University Hospitals of Leicester NHS
NHS Trust

Trust Board paper H1

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 1 April 2021

COMMITTEE: Quality and Outcomes Committee (QOC)

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

DATE OF COMMITTEE MEETING: 25 February 2021

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

- the **CQC Statement of Purpose** be recommended onto the Trust Board for its approval (the report be updated prior to its submission to the Trust Board in order that the number of satellite units in the cover sheet and the main report were consistent) (Minute 10/12 refers), and
- the **Mortality and Learning from Deaths Report 2020-21 Quarter 3** be recommended onto the Trust Board for its approval (Minute 11/21 refers).

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

- **2020-21 Pressure Ulcer Report Quarters 2 & 3 –** in particular, the on-going good work with the multidisciplinary and quality improvement teams to reduce the number of hospital acquired pressure ulcers and the focus on prevention, through the Pressure Ulcer Steering Group improvement plan (Minute 16/21/4 refers), and
- **BAF Principal Risk – PR1 (Clinical Quality and Patient Safety)** – increase to the risk score. The Chief Nurse to verbally highlight this matter to the Trust Board (Minute 16/21/6 refers), and
- **Patient Safety Highlight Report** – to particularly note that a specific section focussing on patient safety incidents in maternity had been included in response to the Ockenden Report Board (Minute 16/21/7 refers).

DATE OF NEXT COMMITTEE MEETING: 25 March 2021

Ms V Bailey, Non-Executive Director and QOC Chair

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

MINUTES OF THE QUALITY OUTCOMES COMMITTEE (QOC) MEETING HELD ON THURSDAY 25 FEBRUARY 2021 AT 2:00PM VIRTUAL MEETING VIA MICROSOFT TEAMS

Voting Members Present:
Ms V Bailey - Non-Executive Director (Chair)
Professor P Baker - Non-Executive Director (Deputy Chair)
Ms C Fox - Chief Nurse
Mr J Jameson – Deputy Medical Director (on behalf of Medical Director)
Mr B Patel - Non-Executive Director

In Attendance:
Mr P Aldwinckle - Patient Partner
Dr H Brooks – Consultant Anaesthetist (Chair of the Cancer Board) (for Minute 16/21/3)
Ms N Green – Deputy Chief Nurse (for Minute 16/21/4)
Ms H Hutchinson – Assistant Director of Performance Improvement, Leicester City CCG (CCG Representative)
Ms S Leak – Director of Operational Improvement (for Minute 16/21/3)
Ms H Majeed – Corporate and Committee Services Officer
Ms E Meldrum – Deputy Chief Nurse (for Minute 16/21/5)
Ms B O'Brien – Director of Quality Governance
Ms J Smith – Patient Partner

RECOMMENDED ITEMS

10/21 CQC Statement of Purpose

Ms B O'Brien, Director of Quality Governance presented paper G, which set out (a) the requirement to notify the CQC of a change in 'nominated individual' – the change in registered nominated manager and Chief Executive from John Adler to Rebecca Brown until such time as a substantive Chief Executive commenced in post, and (b) the addition of the following satellite locations to UHL's CQC registration and Statement of Purpose - Westcotes Health Centre, Heath Lane Surgery, Bushloe Surgery and Merlyn Vaz Health and Social Centre. The QOC Chair requested the Director of Quality Governance to update the report in order that the number of satellite units listed in the cover report and the appendix were consistent. The contents of this report were received and noted and recommended onto the Trust Board for its approval.

Recommended – that the CQC Statement of Purpose be recommended onto the Trust Board for its approval (the report be updated prior to its submission to the Trust Board in order that the number of satellite units in the cover sheet and the main report were consistent). **DQG**

11/21 Mortality and Learning from Deaths Report 2020-21 Quarter 3

The Deputy Medical Director presented the latest quarterly report (paper J refers) – Quarter 3: October to December 2020 - relating to learning from deaths, the contents of which were received and noted and recommended onto the Trust Board for its approval. A summary of UHL's mortality rates, both risk adjusted and crude, were set out in the slide deck at Appendix 1 to the report. Quarter 1-3's 'Learning from Deaths' activity was summarised in Appendix 2 to the report. In presenting this report, the Deputy Medical Director advised that UHL's Summary Hospital–Level Mortality Indicator (SHMI) and Hospital Standardised Mortality Rate (HSMR) rates had seen an increase. SHMI remained within the expected range and HSMR was just above. The report noted that changes had been made to both the SHMI and HSMR methodologies. All Covid-19 activity had been excluded from the SHMI, whilst HSMR included Covid-19 activity and deaths where Covid-19 was a secondary diagnosis. In order to further understand the drivers behind the increasing SHMI and HSMR, the Trust had been working closely with Dr Foster Intelligence (DFI) Consultant. DFI had developed a new peer group of hospitals (using robust statistical methods) that they felt mirrored UHL more closely than previous peer groups. UHL's crude mortality rate was in line with **DMD**

these peers and was below the DFI peer group average. However, UHL's 'expected mortality rate' (as calculated in the SHMI and HSMR risk adjustment models) was lower than others in that group and was lower than the Trust's observed mortality which therefore meant that there was an increase in UHL's SHMI and HSMR. The reasons behind these differences had been discussed in detail at the Mortality Review Committee meeting and several factors had been noted, the significance of which required further evaluation. The following factors for the difference were particularly highlighted - the overall reduction in activity due to cancellation of elective activity, reduction in the overall number of emergency admissions, different approaches to inclusion and exclusion of Covid-19 activity between the HSMR and SHMI, reduced depth of coding in UHL for the first 4 months of 2020 followed by a change in coding practice with coders working remotely and using electronic records rather than case notes and a reduction in the rate of palliative care coding. It had therefore been agreed to commission DFI to undertake a more detailed analysis of UHL's mortality data in order to better understand whether the changes in the Trust's comparative mortality data represented deterioration in the quality of care provided to patients. If so, which diagnosis groups or pathways required further clinical review, or whether the figures were a consequence of the altered methodology or differences in UHL's population of patients (case mix) not captured by the existing risk adjustment methodology. In discussion on this matter, it was noted that the any specific issues from the DFI report would be highlighted to the QOC Chair and Deputy Chair imminently and the report itself would be submitted for discussion at the QOC meeting in March 2021. The QOC Chair thanked the team of Medical Examiners for their contribution during the pandemic. An increase in the number of stillbirths was noted in the first quarter of 2020 with a return to normal rates for the remainder of the year but this increase would impact on the overall mortality rate for the full year. Members noted that the 2018 UHL MBRRACE-UK Perinatal Mortality report had now been published. **DMD**

<u>Recommended</u> – that (A) the Mortality and Learning from Deaths Report 2020-21 Quarter 3 be recommended onto the Trust Board for its approval, and **DMD**

(B) the Deputy Medical Director be requested to highlight any specific issues to the QOC Chair and Deputy Chair imminently from the Dr Foster Intelligence (DFI) Consultant's detailed analysis of UHL's mortality data and the DFI report itself be submitted for discussion at the QOC meeting in March 2021. **DMD**

<u>RESOLVED ITEMS</u>

12/21 APOLOGIES

Apologies for absence were received from Mr A Furlong, Medical Director, Ms C Trevithick, CCG Representative and Ms C West, CCG Representative.

13/21 DECLARATIONS OF INTERESTS

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

14/21 MINUTES

<u>Resolved</u> – that the Minutes of the Quality Outcomes Committee (QOC) meeting held on 28 January 2021 (paper A1 refers) and the QOC Summary from the same meeting (paper A2 refers, as submitted to the Trust Board on 4 February) be confirmed as a correct record.

15/21 MATTERS ARISING

The meeting received the matters arising log (paper B refers). In respect of Minute 43/20/8 of 24 September 2020, (re.the possibility of having a patient story relating to organ donation at a future Trust Board meeting, which can also serve to highlight the recent law change regarding organ donation), the QOC Chair noted that this action had not been completed but highlighted that it was not relevant to keep this on the QOC matters arising log and therefore it be marked as closed.

<u>Resolved</u> – that the Matters Arising Log be noted and action relating to Minute 43/20/8 be marked as 'closed'.

16/21 ITEMS FOR DISCUSSION AND ASSURANCE

16/21/1 Covid-19 Position

The Deputy Medical Director and Chief Nurse reported orally and briefed the Committee on key issues in relation to the COVID-19 pandemic, highlighting the following matters in particular: (a) a downward trend in the number of Covid-19 cases was starting to be seen; (b) although there was a reduction in the number of Intensive Therapy Unit (ITU) patients, the Unit remained busy with occupancy levels at 120% (c) decline in staff sickness absence levels; (d) reduction in number of hospital outbreaks; (d) reporting of nosocomial infections, and (e) Covid-19 Vaccination Programme.

Resolved – that the contents of this verbal update be received and noted.

16/21/2 202-21 Quality and Performance Report Month 10

The Deputy Medical Director and Chief Nurse presented the Month 10 Quality and Performance report (paper C refers), which provided a high-level summary of the Trust's performance against the key quality and performance metrics and complemented the full Quality and Performance report.1 case of MRSA had been reported in January 2021. Despite the operational pressures, there was sustained performance in respect of the Friends and Family Test indicator. Although the number of falls reported in January 2021 had not yet been validated, the level of harm to patients following a fall was expected to increase particularly due to the dilution of registered nursing skill mix in adult wards and critical care units. In response to a query from the CCG Representative regarding whether harm reviews were undertaken following 12-hour trolley breaches, the Chief Nurse undertook to check and respond outwith the meeting. The Committee received and noted the contents of this report. **CN**

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

(B) the Chief Nurse be requested to inform Ms H Hutchinson, CCG Representative whether harm reviews were undertaken following 12-hour trolley breaches. **CN**

16/21/3 Cancer Performance Recovery

The Director of Operational Improvement and the Chair of the Cancer Board attended the meeting to present paper D. Members were advised that 7 of the cancer-related performance targets had been achieved in December 2020. A deterioration in performance was anticipated in January 2021, although this had not yet been validated. The Trust continued to refer patients to the hub, however, only limited number of cases had been accepted due to capacity issues. Independent sector provision for cancer activity was being fully utilised. Capacity was being managed based on clinical priority of patients. Although the two-week wait referrals had decreased, the number remained higher in comparison to the same period in the previous year. The conversion rate had increased significantly to over 14%, the highest it had been in the last 2 years. Members noted that the performance in respect of Cancer 31 day treatment was 94.7% against a target of 96% and Cancer 62 day treatment was 73.6% against a target of 85% in December 2020. NHSI/E had funded a Vanguard Unit to increase endoscopy capacity, which would allow the service to decant activity whilst the required ventilation work to the UHL Endoscopy suites was completed. A cancer application (app) had been launched which provided information to support patients and the Cancer Nurse Specialists also provided huge support to patients waiting for surgery. There was further deterioration in backlog numbers, particularly in 31-day surgery due to decreased theatre and ITU capacity. In quarter 2 of 2020-21, two potential harms had been reported, the tertiary centre was investigating one patient and the second patient investigation outcome had resulted in no physical harm due to the delay. 104+days harm reviews and Covid-19 related harm reviews continued to be undertaken. In response to a query from the CCG Representative, the Director of Operational Improvement advised that UHL's performance was 83.7% in respect of the Faster Diagnosis Standard. The QOC Chair requested that the late referrals and higher number of conversion data was split by ethnicity, area (postcode), specialty and stage of cancer, in future cancer performance reports. **DOI**

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

(B) the Director of Operational Improvement be requested to ensure that the late referrals and conversion data was split by ethnicity, area (postcode), specialty and stage of cancer, in future cancer performance reports. **DOI**

16/21/4 2020-21 Pressure Ulcer Report – Quarters 2 & 3

Ms N Green, Deputy Chief Nurse attended the meeting to present paper E which provided a high level summary of hospital acquired pressure ulcers (HAPUs), reporting and governance structure changes, improvement plans and included: rates of hospital acquired pressure ulcers during quarters 2 and 3 of 2020-21, levels of harm to patients by category, anatomical area and device related, reporting process, review process, shared learning and improvement plan progress. Although there were some spikes in quarters 2 and 3, overall, there had been a decrease in the number of hospital acquired pressure ulcers in comparison to quarter 1. As part of the Trust's commitment to reduce the number of patient harms, the Pressure Ulcer Steering Group (chaired by the Chief Nurse) would oversee the work required to reduce hospital acquired pressure ulcers and change to a culture whereby there was pressure ulcer prevention rather than undertaking a review after harm had occurred. A root cause analysis methodology was used to examine every hospital acquired pressure ulcer and learning was shared through the monthly CMG Pressure Ulcer Care Review and Learning Process meetings. A review of this process and the standard operating procedure outlining the review and reporting requirements would take place in quarter 4. The Chief Nurse commended the efforts of Ms N Green and Mr M Clayton for driving forward this important workstream. The QOC Chair highlighted that hospital acquired pressure ulcers were an important marker of quality of care and noted the on-going good work with the multidisciplinary and quality improvement teams to reduce the number of HAPUs and the focus on prevention, through the Pressure Ulcer Steering group improvement plan.

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

16/21/5 Nursing and Midwifery Safe Staffing and Workforce Bi-monthly Report

Ms E Meldrum, Deputy Chief Nurse presented paper F which related to the Trust's requirement to report to NHSI/E on the numbers of Registered Nurses (RN), Nursing Associates (NA) and Health Care Support Workers (HCSW) on duty (for inpatient areas for both the day and night shifts) compared to the actually planned numbers In quarter 3 of 2020-21, the second and third wave of the Covid-19 pandemic had impacted on the nursing workforce and demonstrated variation in actual staffing levels compared to the planned establishment. The increased capacity in adult inpatient wards and critical care units had resulted in the dilution of registered nursing skill mix on some shifts in December 2020 but this has been risk assessed and on the corporate risk register. RRCV and Speciality Medicine reported the highest number of wards, which fell below the 90% fill rate, however, these Specialties redeployed staff across their CMG to mitigate staffing gaps and to ensure appropriate skill mix to deliver safe patient care. Nurse staffing continued to be overseen and robustly managed by the tactical nurse seven days a week. The international nurse recruitment programme had recommenced with the support of NHSI/E. All Trusts had been informed of new funding from NHSI/E to support the ambition of zero healthcare support worker vacancies by 31 March 2021, UHL was working towards this. Recruitment activities continued at pace recognising new social distancing limitations, alternative virtual recruitment processes and education strategies. In response to a comment from Professor P Baker, Non-Executive Director, the Deputy Chief Nurse undertook to include contextual information/previous year data in future such reports. In response to a further comment in respect of the consequential risks of a reduced workforce and skill mix dilution, the Chief Nurse advised that the Deputy Chief Nurse and her team would be triangulating the staffing information and any consequent patient harm. The QOC Chair requested that consideration be given to inclusion of wards failing to monitor vital signs, in future such reports. Members noted that as a result of Covid-19 impacting on student progression and shielding, the cohort of local students who had applied for posts in UHL commencing in March 2021 had reduced. **DCN** This led to a brief discussion on the interruption to student nurse/midwifery training due to the Covid-19 pandemic During this discussion, it was noted that other staff groups (e.g. Allied Health Professionals) might have experienced a similar disruption in training, although it was highlighted **DCN** that this discussion would be better placed at the People, Process and Performance Committee. The Deputy Chief Nurse undertook to discuss this matter with the Ms L Cooke, Head of Therapy

Services.

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

(B) the Deputy Chief Nurse be requested to:-

- **include contextual information/previous year data in future such reports, and** **DCN**
- **consider inclusion of wards failing to monitor vital signs, in future such reports, and**

(C) the Deputy Chief Nurse be requested to discuss with the Ms L Cooke, Head of Therapy Services regarding the consequences of interruption to Allied Health Professionals' training due to Covid-19 and feed this discussion onto the People, Process and Performance Committee, as appropriate. **DCN**

16/21/6 BAF Principal Risk – PR1 (Clinical Quality and Patient Safety)

The Director of Quality Governance presented paper H and advised that the risk score of the BAF PR1 was discussed at the February 2021 EQB meeting, where it was agreed that the risk score should be increased to 20 (from 15). The rationale for this was that the actions planned and taken during Covid-19 might have a negative impact on clinical quality and patient safety. Work was on going to minimise the risk of harm to patients, however, it must be recognised that there might be a detrimental effect on patients' health. The Chief Nurse undertook to liaise with the Director of Corporate and Legal Affairs in respect of providing an update to the Trust Board in respect of this matter. **CN**

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

(B) the Chief Nurse be requested to liaise with the Director of Corporate and Legal Affairs in respect of providing an update to the Trust Board in respect of the increased risk score of this risk. **CN**

16/21/7 Patient Safety Highlight Report

The Director of Quality Governance presented paper I, which detailed the monthly update on patient safety, including complaints data. Specific points of note highlighted in this month's report included: (1) themes and actions taken from complaints/concerns/telephone calls that had been triaged for priority handling during the Covid-19 surge. The themes were mainly in relation to communication, missing property and belongings, inability of patients to get through to some services to obtain additional consumables; (2) mandate to report maternity Health Service Investigation Branch (HSIB) cases as Serious Incidents (SIs) – this had been approved by EQB for commencement from end of March 2021 or earlier, if possible. It was noted that discussion was underway with relevant colleagues in respect of integrating resources in the Women's & Children's CMG due to the increase in workload as all HSIB cases would now be reported as SIs (3) a Botox serious incident initially reported in November 2020 was now being declared as a never event further to discussion with NHSE/I, and (4) a summary of the 'HSIB national learning report never events: analysis of HSIB's national investigations'. Members were advised that in response to the Ockenden report, a specific section focussing on patient safety incidents in maternity had been included in the patient safety highlight report. In respect of the prevented patient safety incidents, the QOC Chair requested the need to investigate the reason for the shift in the 'mean'. The contents of this report were received and noted. **DQG**

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

(B) the Director of Quality Governance be requested to investigate the reason for the shift in the 'mean' in respect of the prevented patient safety incidents. **DQG**

16/21/8 Deteriorating Patient, Resuscitation and End of Life and Palliative Care Quarterly Report

The Deputy Medical Director presented paper K, an update on the work of the Deteriorating Patient Board, the Resuscitation Committee and the End of Life and Palliative Care Committee that had taken place since the previous update in November 2020. Members noted that all these

Committees had been impacted by the local and national response to Covid-19 and therefore some of the meetings had been cancelled. UHL sepsis performance data displayed significant variance through quarters 1 and 2 of 2020-21 and was almost certainly explained by changes in patient population, severity of illness and service changes brought about by the Covid-19 pandemic. Data was broadly in line with the national picture, however, there had been a steep decline in coded sepsis admissions between August 2019-February 2020. The reasons for this had been investigated and actions had been put in place to address the variance. The Insulin Safety e-learning module developed by colleagues in the Diabetes Service had been recognised nationally. Insulin dose prescribing had been successfully piloted in NerveCentre eMeds on the Renal Unit and would now be rolled out across the Trust. In respect of the Acute Kidney Injury (AKI) work stream, progress was being made to identify patients with AKI on admission or by day 2 to consider the types of intervention that could reduce mortality, length of stay or risk of readmission. In quarters 2 and 3 of 2020-21, there had been no serious incidents that related to the deterioration of patients. A National Patient Safety Alert (NPSA) had been issued regarding the introduction of a new steroid emergency card to support the early recognition and treatment of adrenal crisis in adults. The Leicestershire Steroid Safety Project had produced a strategy and action plan to comply with the actions and achieve the NPSA target. Resuscitation training compliance was at 89% across the Trust over all staff groups. The End of Life and Palliative Care Committee had not met since the last report to allow the team to focus clinically during the pandemic but the system-wide LLR meetings had continued. A successful recruitment process had been undertaken and four Consultant posts had been appointed. Specialist Palliative and End of Life Care Timely Intervention Project (SPELTIP) continued to provide a Clinical Nurse Specialist Service to the emergency floor areas. Further work was underway to secure funding in the medium and longer term.

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

17/21 ITEMS FOR NOTING

Resolved – that the EQB Minutes from 12 January 2021 (paper L) be received and noted.

18/21 ANY OTHER BUSINESS

Resolved – that there were no items of any other business.

19/21 IDENTIFICATION OF ANY KEY ISSUES FOR THE ATTENTION OF THE TRUST BOARD

Resolved – that (A) the following items be highlighted to the 4 March 2021 public Trust Board via the summary of this Committee meeting for information: **QOC Chair**

- **2020-21 Pressure Ulcer Report Quarters 2 & 3 –** in particular, the on-going good work with the multidisciplinary and quality improvement teams to reduce the number of hospital acquired pressure ulcers and the focus on prevention, through the Pressure Ulcer Steering Group improvement plan (Minute 16/21/4 above refers), and
- **BAF Principal Risk – PR1 (Clinical Quality and Patient Safety)** – increase to the risk score. The Chief Nurse to verbally highlight this matter to the Trust Board (Minute 16/21/6 above refers), and
- **Patient Safety Highlight Report** – to particularly note that a specific section focussing on patient safety incidents in maternity had been included in response to the Ockenden Report Board (Minute 16/21/7 above refers).

20/21 DATE OF THE NEXT MEETING

Resolved – that the next meeting of the Quality Outcomes Committee be held on Thursday 25 March from 2pm via Microsoft Teams.

The meeting closed at 3.41pm

Hina Majeed - **Corporate and Committee Services Officer**

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

Voting Members

Name	*Possible*	*Actual*	*% attendance*	*Name*	*Possible*	*Actual*	*% attendance*
V Bailey (Chair)	11	11	100	C Fox	11	9	82
P Baker	11	10	91	A Furlong	11	8	73
R Brown	0	0	0	B Patel	7	6	86
I Crowe	1	1	100	K Singh *(ex officio)*	0	0	0

Non-voting members

Name	*Possible*	*Actual*	*% attendance*	*Name*	*Possible*	*Actual*	*% attendance*
P Aldwinckle (PP)	5	5	100	J Smith	5	5	100
M Durbridge	5	5	100	C Trevithick/C West (CCG	11	7	64