University Hospitals of Leicester NHS
NHS Trust

Trust Board paper K1

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 6 May 2021

COMMITTEE: Quality and Outcomes Committee (QOC)

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

DATE OF COMMITTEE MEETING: 25 March 2021

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:

- **Cancer Performance Recovery** – to note that the restoration and recovery plan would be commencing in April 2021 (Minute 25/21/3 refers);
- **UHL Maternity Service CNST – Year 3 Update –** to note that the further update from NHS Resolution whereby some standards had been altered due to the challenges presented by Covid-19, and the evidence for the standards would be submitted to EQB and QOC for appropriate review (Minute 25/21/4 refers);
- **Patient Safety Highlight Report** – to particularly note the 4 points highlighted by the Head of Patient Safety (Minute 25/21/9 refers), and
- **Report on further analysis of UHL's mortality –** the Medical Director to provide a verbal update to the Trust Board (Minute 25/21/10 refers).

DATE OF NEXT COMMITTEE MEETING: 29 April 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 MARCH 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 A Furlong – Medical Director
Mr B Patel - Non-Executive Director

In Attendance:
Ms E Broughton – Head of Midwifery (for Minutes 25/21/4 and 25/21/5)
Ms H Hutchinson – Assistant Director of Performance Improvement, Leicester City CCG (CCG Representative)
Ms S Leak – Director of Operational Improvement (for Minute 25/21/3)
Ms H Majeed – Corporate and Committee Services Officer
Dr R Marsh – Clinical Director, ESM (for Minutes 25/21/6 and 25/21/7)
Mr I Orrell – Associate Non-Executive Director
Ms C Rudkin – Head of Patient Safety (for Minute 25/21/9)
Ms J Smith – Patient Partner
Mr C Walker – Clinical Audit Manager (for Minute 25/21/8)

RESOLVED ITEMS

21/21 APOLOGIES AND WELCOME

Apologies for absence were received from Mr P Aldwinckle, Patient Partner, Ms C Trevithick, CCG Representative and Ms C West, CCG Representative. The Committee Chair welcomed Mr I Orrell, Associate Non-Executive Director to his first Quality and Outcomes Committee meeting and Ms J Scott, CQC Inspector who was attending to observe the meeting.

22/21 DECLARATIONS OF INTERESTS

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

23/21 MINUTES

Resolved – that the Minutes of the Quality Outcomes Committee (QOC) meeting held on 25 February 2021 (paper A1 refers) and the QOC Summary from the same meeting (paper A2 refers), as submitted to the Trust Board on 4 March 2021 be confirmed as a correct record.

24/21 MATTERS ARISING

Resolved – that the Matters Arising Log (paper B refers) be noted.

25/21 ITEMS FOR DISCUSSION AND ASSURANCE

25/21/1 Covid-19 Position

The 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; (b) a reduction in the number of Intensive Therapy Unit (ITU) patients, occupancy levels were now less than 100% (c) restoration plan to commence from 29 March 2021; (d) staff sickness absence levels continued to improve but still higher than expected; (e) no hospital outbreaks, and (f) Covid-19 Vaccination Programme. The Chief Nurse advised that a review of Covid-19 outbreaks had been undertaken and discussed at the March 2021

Infection Prevention Committee. A comprehensive report providing the learning from this review would be presented to EQB and QOC in April 2021. **CN**

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

(B) the Chief Nurse be requested to present a comprehensive report providing learning from Covid-19 outbreaks to EQB and QOC in April 2021. **CN**

25/21/2 202-21 Quality and Performance Report Month 11

The Medical Director and Chief Nurse presented the Month 11 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. The Trust was below trajectory in respect of the number of Clostridium Difficile (C Diff) cases. The Chief Nurse advised that the Infection Prevention Committee had agreed that the 2021-22 trajectory for C Diff cases should be set at 108 (same as 2020-21) as confirmation had not yet been received from NHSE/I. 1 never event had been reported. The Medical Director advised that actions had been put in place to resolve the challenges around suspected high risk TIA patients being seen within 24 hours at the TIA Clinic. The challenges around ED 4-hour performance, cancer 31-day and 62-day treatment and RTT were highlighted in particular. The fractured neck of femur target had been delivered and SHMI remained within the expected range. The Committee received and noted the contents of this report.

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

25/21/3 Cancer Performance Recovery

The Director of Operational Improvement attended the meeting to present paper D. Members were advised that 6 of the cancer-related performance targets had been achieved in January 2021. Members noted that the small cell lung cancer pathway had been declared a finalist for HSJ Value Awards 2021 in the Cancer Care Initiative of the Year category. There had been a decrease in endoscopy backlog. UHL was one of the 8 Trusts participating in the Cancer Provider Collaboration/ CQC Review which would focus on how providers were working together to ensure the provision of cancer services in light of Covid-19. The conversion rate remained high at 13%. A review of lung cancer had indicated a significant upstaging of lung cancer as patients were presenting at more advanced stages of cancer. There was also a significant increase in emergency presentations of lung cancer. In response to a query from the QOC Chair, the Director of Operational Improvement advised that a review of other tumour sites would also be undertaken. The rapid diagnostic centre programme had paused in 2020-21 due to a number of reasons and discussion was underway with East Midlands Cancer Alliance regarding carrying forward the funding to 2021-22. Members noted that the performance in respect of Cancer 31-day treatment had further deteriorated but a planned increase in theatre activity in April 2021 (as part of restoration and recovery) would decrease the current backlogs.

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

25/21/4 UHL Maternity Service CNST – Year 3 Update

The Head of Midwifery attended the meeting to present paper E, which provided an update on progress with the 10 safety standards described in the CNST requirement for year 3. Due to Covid-19, the scheme had been put on hold and the date for submission of evidence had been moved to July 2021. Although most of the standards could be met, the Covid-19 pandemic had affected some of the key requirements such as training compliance and CO2 testing for smoking in pregnancy. However, the Head of Midwifery highlighted that a further update had now been received from NHS Resolution whereby some standards had been altered due to the challenges presented by Covid-19. Therefore, the Head of Midwifery was quite confident that UHL would achieve all of the 10 safety standards. It was noted that the further guidance and the evidence for the standards would be submitted to EQB and QOC for appropriate review. In response to a query from the Deputy QOC Chair regarding the safety standard in relation to training for multiprofessional skills drills, it was noted that the ITAPS CMG had provided immense support in ensuring that their **HoM**

Consultants/trainees and new starters would complete the required training by end of March 2021.

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

(B) the Head of Midwifery be requested to submit the further update from NHS Resolution and the evidence for the standards to EQB and QOC in June 2021, for appropriate review. **HoM**

25/21/5 UHL Maternity Service CNST – Midwifery Workforce Review

The Head of Midwifery presented paper F, which was a report that had been submitted to the NHSE/I Regional team in response to a letter requesting Trusts to confirm that they had a plan in place to the Birth Rate Plus (BR+) standard by 15 February 2021 confirming timescales for implementation. Members were advised that following publication of the Ockenden Report in December 2020, there was a requirement for Trusts to develop an implementation plan to meet the recommendations of a BR+ staffing review. The response provided to the NHSE/I was based on the 2019 Birth rate plus final report, the continuity assumptions from the national Continuity of Carer lead and the Ockenden recommendations in line with the national Maternity Safety Agenda. The UHL's Maternity Service was currently undergoing an updated BR+ assessment. Depending on the findings of this assessment, the action plan would be updated. The Chief Nurse and the Head of Midwifery would be undertaking further work with the BR+ team in respect of developing a workforce plan in light of the Trust's reconfiguration programme relating to a single-site Maternity Service. The Chief Nurse advised that this report was being presented to QOC, for assurance and any issues in terms of the workforce plan would be reported to the Executive People and Culture Board, as appropriate.

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

25/21/6 Missed Dermatology Referrals – Root Cause Analysis (RCA)

The Clinical Director, ESM attended the meeting to present paper G and briefed members on the root cause analysis undertaken in relation to an incident associated with the Dermatology Service in respect of missed paper referrals. Although, the root cause analysis was not able to determine all the facts, it was evident to the investigation team that the changes and instability within the administration team over a long period of time, and the continued use of a paper based referral process were significant contributing factors to this incident. Both of these factors had been actioned with the permanent recruitment to the Administration Team Leader post and the increased usage of the electronic referral system, thereby reducing the option of paper referrals not having an appropriate audit trail. No patients had come to harm as a result of the delay in these referrals being triaged and booked. However, it was recognised that actions needed to be taken to reduce the risk of harm to future patients and to ensure the efficient management of patient referrals within the service. The report listed the recommendations following this investigation. In response to a concern highlighted by the Deputy QOC Chair, it was noted that the Acting Chief Operating Officer through the CMG Heads of Operations was ensuring that the learning from this incident was shared across CMGs. The QOC Chair requested that assurance be provided to QOC in June 2021 to confirm that actions in the action plan had been completed. In response to a suggestion from the Patient Partner, the Clinical Director, ESM acknowledged that the physical environment in the Dermatology Service might have also been a contributory factor leading to this incident. **CD,ESM**

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

(B) the Clinical Director, ESM be requested to provide assurance to QOC in June 2021 confirming whether the actions in the action plan following the RCA of missed dermatology referrals had been completed. **CD,ESM**

25/21/7 UHL ED Safety Checklist Audit Report

The Clinical Director, ESM presented paper H, updating members on the current position with the implementation of the electronic ED Patient Safety Checklist and compliance. The completion of the safety checklist had been audited on an on-going basis and the results for October, November and December 2020 showed an improvement in compliance. The paper checklist had now been

embedded with good rates of completion, evidencing that patients were receiving hourly care. However, the electronic version of the checklist had not yet been put in place due to Covid-19. The Medical Director provided assurance this matter had been discussed at the e-Hospital Board and the implementation of e-assessment in ED was on the work programme for 2021-22. The Chief Nurse advised that with the current compliance levels of completion of the checklist, the audit should be marked as complete and closed-off by the Trust through the PwC tracker, with ongoing monitoring to ensure that it was sustained. The QOC Chair was assured that manual audits were taking place and when the electronic system was put in place, assurance be reported to monthly CMG Performance Review meetings. In the meantime, it was suggested that the manual audit figures were provided to QOC, for noting on a quarterly basis. **CD, ESM**

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

(B) the Clinical Director, ESM be requested to submit the manual audit figures in respect of the completion of the ED safety checklist to QOC, for noting, on a quarterly basis (commencing from June 2021) until the electronic version was in place. **CD, ESM**

25/21/8 Clinical Audit Report – Quarter 3 (2020-21)

The Clinical Audit Manager attended the meeting to present paper I, the 2020-21 Clinical Audit Quarter 3 report. In this quarter, there had been a move to reporting on projects instead of cycles that had been registered on the Clinical Audit and other Quality Improvement programmes. As part of the BTB Quality Strategy, the aim was to increase the proportion of projects undertaken that resulted in positive outcomes, whereby patient care was improved and assurance was provided that standards were being met. The Clinical Audit team had implemented a new process to help ensure a timelier reporting process within the Trust on National Clinical Audit (NCA) reports. This process also linked into CQC intelligence/data packs, the Integrated Quality Assurance System (IQAS) and Data Protection/National Patient Opt-Out. The QOC Chair and the Medical Director commended the Clinical Audit Manager and his team for driving this agenda forward and were impressed that clinical audits had continued to be undertaken even with Covid-19 pressures.

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

Patient Safety Highlight Report

The Head of Patient Safety attended the meeting to present paper J, which detailed the monthly update on patient safety, including complaints data. Specific points of note highlighted in this month's report included: (1) the key points from the NHS Patient Safety Strategy: 2021 update – in discussion on this and in particular, the inclusion of two Patient Safety Partners on safety related clinical governance committees (or equivalents), it was suggested that feedback be provided to the NHS Patient Safety team that Patient Safety Partners would require appropriate briefing specifically in respect of the objective to address inequalities in patient safety ; (2) the plan for transitioning back to 'business as usual' activity in the Corporate Patient Safety team from 6 April 2021; (3) outcome of the discussion between the Head of Patient Safety, Director of Quality Governance, Head of Midwifery and Clinical Director, Women's and Children's regarding the approach agreed by the Trust in respect of the mandate to report maternity Health Service Investigation Branch (HSIB) cases as Serious Incidents, and (4) from 1 April 2021 'wrong tooth removal' would be excluded from the never events list. The contents of this report were received and noted. The QOC Chair thanked the Head of Patient Safety and her team for their contribution to clinical care whilst the Trust faced operational pressures due to Covid-19. **HPS**

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

(B) the Head of Patient Safety be requested to feedback to the NHS Patient Safety team that Patient Safety Partners would require appropriate briefing specifically in respect of the objective to address inequalities in patient safety. **HPS**

25/21/10 Report on further analysis of UHL's mortality

The Medical Director presented paper K, a report following further analysis of UHL's mortality. The

following points were highlighted in particular:-

(a) an increase in comorbidity rates along with an increase in the proportion of non-elective activity, however, these increases had been broadly in line with peers;
(b) a material decrease in palliative care rates which had been variant to the peer group and national profiles. This would have an impact on the expected rates. Palliative care coding would be reviewed and investigated;
(c) a consistently high proportion of acute bronchitis activity and mortality at the Trust which, as a generally low risk diagnosis, might impact on the overall expected rate – further local work would be undertaken to understand the reasons for this;
(d) a disproportionate increase compared to peers in proportions of a number of low risk diagnosis groups – UTI and senility organic mental disorders – further analysis on activity trends would be completed with support from Dr Foster Intelligence (DFI) Consultant, and
(e) a disproportionate decrease in the proportion of activity of septicaemia, which potentially would have a material, impact on the expected mortality with observed mortality remaining constant across the 12 month period – further analysis with support from DFI Consultant would be undertaken.

The action plan listed the areas of focus and the actions agreed by the Mortality Review Committee. The Medical Director advised that further investigative work would be undertaken in conjunction with DFI Consultant. In discussion, it was noted that the any specific issues arising from the further investigative work would be highlighted to QOC imminently and the report itself would be submitted for discussion, when it became available. **MD**

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

(B) the Medical Director be requested to highlight any specific issues arising from the further investigative work on UHL's mortality to QOC imminently and the report itself would be submitted for discussion, when it became available. **MD**

25/21/11 Patient Experience Update – Quarter 3 (2020-21)

The Chief Nurse presented paper L, a report on progress made throughout quarter 3 of 2020-21 against the patient feedback plan 2019-21. Members were advised that the Trust was progressing with the priorities laid out in the Patient Experience Plan 2019-21 and was on course to successfully deliver on all required outcomes. The introduction of the new Friends and Family Test question coincided with a step-change in percentage positive score. Since this occurred during the Covid-19 outbreak it was difficult to be conclusive about the true cause of the change and whether this represented improvement. However, it demonstrated patients had been satisfied with Services on the wards despite the challenges presented by the pandemic. The Outpatient Friends and Family Test score had deteriorated, however, it was noted that this was due to the significant reduction in outpatient appointments during Covid-19. A restricted visiting survey had been put in place in order to receive feedback from patients' families/friends and carers. NHSE /I had resumed national reporting of Friends and Family Test results in December 2020.

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

25/21/12 Safeguarding Assurance Report – Quarter 3 (2020-21)

The Chief Nurse presented paper M, an update on the work and developments within the safeguarding agenda in quarter 3 of 2020-21. Due to Covid-19, there had been significant restrictions in which services had been delivered across social care, public health and community health services. As a result of this, the Trust had seen an increase in the number of community admissions relating to neglect and pressure ulcers. The report outlined workstreams that the Trust was involved in which had gained national recognition – (a) the work to review prevalence of concealed pregnancies, and (b) the work to reduce the risk of children in care settings being abandoned in the Emergency Department. Although there had been a decline in safeguarding referrals during Covid-19, issues were expected to emerge in due course.

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

26/21 ITEMS FOR NOTING

26/21/1 Genomics Clinical Safety Case – National Genomics Information System

The Medical Director provided a brief background of the UHL Cytogenetics Service (paper N refers). This service was a subcontracted Local Genomic Laboratory (LGL) to the East Genomic Laboratory Hub (GLH) led by Cambridge University Hospitals (CUH) NHS Trust. Members were advised that genomic testing had been commissioned by the NHSE Genomics Unit (NHSEGU), which had commissioned a Whole Genome Sequencing (WGS) service, for use as a clinical diagnostic service in patients with suspected genetic conditions. As part of the service, a National Genomics Information System (NGIS) had been commissioned which was integral to allowing access to the WGS service incorporating multiple functions including but not limited to test ordering, sample tracking, test interpretation and test reporting. It was noted that the Trust had accepted the clinical safety case for NGIS in line with the CUH NHS Trust's stipulations to ensure equity of access for UHL patients to WGS and this agreement would be reviewed as sample volumes increased (>30).

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

26/21/2 Health and Safety Report – Quarters 2 & 3 (2020-21)

Resolved – that the contents of these reports (papers O1&O2) be received and noted.

26/21/3 EQB Minutes – 9 February 2021

Resolved – that the EQB Minutes from 9 February 2021 (paper P) be received and noted.

27/21 ANY OTHER BUSINESS

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

28/21 IDENTIFICATION OF ANY KEY ISSUES FOR THE ATTENTION OF THE TRUST BOARD

Resolved – that (A) the following items be highlighted to the 1 April 2021 public Trust Board via the summary of this Committee meeting for information: **QOC Chair**

- **Cancer Performance Recovery** – to note that the restoration and recovery plan would be commencing in April 2021 (Minute 25/21/3 above refers);
- **UHL Maternity Service CNST – Year 3 Update –** to note that the further update from NHS Resolution whereby some standards had been altered due to the challenges presented by Covid-19, and the evidence for the standards would be submitted to EQB and QOC for appropriate review (Minute 25/21/4 above refers);
- **Patient Safety Highlight Report** – to particularly note the 4 points highlighted by the Head of Patient Safety (Minute 25/21/9 above refers), and
- **Report on further analysis of UHL's mortality –** the Medical Director to provide a verbal update to the Trust Board (Minute 25/21/10 above refers).

29/21 DATE OF THE NEXT MEETING

Resolved – that the next meeting of the Quality Outcomes Committee be held on Thursday 29 April 2021 from 2pm via Microsoft Teams.

The meeting closed at 3.55pm

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)	12	12	100	C Fox	12	10	83
P Baker	12	11	92	A Furlong	12	9	75
R Brown	0	0	0	B Patel	8	7	87.5

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)	6	5	83	J Smith	6	6	100
M Durbridge	5	5	100	C Trevithick/C West (CCG	12	7	58
I Orrell	1	1	100				