

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

	Trust Board paper G2
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:	28 October 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, Mr A Furlong, Medical Director, Ms N Green, Deputy Chief Nurse, Miss M Durbridge, Director of Quality, Transformation and Efficiency Improvement, Ms D Mitchell, Acting Chief Operating Officer, Ms O’Brien, Director of Quality Improvement, Ms C West, CCG Representative and Mr P Aldwinckle, Patient Partner. Mr J MacDonald, Trust Chairman and Ms C Forty, Staff Nurse (shadowing Mr J MacDonald) were in attendance for this meeting. Mr M Mannix, Deputy Director of Estates and Facilities attended to present an item).*

- **Minutes and Summary of Quality Committee meeting held on 30 September 2021** – paper A1 (QC Minutes from 30 September 2021) were accepted as an accurate record and paper A2 (QC summary from 30 September 2021) was received and noted.
- **Matters Arising Log** – paper B noted and updates were provided in relation to two specific items (Integrated Quality System and Quality and Performance Report for Month 5) which will be reflected in the updated iteration of the Matters Arising Log.
- **Pertinent Safety Issues**
 - **Oncology SACT Staffing**
The Medical Director presented a report which referenced the effects of staffing shortages in the Chemotherapy Suite (SACT) and the impact of the Covid-19 pandemic. A number of mitigations were in progress to minimise the risk and, thus far, these had successfully avoided the need to potentially defer treatments that were not time critical by one week. All such mitigations would continue to be exhausted before patients were considered for deferment. The Deputy Chief Nurse had arranged to provide additional support to the team and the service was actively seeking to recruit additional staff. The contents of this report were received and noted.
 - **RRCV CMG – Ward 35, Glenfield Hospital**
The Medical Director reported verbally to brief the Committee of issues relating to acuity and nurse staffing shortages (to meet the recently recommended 1 Nurse to 2 Patients ratio) on ward 35 at the Glenfield Hospital. A number of specific actions had been agreed and were being enacted in response to the issues described, including the recent agreement of the Financial Recovery Board (FRB) to continue the funding of the Acute Respiratory Team (ART) for a further twelve months. This verbal update was noted.
 - **Patient on Ambulance Harm Reviews**
In response to NHS England and NHS Improvement’s published report re ‘Professional Standards of Care for Patients Waiting in Ambulances’, the Medical Director presented a report which highlighted the robust process for conducting thematic harm reviews for patients who had been waiting on an ambulance for handover of care to the Emergency Department (ED) team and to monitor that the Trust was meeting the professional standards of care. The report reflected a process of weekly review of potential harms for patients on the back of ambulances for

longer than 30 minutes, the outcome of which would be reported to the Executive Quality Board (EQB) on a monthly basis, with a review of how the Trust was meeting the relevant professional standards and with the aim of enabling any potential harms to be reviewed fully through the STEIS (Strategic Executive Information System) process and to develop any learning within the Trust and for the wider NHS. The Medical Director confirmed that this work was being undertaken jointly with CCG colleagues and noted that all health systems were struggling with this matter, albeit UHL had been an outlier for some time. Ms West, CCG Representative, commended this work and highlighted the need for the outputs to be discussed at the Flow Board. Specific note was made that patients who were sat on the back of ambulances were receiving care from paramedic colleagues and that the harm was likely to lie elsewhere in those patients at home requiring medical help who were having to wait longer for ambulances. In acknowledgement of this situation, the undertaking of an audit of people waiting for ambulances was currently under discussion with the East Midlands Ambulance Service (EMAS). The Committee received and noted the contents of this report, including the Standard Operating Procedure (SOP) and process described, and agreed that the outputs should be reported monthly to the Quality Committee as well as to the EQB given its importance within the context of the provision of emergency care within the NHS (with trends identified over a longer time period, where possible, too).

- **Patient Safety Report**

The Head of Patient Safety presented the monthly Patient Safety Report, which detailed the following key patient safety updates from the September 2021 data: (1) ten Serious Incidents (SIs) had been escalated, two of which were Never Events (NE) (2) a particular theme from this month's new SIs related to three arising from within the Ophthalmology Service (3) a reduction in the number of moderate and above harm incidents reported and finally approved (validated) harm incidents were also decreasing (this might change as backlogs of unapproved harm incidents were approved over the coming months). In relation to maternity moderate and above validated harms, there had been a marked reduction in the past two months (subject to no changes when incidents were approved) (4) there had been a sharp decrease in the rate of reported PSIs (Patient Safety Incidents); this was due to a large rise in attendance numbers and a decrease in the number of PSIs reported from the previous month (5) there had been a sharp increase in the rate of PPSIs (Prevented Patient Safety Incidents) reported; numbers of PPSIs had increased in a higher proportion than attendances had increased (6) there had been 21 incidents with evidence gaps in Duty of Candour (on finally approved incidents) which was higher than the previous month, albeit many were the same incidents and (7) no Safety Alerts had elapsed actions or had actions overdue their completion date during this reporting period. In receiving this report, the Quality Committee Chair noted that work remained on-going in terms of the way the data within this report was presented, the outputs from which would become evident in future months. In discussing this report, the Committee acknowledged that the specific metric for focus related to how many and how often major harms were arising and work was underway in relation to how information was presented to the Committee through this report. The Quality Committee Chair noted that it would be helpful to retain commentary within this report each month to confirm where any changes within the data presented related to changes in reporting requirements etc. in order to avoid incorrect conclusions being drawn in terms of trends etc. The contents of this report were received and noted.

- **Transformation Programme – Quality Improvement Update**

The 'Becoming the Best' Transformation Programme Team continued to work on the 2021/22 and future years' Cost Improvement Programme (CIP) in addition to the wider cultural, quality and efficiency transformation work and the Director of Quality Transformation and Efficiency Improvement presented a report to the Committee which provided an update on the progress made to date in relation to Quality Improvement (QI) and the Improvement Collaborative. The Improvement Collaborative was currently being piloted within two areas. These pilots were currently being concluded and lessons learnt were being compiled. The proposal was to roll out this programme to a further two areas in October 2021 prior to creating a full pipeline of areas for 22/23. Improvement Capability skills building continued to progress through the QI Fundamentals course as well as Improvement Clinics and QI catch-ups. The number of attendees had been impacted by the current operational pressures. An Improvement Programme Lead had joined the Trust on 4 October 2021 and would be leading the development of both the Improvement Collaborative and QI skills development over the coming weeks. The Vascular QI work would be the subject of a Trust Board Transformation story at the November 2021 public Trust Board meeting. The contents of this report were received and noted.

- **Integrated Performance Report – Month 6 2021/22**

The Quality Committee received and noted the contents of the new Integrated Performance Report for Month 6 21/22, noting that whilst the Trust Board would receive this report in future, the Quality Committee would continue to receive this report for the purpose of reviewing any aspects of the data across all domains which appertained to safety or quality. In terms of emergency care provision, September 2021 had been the busiest month the Trust had ever had with a 9% increase in overall attendances. Particular discussion took place regarding the factors preventing those patients who were medically optimised from being discharged and also regarding bed occupancy rates. As this report would form a public-facing report considered through the public Trust Board, the Quality Committee Chair noted the need for it to be viewed from a layman's perspective as it currently contained NHS

specific- jargon which might not be understood by all patients. Also noted was the fact that detailed information was provided in relation to nursing and midwifery staffing, however this was not the case in relation to Allied Health Professional and medical staffing and the rationale for this was queried.

- **Covid-19 Position – October 2021**

The Medical Director reported verbally on this item, noting that there were currently approximately 100 patients positive for covid-19 being treated in the Trust at any one time. The Trust's three vaccination centres were busy providing the booster (i.e. third) Covid-19 vaccine to staff and were working through staff as quickly as possible. The contents of this verbal report were noted.

- **CQC Scheduled Visits**

The Director of Quality Governance presented a report relating to Care Quality Commission (CQC) scheduled visits. The CQC were changing the way they regulated providers with a move towards more targeted inspections focused on individual services offered by providers to enable a more flexible and responsive regulation to allow the CQC to assess and rate services more flexibly so that they could update ratings more often in a more responsive and proportionate way and make ratings easier to understand for everyone. **The Committee agreed that the Chief Nurse (absent from today's meeting) would be requested to brief the Trust Board verbally at its public Trust Board meeting on 4 November 2021 regarding this process change.**

- **Items for noting**

The following reports were received and noted for information:-

- (1) UHL ED Safety Checklist Audit, and
- (2) EQB action notes from September 2021

- **Any Other Business** - none

Public matters requiring Trust Board consideration and/or approval:

Recommendations for approval – none.

Items highlighted to the Trust Board for information:

- **Pertinent Safety Issues (Oncology SACT Staffing and RRCV CMG Ward 35);**
- **Patient on Ambulance Harm Reviews, and**
- **CQC Scheduled Visits**

Matters deferred or referred to other Committees: none.

Date of next QC meeting:

Thursday 25 November 2021

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