

Cover report to the Trust Board meeting to be held on 4 November 2021

	Trust Board paper G1
Report Title:	Quality Committee – Committee Chair’s Report
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Reporting Committee:	Quality Committee (QC)
Chaired by:	Ms Vicky Bailey – Non-Executive Director
Lead Executive Director(s):	Andrew Furlong – Medical Director Carolyn Fox – Chief Nurse
Date of meeting:	30 September 2021

Summary of key public matters considered by the Committee:

This report provides a summary of the key issues considered at the Quality Committee meeting on 30 September 2021:- *(involving Ms V Bailey, Quality Committee Non-Executive Director Chair, Ms K Gillatt, Associate Non-Executive Director, Dr A Haynes, Adviser to the Trust Board, Mr I Orrell, Associate Non-Executive Director, Mr M Williams, Non-Executive Director, Professor T Robinson, Non-Executive Director, Ms C Fox, Chief Nurse, Dr D Barnes, Deputy Medical Director (deputising for Mr A Furlong, Medical Director), Miss M Durbridge, Director of Quality, Transformation and Efficiency Improvement, Ms D Mitchell, Acting Chief Operating Officer, Mr P Aldwinckle, Patient Partner and Ms J Smith, Patient Partner. Mr T Palsler, Associate Medical Director and Ms C Rudkin, Head of Patient Safety, attended to present their respective items).*

- **Minutes and Summary of Quality Committee meeting held on 26 August 2021** – paper A1 (QC Minutes from 26 August 2021) were accepted as an accurate record and paper A2 (QC summary from 26 August 2021) was received and noted.
- **Matters Arising Log** – paper B noted.
- **Pertinent Safety Issues**
The Chair reported verbally on the work currently in progress regarding the Trust’s Committee structure. Furthermore she referenced the intention, going forward, to reserve a slot within the Quality Committee agenda for the Medical Director and Chief Nurse to report on any pertinent safety issues. Such an approach had worked well when utilised at the start of the Covid-19 pandemic and was now to be formally adopted. It also facilitated the provision of a protected time slot on the agenda to receive any urgent time-critical reports. The pertinent safety issues reported at today’s Quality Committee meeting were as follows:-
 - **Risk Assessment to derogate from NHSE/I Guidance – for onward recommendation to Trust Board**
The Committee received a report detailing a risk assessment which described the risk of potential harm to children if the Trust derogated from the NHSE/I Public Health Guidance regarding social distancing in the ward areas. Social distancing guidance stipulated that patients should be cared for at a distance of 2 metres from the next bed space. Social distancing of 2 metres spacing between beds / cots was being achieved across the Children’s Hospital by the closure of 9 inpatient beds at the LRI site. This had enabled the parent/ carer to remain with the child in line with national guidance on visiting which stated that children or young people admitted to hospital have the right to a parent or carer staying with them. With the predicted RSV (Respiratory Syncytial Virus) surge now beginning, the ability of the Children’s Hospital to maintain the flow from the Children’s Emergency Department (ED) was being affected by the closure of these 9 beds. This was contributing to overcrowding in the Children’s ED. The report concluded that the Children’s Hospital would run out of capacity more quickly if the Trust did not open the closed beds for reasons relating to social distancing. The risk of cross infection increased if the beds were opened as social distancing could not be maintained in line with PHE guidance. However, this risk had to be balanced against the risk of harm to a child and associated adults across the acute care paediatric pathway if they could not be placed in a bed in the Children’s Hospital. The risk assessment detailed clearly articulated the mitigation the Children’s Hospital

had put in place in terms of prevention and control of infections and related guidance to minimise the risk of transmission of nosocomial infections if social distancing was reduced to 1 metre. The Quality Committee was requested to review and accept the risk and the conditions in it whereby the Trust would reopen the beds and modify national advice in order to maintain the flow of children and therefore maintain their safety by caring for them in the most appropriate and safe place. In discussion, it was noted that this approach had been supported by the Executive Board when considered at its meeting held on 28 September 2021. Also acknowledged was the need to balance risks and the view of staff that it was a greater risk to have more children within the ED than in opening the 9 beds referenced. The following particular points were noted (1) only the beds that could be staffed would be opened; therefore up to a maximum of 9 additional beds (2) staff continued to wear PPE and parents also were required to wear PPE when on the wards (3) these additional beds would only be opened when Paediatrics specifically was at OPEL Level 3 or 4 (not when the Trust in general was at OPEL Level 3 or 4) and (4) the Committee recommended that an overall review date was included in this paperwork which indicated a timeframe for a further assessment of the situation to be undertaken, albeit it was noted that a daily review would be undertaken of the need (or otherwise) for any additional beds in the Children's Hospital. Particular discussion took place regarding communication processes (both staff communication and communication with parents / carers) with note made that this proposal was a collaborative decision involving the Paediatrics Team and that if any additional beds were opened, staff would have individual conversations with any parents / carers present on the ward. In concluding discussion on this item, the Quality Committee approved this derogation from NHSE/I guidance for the reasons outlined, for onward recommendation to the Trust Board, subject to the inclusion of a formal review date and clarification included that this derogation would only be implemented when Paediatrics specifically (and not the Trust in general) was operating at OPEL Levels 3 or 4.

- **Midwifery Staffing**

The Chief Nurse reported verbally to advise that whilst there were currently no safety issues, the Trust's maternity service was very busy and midwifery staffing levels were challenged. A number of mitigating actions had been implemented including the addition of Registered Nurses to provide support. A number of newly qualified Midwives would join the Trust in November 2021, which would improve the situation.

- **Never Event**

The Deputy Medical Director reported verbally on a Never Event which had occurred in Theatres in the last week and he advised of a planned thematic review of Never Events occurring in Theatre to determine any potential underlying trends (e.g. Human Factors or other such issues) for addressing. The approach for this review had been agreed on the previous day, however the timeline had not yet been determined, although would be undertaken at the earliest possible opportunity. The review would encompass all of the Trust's theatre sites. It was noted that the timescale for the review and the outcome of the review would be reported to the Quality Committee in due course.

• **Integrated Quality System**

Mr T Palser, Associate Medical Director, attended to update the Committee on progress with the Integrated Quality System (IQS), including plans as to how it would be integrated into current governance requirements and the resource requirements needed to make the system sustainable. The system was being piloted in the first two Clinical Management Groups (RRCV and CHUGGS) and was being rolled out across all CMGs at 3-4 weekly intervals. Phase One of the system would therefore be rolled out across the entire Trust by the end of November 2021. The pilot scheme had identified several areas of further development including pages to allow CMG leadership to view and track the key metrics for all of their specialties at once. These metrics would be bespoke for each specialty and CMG. A mechanism was proposed by which the system would be integrated into continuous improvement (both via the Performance Review Meetings (PRMs) and a new Accountability meeting). To enable the additional functionality, some additional resource would be required which was detailed within the accompanying report and included investment in both software and human resource for sustainability. Following the recommendations of the Executive Quality Board at its meeting held on 14 September 2021, the team were developing a business case for review by the Financial Recovery Board (FRB) and this would be submitted within the next couple of weeks. It was envisaged that this system would be the centrepiece of the Trust's Quality Monitoring Systems. The Director of Quality Transformation and Efficiency Improvement noted the desire for staff to be QlikSense literate and she noted that the Transformation team were happy to provide support, as required. In discussion on this item, members expressed support for this work, noting the need for resilience through avoiding over-reliance on only one or two people who had the required skills. The positive aspects of the system fed back to date included the benefit of having access to all the information and the triangulation of this data in one place. Particular discussion took place regarding the need to consider what this system would replace (i.e. what would no longer be necessary to undertake in the future as this system would provide the required data). The Deputy Medical Director was requested to ask the Medical Director (absent from today's meeting) to discuss with the Associate Medical Director at which forum this work should next be discussed, noting that this would potentially be a useful topic for focus at a future Trust Board Development session, at which time consideration could be given to the forum at which the outputs from this system would routinely be reported. The Chair highlighted the need for the

intelligence from this system to go beyond receipt by only the Quality Committee. The contents of this report were received and noted and Mr Palsler was thanked for his report and attendance at the Committee.

- **Patient Safety Report**

The Head of Patient Safety presented the monthly Patient Safety Report, which detailed the following key patient safety updates from the August 2021 data: (1) Four Serious Incidents (SIs) had been escalated; one of which was a Never Event (NE) (2) a sharp increase had been observed in the rate of reported PSIs; due to a large drop in attendance numbers and a comparatively slight decrease in the number of PSIs reported from the previous month (3) an increase in the rate of PPSIs reported; numbers of PPSIs have decreased slightly whilst attendances decreased further (4) a large decrease in the number of moderate and above harm incidents reported and finally approved (validated) harm incidents were also decreasing (this could change as backlogs of unapproved harm incidents were approved over the coming months) (5) thirteen incidents with evidence gaps in Duty of Candour (on finally approved incidents) which was slightly lower than last month, albeit many were the same incidents (6) in response to the Ockenden report (2020) a specific section was now being included in this patient safety report which focused on maternity and feedback on this section was welcomed and (7) there were no safety alerts with elapsed actions or actions overdue their completion date in this reporting period. In discussion on this report, Mr M Williams, Non-Executive Director queried – in reference to the graph on page 2 of the report detailing patient safety incidents and in view of the fact that PSI rates had increased as attendances had decreased, - whether utilising the 'rate' was the correct form of measurement. In response, the Head of Patient Safety noted that there may have been an increase in reporting over this time period. She further noted the need to focus on harms; which incidents had and had not caused harm. The Quality Committee Chair noted that the changing guidance as to what events should and should not be included when reporting made it difficult to observe any trends over time and that narrative explanation was therefore required around this point. Note was also made of the challenges involved when determining how to pull the data for reporting within a given time period (e.g. in this instance, the 'reported by' date had been utilised). The Chief Nurse, Director of Quality Governance and Head of Patient Safety were therefore requested to review and determine how the information contained in this report could be presented in such a way that it documented trends (potentially through the use of run charts or annotated SPC charts) including narrative explanation where required and details of intended action where adverse trends were identified. It was noted that this work would be on-going over the next couple of months. Particular discussion took place regarding Duty of Candour reporting, the conclusion of which was that staff were undertaking this reporting but there was a time lag in documenting / uploading this evidence. Specific note was also made of other reports produced within the Trust which documented findings that supported the contents of this report, e.g. the falls report, pressure ulcer report etc. and of the need, where other reports did not cover particular elements, to explore them further within this particular report, explaining any special cause variation as required utilising SPC terminology. In response to a query raised as to whether this information was shared with the Trust's Clinical Management Groups (CMGs), it was confirmed that each CMG had a Quality and Safety Board and received a monthly report broken down at CMG level, the contents of which were discussed by the Q & S Board. An overarching report was then submitted to the Executive Quality Board and thereafter the Quality Committee. Whilst the number of incidents was not unimportant, the number of harms and any trend in harms were the most important factors for tracking and focus. In concluding discussion on this item, it was noted that reviewing this report separately from those it used to be submitted alongside (e.g. the complaints performance report etc.) had allowed specific focus on this report alone and had generated beneficial discussions and the identification of work to be taken forward. The contents of this report were received and noted.

- **Quality and Performance Report – Month 5 2021/22**

The contents of the Quality and Performance report for Month 5 (2021/22) were received and noted. In view of the fact that this report was now due to be submitted directly to the Trust Board for consideration, the Corporate and Committee Services Officer was requested to determine whether this still needed to be submitted for consideration specifically at the Quality Committee. The Quality Committee Chair queried actions being undertaken in relation to fractured neck of femur care, in response to which note was made that the Trust's operational performance was lower than desired currently in light of ED pressures and reduced theatre capacity. Consequently, the MSS and ITAPS CMGs were jointly progressing a review of the pathway for fractured neck of femur patients and a report was due to be submitted on this matter to the October 2021 EQB meeting, after which it would be submitted to the Quality Committee for consideration. Note was made of the need for continued vigilance in terms of any harm outcomes where operational pressures led to treatment delays. The Deputy Medical Director was requested to discuss with the Medical Director (for reporting back to the Quality Committee through the Matters Arising Log) the issue of harms arising from two week wait breaches in terms of at what point these would become systematic reports (with known timescales for repeated reviews) rather than one-off reports. The Quality Committee Chair also noted the need for any harm reviews arising from treatment delays to include points of learning. The Chief Nurse noted that the current format of this Quality and Performance report was being significantly refined and the new iteration of this report would form an Integrated Performance report.

- **Covid-19 Position – September 2021**

The Deputy Medical Director and Chief Nurse reported verbally to provide an update on the Covid-19 position for September 2021. The number of patients being treated for Covid-19 in the organisation was slowly decreasing as at the current date. The administration of booster vaccines for Covid-19 had commenced in the previous week and the CSI CMG and the Vaccine Hubs were responding efficiently and effectively to the requirements of administering these booster vaccines.

- **Items for noting**

The following reports were received and noted for information:-

(1) Clinical Audit Update Report – in consideration of this report, it was agreed to include within the next quarter's report two or three outcomes from clinical audit that had improved patient care. Note was also made that a number of non-mandatory audits had not been undertaken due to the pressures of the pandemic and the need to devote focus elsewhere during this time period.

(2) Data Quality and Clinical Coding

(3) EQB action notes – August 2021

- **Any Other Business - Care Quality Commission**

In response to a query raised by the Quality Committee Chair, the Chief Nurse noted that it was likely that the CQC would be taking a different approach to monitoring Trusts in future with a move towards targeted inspections focused on individual services offered by providers. The Chief Nurse was requested to circulate the schedule of CQC visits to the Quality Committee for information. It was also noted that an up-to-date CQC rating for UHL required displaying in the National Centre for Sports and Exercise Medicine sited within the grounds of Loughborough University, as the one on display currently was out of date. Note was also made, in discussion, that elements of the corporate structure on the public-facing website were out of date and the Quality Committee Chair undertook to discuss this matter with the Trust Chair.

Public matters requiring Trust Board consideration and/or approval:

Recommendations for approval

- **Risk Assessment to Derogate from NHSE/I Guidance**

Items highlighted to the Trust Board for information:

- **Pertinent Safety Issues (Midwifery Staffing and Never Event), and**
- **Patient Safety Report**

Matters deferred or referred to other Committees: none.

Date of next QC meeting:

Thursday 28 October 2021

Ms V Bailey – Non-Executive Director and Quality Committee Chair