

Trust Board paper J1

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**

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

**DATE OF TRUST BOARD MEETING: 3 September 2020**

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

**CHAIR: Ms V Bailey, Non-Executive Director and QOC Chair**

**DATE OF COMMITTEE MEETING: 30 July 2020**

**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:**

- (1) Minute 25/20/1 – Premises Assurance Model Annual Report 2019-20;
- (2) Minute 25/20/4 – Infection Prevention and Control NHS England Board Assurance Framework (BAF);
- (3) Minute 25/20/7 – the verbal update on Covid-19, and
- (4) Minute 25/20/9 – the discussion regarding the 2019/20 Annual Radiation Safety Report (as part of the Monthly Safety Report – June 2020).

**DATE OF NEXT COMMITTEE MEETING: 27 August 2020**

**Ms V Bailey, Non-Executive Director and QOC Chair**

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**

**MINUTES OF THE QUALITY OUTCOMES COMMITTEE (QOC) CONFERENCE CALL \*\*\*  
HELD ON THURSDAY 30 JULY 2020 AT 8:30AM VIRTUAL MEETING VIA MOCROSOFT TEAMS**

*\*\*\* this is not a formally-constituted virtual Board Committee meeting. This conference call is confined to any time-critical items/governance must-dos only, and its purpose is to provide information on, and assurance of, progress.*

**Voting Members Present:**

Ms V Bailey – Non-Executive Director (Chair)  
Professor P Baker – Non-Executive Director (Deputy Chair)  
Ms C Fox – Chief Nurse  
Dr A Furlong – Medical Director

**In Attendance:**

Miss M Durbridge – Director of Safety and Risk (for Minutes 25/20/5 and 25/20/9))  
Mr D Kerr – Director of Estates and Facilities (for Minute 25/20/1)  
Ms S Leak – Director of Operational Improvement (for Minute 25/20/2)  
Ms F Lennon – Deputy Chief Operating Officer (for Minute 25/20/2)  
Mrs H Majeed – Corporate and Committee Services Officer  
Dr R Marsh – Clinical Director, ESM (for Minute 25/20/3)  
Mr K Mayes – Head of Patient and Community Engagement (for Minute 25/20/6)  
Ms B O'Brien – Deputy Director of Quality Assurance  
Ms C Trevithick – CCG Representative

**RESOLVED ITEMS**

**21/20 APOLOGIES**

There were no apologies for absence.

**22/20 DECLARATIONS OF INTERESTS**

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

**23/20 MINUTES**

**Resolved** – that the conference call summary from 25 June 2020 (paper A) be confirmed as a correct record.

**24/20 MATTERS ARISING**

**Resolved** – that the discussion on the matters arising log (paper B) and any associated actions undertaken and the QOC Matters Arising Log be updated accordingly. CCSO

**25/20 ITEMS FOR DISCUSSION AND ASSURANCE**

**25/20/1 Premises Assurance Model Annual Report 2019-20**

The Director of Estates and Facilities attended the meeting to present paper C which provided an annual review of the Trust's position following completion of the Department of Health 'Premises Assurance Model' (PAM). The PAM data provided UHL with a range of nationally-recognised performance metrics across Estates and Facilities functions, and covered the period 1 April 2019 – 31 March 2020 (year 2 of a 2-year assessment period). The Director of Estates and Facilities highlighted that the report demonstrated more about the systems and processes in respect of the five domains (safety, patient experience, efficiency, effectiveness and organisational governance) in place rather than the condition of the estate. Although the 2019-20 self-assessment had delivered outcomes broadly in-line with the previous assessment, further progress had not been possible due to financial, resource and workforce pressures including challenges caused by the Covid-19 pandemic. In addition to seeking independent external assurance, a number of tools had been used

within the Trust to analyse performance including PLACE, ERIC, CAAS and various audits. The Director of Estates and Facilities summarised that, whilst the report concluded that 'minimal improvements were required in many fields to achieve a 'good' rating, he reiterated that there was a need for triangulation of data, additional investment and efficiency gains to drive improvement. The Medical Director and the QOC Non-Executive Director Deputy Chair voiced concern that the report did not provide assurance that robust systems were in place to demonstrate that the Trust's premises and associated services were safe. In discussion, the Director of Estates and Facilities was requested to discuss with Executive Director colleagues in respect of how the outcomes of the first four domains were embedded in internal governance and assurance processes to ensure actions were taken, where required. The Director of Estates and Facilities acknowledged this, however, noted the need for a mechanism to triangulate the various assurance metrics across the estates and facilities functions as part of the 'State of the Nation' report and thereby understand the key areas of risk.

DEF

The paper as presented, albeit a national template, only provided a limited picture of premises assurance as it was a self-assessment mainly about systems and processes and therefore limited in its scope. The Committee was therefore not assured and further discussion was requested.

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

**(B) the Director of Estates and Facilities be requested to discuss with Executive Director colleagues in respect of how the outcomes of the first four domains (of the Premises Assurance Model self-assessment questions) were embedded in internal governance and assurance processes to ensure actions were taken, where required, and**

DEF

**(C) the report and the comments made above be highlighted onto the Trust Board on 6 August 2020, for its information.**

QOC  
Chair

25/20/2

Cancer Performance Recovery 2019-20

Paper D, as presented by the Director of Operational Improvement, noted that cancer delivery and performance remained a priority for the Trust. Due to the current COVID-19 pandemic, there had been changes to cancer pathways, a decrease in activity and an increase in tracking of patients. The changes made followed the national and tumour site specific recommendations, ensured that patients were safe, and received the time critical cancer treatments they required. This report outlined the impact on performance currently being observed and the actions being taken to ensure safe recovery and the impact on patient harm. Particular note was made regarding the changes, which had been put in place to ensure pathways were safe, the use of the independent sector for cancer patients and no physical harm as a result of patient delays. In May 2020, the Trust had achieved 4 standards against the national targets. The report presented detailed a breakdown of performance against all targets and performance by tumour site for the 62-day target. In respect of the 62-day backlog, 11.7% of patients were reluctant to attend hospital and were delaying their treatment until after Covid-19. A letter from NHSE/I received in July 2020 had outlined the requirements for reducing the 62-day and 104-day cancer backlogs at pace. Due to the size and complexity of this requirement from NHSE/I, the Director of Operational Improvement advised that a phased approach to aid system recovery would be taken.

The 2019 National Cancer Patient Experience Survey results for UHL had been published, the overall rating remained static at 8.7 against the national rating of 8.8. In response to a query from the QOC Non-Executive Director Deputy Chair regarding the long-standing deterioration in urology cancer performance, the Medical Director advised that this was a regional and national issue and work was underway to develop a regional solution to address issues and improve performance. In response to a query from the QOC Non-Executive Director Chair, the Director of Operational Improvement advised that harm reviews were being undertaken for all patients who had waited over 104 days to receive their first definitive treatment following a two-week wait referral.

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

25/20/3

ED CQC Action Plan Update

The Clinical Director, ESM attended the meeting to provide an update on the action plan following the January 2020 CQC inspection of the Emergency Department (paper E refers). The Covid-19 pandemic had brought about a number of significant changes to the Emergency Department, many of which had supported the team to tackle and resolve the concerns raised by the CQC. The Clinical Director, ESM detailed the actions that had been put to address the following in particular:- timely and effective ambulance handovers, assessment of risks and particularly the risk of patients developing pressure ulcers, protecting dignity of patients, and medical staff recruitment. Due to overseas travel restrictions because of Covid-19, new junior doctors from abroad would not be able to join the Trust in August 2020. Therefore, changes to the ED junior doctor rotas would need to be made in order to staff the ED, which had now been split into respiratory and non-respiratory departments. In response to a suggestion from the CCG Representative regarding the need for an audit to ensure that any changes introduced had been embedded within the department, the Chief Nurse requested the Deputy Director of Quality Assurance to include wording to this effect in the action plan before it was sent to CQC colleagues. The QOC Non-Executive Director Chair commended the Clinical Director, ESM and her team for their work to address the issues raised by the CQC and noted the need for measures to be put in place to ensure that the changes put in place were sustainable from a quality perspective. The Chief Nurse also echoed these comments and suggested that a proactive meeting be arranged with local CQC inspectors to keep them updated on progress.

DDQA

DDQA

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

**(B) the Deputy Director of Quality Assurance be requested to include wording in the action plan in respect of audits to ensure that any changes introduced had been embedded within the department, before it was sent to CQC colleagues, and**

DDQA

**(C) the Deputy Director of Quality Assurance be requested to arrange a proactive meeting with local CQC inspectors to keep them updated on progress in respect of the actions taken to address the recommendations following the CQC inspection of the Emergency Department.**

DDQA

25/20/4

Infection Prevention and Control NHS England Board Assurance Framework

The Deputy Director of Quality Assurance presented paper F and highlighted that the NHSE/I had developed this framework to assist providers to assess themselves against the guidance as a source of internal assurance that quality standards were being maintained. NHSE/I had structured the framework around the existing 10 criteria set out in the Code of Practice on the prevention and control of infection, which linked directly to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. It was therefore important for all organisations to ensure that risks were identified, managed and mitigated effectively. Members were provided with a brief update on the assessment process undertaken to complete the framework, which was part of a three-phase programme of work to ensure effective quality assurance around the Trust's infection prevention function. The Trust had also produced a BAF document to ensure that the risks relating to Covid-19 were being assessed and mitigated, as appropriate. Currently, the framework had been completed for internal assurance purposes only, however, it might be developed to provide external assurance in the future. The following highlights of the framework were drawn out in particular: - the Trust had (a) a good level of adherence to national policies and guidance, (b) good pathways and triage, (c) managed the PPE constraints well despite the challenges, and (d) prioritised staff welfare and supported staff to manage risk. The following challenges for the Trust were highlighted:- (i) physical environment – lack of space in clinics and waiting areas, lack of side rooms, ventilation and reduction of bed base; (ii) a gap in the data indicated that some of the usual governance processes had been discontinued during the surge in activity for Covid-19, (iii) although it was desirable to minimise staff moves to avoid cross infection, this was a significant challenge with the level of vacancies and sickness, and (iv) decontamination of PPE. The QOC Non-Executive Director Chair suggested that a further report on the changes that had been made as a result of the three-phase programme of work mentioned above be presented to QOC, when appropriate.

DDQA

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

**(B) the Trust Board be informed that QOC had reviewed the Infection Prevention and Control NHS England Board Assurance Framework (BAF) and obtained assurance from it, and**

QOC  
Chair

**(C) the Deputy Director of Quality Assurance be requested to present a further report on the**

**changes that had been made as a result of the three-phase programme of work to ensure effective quality assurance around the Trust's infection prevention function to QOC, when appropriate.**

**DDQA**

25/20/5 Review of QOC

The Committee Chair introduced discussion on this item and highlighted the need for reframing the QOC in order that it took a focussed approach on controls and assurance both internal and external. She reiterated the need to collectively ensure how services were delivered in the future in order that there was a rigorous approach to quality assurance. Members were requested to consider this matter given the wider context of the Trust's external financial review. Although quality assurance was already in place in some areas, she highlighted that there was need to be more systematic, particularly due to the significant transformation in the delivery of care that the Trust had achieved due to the Covid-19 pandemic. The CCG Representative noted the need for understanding quality assurance not only from an organisation perspective but also from a population perspective and that, both were dove-tailed. She undertook to circulate a paper to QOC members regarding this. The Director of Safety and Risk highlighted the need for overview and scrutiny reviews to be weaved into the current deep dive, peer, internal audit and CCG reviews in place. The Chief Nurse and Deputy Director of Quality Assurance acknowledged that the current review of QOC was well-timed given that it was the right time to embed CQC's 'good' rating and start the journey towards an 'outstanding' rating. The QOC Non-Executive Director Chair noted the comments and undertook to contact members outside of the meeting (via email) to agree an approach on how to take forward this work.

**CCG  
Rep**

**QOC  
Chair**

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

**(B) the CCG representative be requested to circulate a report to QOC members that she had recently drafted regarding the need for understanding quality assurance not only from an organisation perspective but also from a population perspective, and**

**CCG  
Rep**

**(C) the QOC Non-Executive Director Chair be requested to contact QOC members outside of the meeting (via email) to agree an approach on how to take forward the review of QOC.**

**QOC  
Chair**

25/20/6 PPI Strategy Update

The Head of Patient and Community Engagement attended to present a progress update on the implementation of the Trust's Patient and Public Involvement (PPI) strategy (paper G refers). He highlighted that the Covid-19 pandemic had challenged the advancement of the ambitions of the PPI strategy but had also presented new opportunities to approach PPI from a different direction. In light of the changes to the Trust's Quality Strategy, it would be important to revise the PPI strategy to reflect the new direction of travel and therefore it would be necessary to explore ideas on how PPI could best enhance its delivery going forward. The Chief Nurse highlighted that some Patient Partners had now started attending virtual meetings via the MS Teams platform. The QOC Non-Executive Director Chair noted the improvements made and undertook to contact the Director of Corporate and Legal Affairs and the Head of Patient and Community Engagement outside of the meeting to check whether the QOC conference call would be an appropriate forum to re-introduce the involvement of Patient Partners.

**QOC  
Chair**

**Resolved – that (A) this verbal update be noted, and**

**(B) the QOC Non-Executive Director Chair be requested to contact the Director of Corporate and Legal Affairs and the Head of Patient and Community Engagement outside of the meeting to check whether the QOC conference call would be an appropriate forum to re-introduce the involvement of Patient Partners.**

**QOC  
Chair**

25/20/7 Covid-19 Position

The Chief Nurse provided a verbal update in respect of the latest position with regard to Covid-19 highlighting that nosocomial Covid-19 positive infections were being appropriately monitored. The staff sickness rates from a Covid-19 perspective were reducing. Staff who were 'shielding' were now being brought back into the workplace, further to completion of appropriate risk assessments. In respect of the Covid-19 risk assessments in place for staff, 92% of BAME risk assessments had been

completed. The roll-out of asymptomatic testing programme had commenced with a 2000 per week capacity across the entire workforce. Approximately 400 staff to date had joined the SIREN study (staff antibody testing). In respect of 6-week diagnostic waits, patients were being managed in-line with national guidance and Trust's policy. The Independent sector was being used, where possible, to improve the diagnostic position. Modelling had commenced to understand the capacity gaps, by service, due to new infection prevention guidelines. In response to a query from the QOC Non-Executive Director Deputy Chair, the Medical Director advised that the demand and capacity model for cancer services was being undertaken to develop a clear trajectory for key performance metrics. The Medical Director advised that options for Endoscopy including upgrading the ventilation systems in clinical areas were being evaluated, which would improve the number of cases per list. Members noted the continued challenges to restoration and recovery and highlighted the importance of improving quality assurance. Assurance was provided that, despite the increase in community patients' presentation to hospital services, infection prevention was being well-managed whereby there was no corresponding increase in Covid-19 related hospital admissions. In respect of the local Leicester lockdown, a decision on whether this would be lifted was expected on 30 July 2020.

**Resolved – that (A) the verbal update be received and noted, and**

**(B) the Trust Board be informed of the assurance provided that, despite the increase in community patients being presented to hospital services, infection prevention was being well-managed whereby there was no corresponding increase in Covid-19 related hospital admissions.**

**QOC  
Chair**

25/20/8 2020-21 Quality and Performance Report Month 3

**Resolved – that the contents of this report (paper H refers) be received and noted.**

25/20/9 Monthly Safety Report – June 2020

Paper I, as presented by the Director of Safety and Risk, provided the detailed key safety events (Serious Incidents, Never Events, RIDDORs, deaths, etc.) for the month of June 2020. She particularly noted an increase in the number of formal complaints and patient safety incidents but these were not back to the levels seen before the surge in COVID-19 activity. The World Health Patient Safety Day would be held on 17 September 2020 with a focus on health workers' safety. The event would be arranged in collaboration with health system partners. The 2019/20 Annual Radiation Safety report highlighted that the distribution across incident causes showed some variation in the incidents that had been occurring. The general causes across operator incidents were similar to previous years. Referrers had a similar number of incidents compared to 2017, notably reduced compared with 2018, however, there was a very significant increase in near misses. In respect of the referrer errors, the Medical Director advised that a Nerve Centre product was being considered (as having one system would reduce the error rate), however, he highlighted that there needed to be an element of continued vigilance. In response to a query, approval was given to forward the 2019/20 Annual Radiation Safety Report to the CQC IRMER Inspector.

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

**(B) the Director of Safety and Risk be requested to circulate the 2019/20 Annual Radiation Safety Report to the CQC IRMER Inspector, and**

**DSR**

**(C) the discussion regarding the 2019/20 Annual Radiation Safety Report be highlighted to the Trust Board for its information.**

**QOC  
Chair**

26/20 **ITEMS FOR NOTING**

26/20/1 Blood Track Traceability Report

**Resolved – that the contents of this report (paper J) be received and noted.**

26/20/2 Executive Quality Board (EQB) Action Notes

**Resolved** – that the action notes of the EQB meetings held on 9 June 2020 (paper K1) and 14 July 2020 (paper K2) be received and noted.

**27/20 ANY OTHER BUSINESS**

There were no items of any other business

**28/20 IDENTIFICATION OF ANY KEY ISSUES FOR THE ATTENTION OF THE TRUST BOARD**

**Resolved** – that the following items be highlighted to the 6 August 2020 public Trust Board via the summary of this Committee meeting:

- (1) Minute 25/20/1 – Premises Assurance Model Annual Report 2019-20;
- (2) Minute 25/20/4 – Infection Prevention and Control NHS England Board Assurance Framework (BAF);
- (3) Minute 25/20/7 – the verbal update on Covid-19, and
- (4) Minute 25/20/9 – the discussion regarding the 2019/20 Annual Radiation Safety Report (as part of the Monthly Safety Report – June 2020).

**QOC  
Chair**

**29/20 DATE OF THE NEXT MEETING**

**Resolved** – that the next meeting of the Quality Outcomes Committee conference call be held on Thursday 27 August 2020 via Microsoft teams, time to be confirmed.

The meeting closed at 10:04am.

Hina Majeed - Corporate and Committee Services Officer

**Cumulative Record of Members' Attendance (2020-21 to date):**

*Due to Covid-19, formally-constituted virtual Board Committee meetings have not been held. Instead, assurance conference calls have been taking place with a limited membership.*

**Voting Members**

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
V Bailey (Chair)	4	4	100	C Fox	4	3	75
P Baker	4	4	100	A Furlong	4	3	75
R Brown	0	0	0	B Patel	0	0	0
I Crowe	0	0	0	K Singh ( <i>ex officio</i> )	0	0	0

**Non-voting members**

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
P Aldwinckle (PP)	0	0	0	J Smith	0	0	0
M Durbridge	4	4	100	C Trevithick/C West (CCG - from January 2020)	4	4	100