CS06 (relating to key Consultant interventions) were 100% compliant. Overall compliance with standards CS02 (relating to time to Consultant review) and CS08 (relating to on-going review) stood at 77% and 95% (respectively).

In discussion on the report, QOC noted the intention to implement a more targeted approach to the second audit of 2019, and requested that an increased focus on assurance and performance trends be incorporated into the narrative for the next iteration of the report. Professor P Baker, Non-Executive Director raised a query regarding the basis of the Clinical Standards, noting that not all of them were in the best interests of the patient and that some of them had associated implications for the training of Junior Doctors. In response, Mr J Jameson, Deputy Medical Director advised that the Clinical Standards had been developed by the Joint Royal Colleges and that Consultants should continue to be responsible for the activities of Junior Doctors. Dr D Barnes, Deputy Medical Director commented upon the scope to use a specific audit tool to identify the level of doctor that each patient had been seen by and he highlighted opportunities to increase the use of NerveCentre to gather the 7 Day Services audit data.

DB, DMD

Following due consideration, QOC endorsed the recommendations (as set out in section 7 of paper E), and requested additional assurance be provided regarding the level of commitment amongst clinical teams to deliver Clinical Standard 10 (relating to patient experience). The 7 Day Services Self-Assessment was endorsed for submission to NHS England ahead of the 28 June 2019 submission deadline and recommended for Trust Board approval on 4 July 2019.

DB, DMD

Chair

Recommended – that (A) the 7 Day Services Self-Assessment submission be endorsed for submission to NHS England by 28 June 2019 and recommended for Trust Board approval on 4 July 2019 (as presented in paper E);

Chair

(B) Dr D Barnes, Deputy Medical Director be requested to present a further report on compliance with the 7 Day Services Standards in October 2019 ahead of the November 2019 submission deadline (to include an increased focus on assurance, performance trends and the level of commitment required to deliver Clinical Standard 10).

DB, DMD

73/19 ANNUAL FIRE REPORT 2018/19

The Director of Estates and Facilities introduced paper F, briefing QOC on the improving position in respect of Fire Risk Assessments, Fire Warden training, face-to-face and e-learning fire safety training compliance, 4 reported fire incidents, unwanted fire signals, prioritisation within the Capital Programme and visits conducted by the Leicestershire Fire and Rescue Service. Members noted that the format of this report was expected to change in 2019/20 to increase the emphasis upon the Trust's buildings, staff and processes rather than the activities of the Fire Safety Team.

During discussion on the report, the Director of Estates and Facilities was requested to arrange for targets to be developed for the number of Fire Wardens to be trained in each area. The Director of Safety and Risk commented that the UHL Health and Safety Committee had not consistently received quarterly updates on Fire Safety, noting in response that the Deputy Director of Estates and Facilities would be addressing this matter, going forwards. For 2019/20, the Trust would be increasing the focus on fire evacuation training. Discussion took place regarding the aging nature of the Trust's estate and any increased vulnerabilities that might be associated with older buildings. In response, the Director of Estates and Facilities briefed the Committee on the recent capital expenditure on updating UHL's fire alarm systems as part of the Statutory Compliance section of the Capital Programme. He also highlighted the recent implementation of a 'double lock' procedure which aimed to reducing unwanted fire

signals at the LRI (as detailed in section 8.8 of the report). QOC endorsed the Annual Fire Report for 2018/19 and recommended it for Trust Board approval on 4 July 2019.

Recommended – that (A) the Annual Fire Report 2018/19 be endorsed and recommended for Trust Board approval on 4 July 2019, and

Chair

(B) the Director of Estates and Facilities be requested to arrange for the 2019/20 Fire Report to include:-

DEF

- (1) an increased emphasis on the Trust’s buildings, staff and processes;
- (2) targets for the number of fire wardens to be trained in each area;
- (3) an increased focus on fire evacuation training, and
- (4) a consistent programme of quarterly update reports for the UHL Health and Safety Committee.

74/19 CQC STATEMENT OF PURPOSE

The Committee received paper G, as presented by the Chief Nurse, seeking QOC’s endorsement of a proposal to re-classify Rutland Memorial Hospital, Feilding Palmer Hospital and Coalville Hospital as satellite outpatient clinics and register these three premises under UHL’s headquarters at the Leicester Royal Infirmary under Rule 8(a) of the CQC’s guidance: “*What is a ‘location’? Guidance for providers and inspectors*”.

The Chief Nurse provided verbal assurance that the CQC Project Manager was working closely with the lead officers for each CMG and Corporate Directorate to ensure that all of the information was collated to inform the CQC’s recent issued Provider Information Request. Following due consideration, QOC endorsed the two recommendations as set out in section 2.1 of paper G and recommended these for Trust Board approval on 4 July 2019.

Recommended – that the proposals to re-classify Rutland Memorial Hospital, Feilding Palmer Hospital and Coalville Hospital as satellite outpatient clinics and register these 3 premises under UHL’s Headquarters at the LRI be endorsed and recommended for Trust Board approval on 4 July 2019.

Chair

RESOLVED ITEMS

75/19 APOLOGIES

Apologies for absence were received on behalf of Ms F Bayliss, Deputy Director of Nursing and Quality, Leicester City CCG, Mr A Furlong, Medical Director, and Mr S Ward, Director of Corporate and Legal Affairs.

Resolved – that the apologies for absence be noted.

76/19 DECLARATIONS OF INTERESTS

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

77/19 MINUTES

Resolved – that the Minutes of the meeting held on 30 May 2019 be confirmed as a correct record.

78/19 MATTERS ARISING

Paper B, now submitted, listed outstanding matters arising from previous Quality and Outcomes Committee meetings. During a detailed review of the action log, the

Committee Chair requested that firm dates be provided for any outstanding matters arising within the next iteration of this report. He reiterated his view that any actions marked as 'immediate' were expected to be completed and closed down by the date of the subsequent QOC meeting. Particular discussion took place regarding the following matters arising:-

- | | |
|---|---|
| a) Minute 60/19/1 of 30 May 2019 – the Trust Board update on Oral and Maxillo-Facial Surgery Services had been deferred to the August 2019 public Trust Board meeting; | MD |
| b) Minute 63/19 of 30 May 2019 – the Director of Safety and Risk advised that the Freedom to Speak Up Annual Report for 2018/19 had been rescheduled for the August 2019 Trust Board meeting, following further discussion; | DSR |
| c) Minute 49/19/1 of 25 April 2019 – the Chief Nurse confirmed that the programme of 'Never Event' walkabouts continued to be undertaken and there were currently no walkabouts outstanding. It was agreed to close this action and remove it from the progress log; | CCSO |
| d) Minute 37/19/4 of 28 March 2019 – the Trust Chairman advised that a potential Trust Board thinking day session had not yet been scheduled in respect of the benefits to be achieved through access to real time data (as highlighted by the Deteriorating Adult Patient Board). The Trust Chairman requested further information about the urgency of this issue and he undertook to liaise with the Director of Corporate and Legal Affairs (outside the meeting) to agree a provisional date for this session. It was agreed to close this action and remove it from the progress log; | Trust
Chairman/
DCLA/
CCSO |
| e) Minute 38/19/2 of 28 March 2019 – members noted that a report on Midwifery Staffing featured on today's QOC agenda and agreed that this action could now be closed and removed from the progress log; | CCSO |
| f) Minute 152/18 of 30 August 2018 – it had been agreed to use Public Health England comparative data in the end of year iteration of the Cancer Quality Outcomes Dashboard and this was scheduled to be presented to the August 2019 QOC meeting, and | Cancer
Clinical
Lead |
| g) Minute 79/18/3 of 24 May 2018 – members noted that the expected report on Neuropsychology Services was now scheduled for the 25 July 2019 QOC meeting. | CD, ESM |

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.

79/19 KEY ISSUES FOR DISCUSSION/DECISION

79/19/1 Joint Report by the Chief Nurse and the Director of Estates and Facilities

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

80/19 ITEMS FOR ASSURANCE

80/19/1 Temporary Closure of Immunology Service to New Referrals

Mr M Archer, Head of Operations, CSI and Dr L Barton, Consultant Haematologist attended the meeting to introduce paper H, briefing QOC on the long-standing operational pressures within UHL's Immunology and Allergy Services as a result of a deteriorating staffing position which was also being mirrored nationally. Assurance was received in relation to the continuation of the Immunology Laboratory, Paediatric Immunology and the Allergy Service, but the Committee was requested to endorse a proposal to close the Adult Immunology Clinical Service to new referrals for a period of approximately 9 months (between September 2019 and June 2020) due to a key member of staff retiring and a second member of staff seeking leave of absence for a 9 month period. Regular sessions of remote reporting would ensure that some services

could continue to be delivered, but there would be a 9 month period where there was no clinician on-site to provide Clinical Immunology. Appendix 1 of paper H set out the action plan that was being progressed through a Task and Finish Group.

In discussion on the report, QOC members sought and received additional information regarding the interim arrangements for new patients, the scope for training and developing UHL's own staff to mitigate this workforce gap, and potential opportunities for private sector providers to undertake the clinical workload. It was also noted that the service would be 'switched on' again 3 months ahead of the substantive Consultant returning to work. Following due consideration, the Committee endorsed the proposal to close the Adult Immunology Clinical Service to new referrals for a period of approximately 9 months. The Committee requested that the position be kept under continual review with a view to re-opening this service as soon as reasonably practicable.

HO, CSI

Resolved – that (A) the recommendation relating to temporary closure of the adult Immunology Service to new referrals be endorsed (as presented in paper H), and

(B) the Adult Immunology Service be kept under continual review, with a view to re-instating this service for new referrals at the earliest possible opportunity.

HO, CSI

80/19/2 Maternity Staffing Report

The Chief Nurse introduced paper I, briefing the Committee on the results of the 2019 Birthrate Plus® acuity tool used to assess Midwifery and support staffing levels, which had identified a shortfall in maternity staffing of 20 Registered Midwives and 10 Midwifery Support Workers. During discussion on this item, the Committee noted that Midwifery staffing levels were triangulated with other patient experience and quality and safety data in the same way as nurse staffing. Opportunities were being explored to strengthen the role of Midwifery Support Workers within post-natal services, in line with best practice and a competency based training programme was in place to support this workforce group. The Committee received and noted the report and also agreed to continue to receive separate reports on maternity staffing for the remainder of the 2019/20 financial year, noting the intention to revert back to the combined maternity and nurse staffing reporting format for QOC and the Trust Board in the longer term.

CN

Resolved – that (A) the Maternity Staffing Review be received and noted (as set out in paper I), and

(B) the Chief Nurse be requested to continue to provide separate reports on Maternity Staffing and Nurse Staffing for the remainder of the 2019/20 financial year.

CN

80/19/3 Nursing Accreditation and Assessment Update

The Chief Nurse introduced paper J, outlining UHL's Adult Inpatient Ward Quality Assessment and Accreditation Framework, expanding upon the significant benefits of mainstreaming such a system and describing progress with the initial roll-out phase. Particular discussion took place regarding the early self-assessment returns and how these would be triangulated with patient and staff survey data, Friends and Family test results, scorecards, complaints, incidents, patient harms and known challenges within particular areas. In response to a query raised by the Patient Partner, assurance was provided that the Framework applied to the whole team in each ward area, and the assessment took account of the way that each professional group interacted with each other, eg whether handovers, Board and ward rounds were conducted using a Multi-Disciplinary Team (MDT) approach.

The Chief Nurse expressed her confidence that the first wards to receive 'triple green'

status (as a result of three consecutive green assessments) would be seen at an early stage in the programme. Any 'triple green' wards would then be invited to present to the panel and consideration would be given to awarding them 'Caring at its Best' status. QOC welcomed the report, commending the implementation of the Nursing Accreditation and Assessment Framework and looked forward to receiving further progress updates at future meetings.

CN

Resolved – that (A) the update report on Nursing Accreditation and Assessment be received and noted as paper J, and

(B) the Chief Nurse be requested to arrange for QOC to receive regular updates on the results of the assessments going forwards.

CN

80/19/4 Patient Safety Report

The Director of Safety and Risk introduced paper K, updating QOC on the following topics:-

- a) plans to address GP concerns in relation to consistent anticoagulation bridging plans for those patients whose anticoagulation treatment had to be suspended ahead of an interventional procedure and appropriate communication of the bridging plans to the patient and their GP;
- b) an update on reports published by the Healthcare Safety Investigation Branch (HSIB). Since April 2017, the HSIB had completed and published 25 investigation reports, and
- c) a safety issue relating to 'who's in charge' within clinical settings.

The Director of Safety and Risk also updated QOC on a 'Never Event' (as discussed during the earlier joint session with People, Process and Performance Committee members) and the Patient Story (SUI) which was due to feature at the Trust Board on 4 July 2019. It was noted that the parents of child KS (who had passed away in 2015) were due to attend this Board meeting to present their story in person. QOC acknowledged the significant contribution that this family had made towards UHL's organisation learning following their son's death, noting their desire to assist the Trust in preventing a similar occurrence in future.

The Trust Chairman sought and received additional information regarding the way in which UHL would ensure that the learning from HSIB incident investigation reports was embedded into UHL's processes, noting in response that the Executive Quality and Performance Board (EQPB) had considered this issue at a previous meeting and it had been agreed that awareness would be raised through a dedicated page on UHL's safety portal and discussion through the CMG Quality and Safety Board meetings. The Committee Chair sought and received assurance that there was good clinical engagement in respect of improving anticoagulation bridging plans.

Resolved – that the information provided in the Patient Safety Report (paper K refers) be received and noted.

80/19/5 NICE Guidelines

The Chief Nurse introduced paper L, briefing the Committee on the arrangements for reporting and monitoring UHL's compliance against NICE guidance. The Committee Chair requested further information about the potential consequences on non-compliance with NICE Guidelines, noting in response that there were sometimes resource issues that prevented the Trust from achieving full compliance in all cases. Appendix 3 set out the partial-compliance that had been achieved in respect of (a) dementia assessment, management and support and (b) intermediate care including re-ablement, and the associated arrangements for managing these risks going forwards.

The report was received and noted.

Resolved – that the briefing note on UHL’s compliance with NICE Guidelines be received and noted as paper L.

81/19 ITEMS FOR NOTING

Resolved – that the following reports be received and noted:

- (A) Paper M1 – Radiology GIRFT (getting it right first time) report;
- (B) Paper M2 – CQUIN and Quality Standards Update, and
- (C) Paper M3 – Clinical Coding and Data Quality Update.

82/19 ANY OTHER BUSINESS

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

83/19 IDENTIFICATION OF KEY ISSUES FOR THE ATTENTION OF THE TRUST BOARD

Resolved – that the following issues be highlighted to the public 4 July 2019 Trust Board meeting via the summary of this Committee meeting:

- (A) Proposed changes to the QOC Terms of Reference;
- (B) 7 Day Services submission to NHS England;
- (C) Annual Fire Report 2018/19;
- (D) CQC Statement of Purpose, and
- (E) Temporary closure of Adult Immunology Service to new referrals.

84/19 DATE OF NEXT MEETING

Resolved – that the next meeting of the Quality and Outcomes Committee be held on Thursday, 25 July 2019 in the Board Room, Victoria Building, Leicester Royal Infirmary.

The meeting closed at 3.56pm

Kate Rayns – Corporate and Committee Services Officer

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)	3	3	100	A Furlong	3	2	67
J Adler	3	2	67	B Patel	3	3	100
V Bailey	3	3	100	K Singh (<i>ex officio</i>)	3	3	100
P Baker	3	3	100	F Bayliss	3	0	0
C Fox	3	2	67				

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	3	2	67	M Durbridge	3	3	100