

Trust Board paper P1

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 6 June 2019

COMMITTEE: Quality and Outcomes Committee (QOC)

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

DATE OF COMMITTEE MEETING: 25 April 2019

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

- None

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

- Update on neurology services (Minute 48/19/1)
- Improvements in the position re: organ donation within UHL (Minute 48/19/4).

DATE OF NEXT COMMITTEE MEETING: 30 May 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
25 APRIL 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 (up to and including Minute 48/19/5)
Ms V Bailey – Non-Executive Director
Professor P Baker - Non-Executive Director (up to and including Minute 48/19/1)
Mr A Furlong – Medical Director
Ms E Meldrum – Deputy Chief Nurse
Mr B Patel – Non-Executive Director
Mr K Singh – Trust Chairman (*ex officio*)

In Attendance:

Dr R Bell – Clinical Lead Organ Donation (for Minute 48/19/4)
Mr M Caple – Patient Partner
Miss M Durbridge – Director of Safety and Risk
Dr J Gill – Clinical Lead Organ Donation (for Minute 48/19/4)
Mr D Kerr – Director of Estates and Facilities
Dr R Marsh – Clinical Director, Emergency and Specialist Medicine (ESM) (for Minute 48/19/1)
Ms H Stokes – Corporate and Committee Services Manager

ACTION

RESOLVED ITEMS

44/19 APOLOGIES FOR ABSENCE

Apologies for absence were received from Ms C Fox Chief Nurse. The QOC Non-Executive Director Chair voiced his concern that no CCG representative was present.

45/19 DECLARATIONS OF INTEREST

Resolved – that there were no declarations of interest.

46/19 MINUTES

Resolved – that the Minutes of the meeting held on 28 March 2019 be confirmed as a correct record.

47/19 MATTERS ARISING

Paper B listed outstanding matters arising from previous QOC meetings. Item 12 of that log (distribution of Cardiology Imaging results) had been discussed further at the 24 April 2019 Executive Planning Meeting, where it had been agreed to undertake significant further work into wider single point of access issues. Given the scale of the wider work involved, this was being progressed as an identified UHL priority for 2020-21. In discussion, Ms V Bailey Non-Executive Director sought assurance that the mitigating actions in response to the original issue (as reported to the February 2019 QOC) were appropriate – the Medical Director agreed to review the position accordingly. In response to a query from the QOC Non-Executive Director Chair, the Chief Executive considered that the wider single point of access issues needing to be addressed could not be managed solely through the outpatients transformation programme. The Chief Executive also noted his view that it was not feasible to implement any interim solution, hence the wider work planned in 2020-21.

MD

Resolved – that (A) the matters arising log and the verbal update provided be noted, and (B) the appropriateness of the mitigating actions in response to the cardiology imaging

results issue reported to the February 2019 QOC be reviewed (relevant report and resulting Minute to be provided to the Medical Director accordingly).

MD/
CCSM

48/19 KEY ISSUES FOR DISCUSSION / DECISION

48/19/1 Neurology Service Update

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 current 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.

CD ESM

QOC also noted rising complaint numbers in neurology as a result of service pressures, as reflected in the Director of Safety and Risk's monthly report (paper K). 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-related' complaints reflected the need for 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.

QOC sought assurance that no patient harms were occurring as a result of neurology service pressures, and also emphasised the need for appropriate and enhanced 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. The Clinical Director ESM confirmed that the CMG had reviewed follow-up appointments, and she also confirmed that any harms would have been recorded on Trust's incident-reporting system. The Clinical Director ESM noted that delays in botox for dystonia might be a possible risk issue for the Trust (although she noted that there was no clinical risk to the patients).

It was agreed to receive a further update on the neurology service remedial actions in 3 months' time (July 2019 QOC).

CD ESM

Resolved – that (A) contact be made with the University of Leicester neurosciences department, to discuss how best to include teaching, training and research factors within the neurology service action plan in an integrated way, and

CD ESM

(B) contact be made with the Trust's Head of Contracting to discuss the provision of appropriate UHL advice to primary care colleagues on completing the PRISM referrals.

CD ESM

48/19/2 Rheumatology and DEXA Scanner Update

Resolved – it be noted that this item had been withdrawn, as not available ahead of the meeting.

48/19/3 Cellular Pathology Services

Resolved – it be noted that this item had been withdrawn, as further operational

discussion was required.

48/19/4

Organ Donation Update

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 2018-19. 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 (noting the Chief Executive's query on the likely timescale for this). In terms of ongoing growth, UHL was aspiring to 20 donors per year resulting in 60 transplants, and the Clinical Leads for Organ Donation noted comments from the Medical Director regarding ITU capacity aspects. QOC was also advised that recruitment was currently underway for a further 2 Specialist Nurse Organ Donation posts, which would take UHL to a 4-person organ donation nursing team.

Significant further awareness-raising work was planned during 2019-20, and QOC supported a request to explore lighting the exterior of 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.

**DEF
CN/MD/
DCLA**

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 Specialist 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.

**MC
PP**

In further discussion, the Trust Chairman agreed to consider the most appropriate option for a lay Chair of the UHL Organ Donation Committee. That Committee would continue to be chaired by Mr J Jameson, UHL Deputy Medical Director, in the interim.

**CHAIR
MAN**

Resolved – that (A) consideration be given to lighting the exterior of the Victoria Building in pink during national organ donation week (2-8 September 2019);

DEF

(B) consideration be given to featuring an organ donation patient story at the September 2019 public Trust Board, to coincide with national organ donation week;

**CN/MD/
DCLA**

(C) the Clinical Leads for Organ Donation (Dr J Gill and Dr R Bell) be invited to speak at a Patient Partners' meeting, and

MC PP

(D) the most appropriate option for potential lay Chairing of the UHL Organ Donation Committee be considered further outside the meeting.

**CHAIR
MAN**

48/19/5

EHO Inspection of Ward Kitchens

The Director of Estates and Facilities outlined the actions in place arising from the 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. In response to a query, Non-Executive Directors received assurance that these changes would enhance the Trust's response to any issues highlighted by the existing programme of mock formal inspections.

Resolved – that the position be noted.

48/19/6 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 corporate 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 (verbal update if on-site storage levels had returned to normal, written update if they had not).

Resolved – that a further update be provided to the June 2019 QOC as outlined above. DEF

49/19 **ITEMS FOR ASSURANCE**

49/19/1 CQC Update and Schedule of External Visits

The Medical Director confirmed that UHL's preparation ahead of a likely CQC visit was now being increased, although no provider information return 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.

DSR

CN

CN

Resolved – that (A) the need for the Never Event walkabouts to be undertaken, be reiterated; DSR

(B) the outcomes of (and any lessons from) recent CQC Well-Led inspections be reviewed, and CN

(C) An appropriate process-reminder be provided to Executive and Non-Executive Directors, ahead of the next CQC inspection of UHL. CN

49/19/2 Nursing and Midwifery Quality and Safe Staffing Report – February 2019

Presented in the new format, paper J 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. The Deputy Chief Nurse advised that a detailed update on maternity staffing would be provided to QOC in May/June 2019, following receipt of the 'Better Births' report.

CN

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 nursing and midwifery skillmix requirements, and the QOC

CN

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 Cardio Vascular (RRCV) CMG had been shared in the first instance with the Cancer, Haematology, Urology, Gastroenterology and General Surgery CMG – it was agreed to confirm outside the meeting whether any wider sharing had taken place.

CN
CN

Resolved – that (A) a detailed update on maternity staffing be provided in May/June 2019;

(B) consideration be given to including the following in the wider work on assessing nursing and midwifery skillmix requirements:-

- (1) information on workforce and turnover, and
- (2) an external/academic perspective on those requirements;

(C) an update on the nursing accreditation and assessment be included in the July 2019 monthly report on nurse staffing, and

(D) it be confirmed outside the meeting whether the RRCV work on staff mental health and wellbeing had been shared more widely.

49/19/3 Monthly Highlight Report from the Director of Safety and Risk

The Director of Safety and Risk presented her monthly highlight report – in addition to the detailed appendices on patient safety and complaints performance for April 2019, the report specifically highlighted:-

(1) staff feedback from the national Sign Up to Safety Kitchen Table week (noting that a specific UHL kitchen table event was also now planned for the week commencing 20 May 2019) – comments particularly highlighted the importance of positive feedback for staff;

(2) findings 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 a Health Service Journal Patient Safety Award (decision expected in July 2019).

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 – the Director of Safety and Risk agreed to consider this further. In response to a query from Ms V Bailey Non-Executive Director, the Medical Director confirmed that near misses and incidents were discussed at the regular specialty morbidity and mortality meetings, and at multidisciplinary team (MDT) meetings.

DSR

Resolved – that more information be sought on the reasons underlying the 2018 national staff survey responses re: treatment of staff involved in errors/near misses/incidents, so that appropriate actions could be developed to address those findings.

DSR

50/19 **ITEMS FOR NOTING**

Resolved – that (A) the following reports be received and noted for information at papers L – P respectively:-

- (1) System-wide review of safeguarding
- (2) Dermatology GIRFT (getting it right first time) report;
- (3) CIP quality and safety impact assessment;

- (4) Executive Quality Board minutes 5.4.19;
- (5) Executive Quality Board actions 2.4.19;
- (6) Executive Performance Board minutes 26.3.19, and

(B) (although welcoming the template being used and the realistic nature of the report) ALL
 the need to reduce acronyms in the Getting It Right First Time reports be noted.

51/19 ANY OTHER BUSINESS

There were no items of any other business.

52/19 IDENTIFICATION OF ANY KEY ISSUES FOR THE ATTENTION OF THE TRUST BOARD

Resolved – that the following issues be highlighted to the public 2 May 2019 Trust Board meeting via the summary of this QOC meeting:-

- (1) update on neurology services (Minute 48/19/1) QOC
- (2) improvements in the position re: organ donation within UHL (Minute 48/19/4). CHAIR

53/19 DATE OF NEXT MEETING

Resolved – that the next meeting of the Quality and Outcomes Committee be held on Thursday 30 May 2019 from 1.45pm until 4.15pm in the Board Room, Victoria Building, Leicester Royal Infirmary.

The meeting closed at 4.40pm.

Helen Stokes - Corporate and Committee Services Manager

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

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	1	1	100	M Durbridge	1	1	100