University Hospitals of Leicester NHS
NHS Trust

Trust Board paper I1

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 7 January 2021

COMMITTEE: Quality and Outcomes Committee (QOC)

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

DATE OF COMMITTEE MEETING: 26 November 2020

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

- **Minute 61/20/08 - Mortality and Learning from Deaths Report 2020/21 Q1-2 (recommended for approval – as previously hyperlinked within the QOC Summary from 26 November 2020, as submitted to 3 December 2020 Trust Board meeting)**

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

- **Minute 61/20/5 - Ophthalmology Long-term Follow up Patients**
- **Minute 61/20/7 - MBRRACE UK Maternal COVID-19 Rapid Report and Recommendations**

(previously referred for information via the QOC Summary from 26 November 2020, as submitted to 3 December 2020 Trust Board meeting)

DATE OF NEXT COMMITTEE MEETING: 17 December 2020

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 26 NOVEMBER 2020 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:
Mr P Aldwinckle - Patient Partner
Mr C Allsager - Clinical Director, ITAPS (for Minute 61/20/6)
Ms H Brooks – Consultant Cancer Lead (for Minute 61/20/4)
Ms H Busby-Earle - Clinical Director, MSS (for Minute 61/20/5)
Mr J Jameson -Deputy Medical Director (for Minute 61/20/8 and 61/20/9)
Ms S Leak -Director of Operational Improvement (for Minute 61/20/4)
Ms A Moss - Corporate and Committee Services Officer
Ms C Rudkin - Senior Patient Safety Manager (for Minute 61/20/3)
Ms J Smith - Patient Partner
Ms C West - CCG Representative
Mr I Scudamore - Clinical Director, W&C, (for Minute 61/20/7)
Mr Z Sentence - General Manager, (for Minute 61/20/5)

RESOLVED ITEMS

57/20 APOLOGIES

There were no apologies for absence.

58/20 DECLARATIONS OF INTERESTS

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

59/20 MINUTES

Resolved – that the Minutes of the Quality Outcomes Committee meeting held on 29 October 2020 (paper A1 refers) and the QOC Summary from the same meeting (paper A2 refers, as submitted to the Trust Board on 5 November 2020) be confirmed as a correct record.

60/20 MATTERS ARISING

The Chair reviewed the outstanding actions.

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

61/20 ITEMS FOR DISCUSSION AND ASSURANCE

61/20/1 COVID-19 Position

The Medical Director and the Chief Nurse gave a verbal update on the current position within UHL with respect to the COVID-19 pandemic.

The Medical Director noted that whilst there were early signs that the rates of infection in the community may be starting to decrease as a result of the national lockdown measures, they were still high within the locality. Learning from other areas it was anticipated that COVID-19 in patient numbers would be likely to plateau for three weeks before significant reductions in numbers were seen. The peak of inpatient COVID-19 activity in wave 2 was higher than the first surge; 270 patients against 205 in April 2020. Modelling had shown the potential for the peak to reach 350 patients and it was likely that that level of activity would continue for longer than in the first wave.

There had been regional co-ordination of Critical Care & General and acute bed surge capacity and as a result some elective work had been postponed. Critical Care mutual aid was being provided to surrounding Trusts The Trust was continuing to see and treat priority patients in categories P1 and P2 and some in P3. UHL was using the independent sector and managing to maintain diagnostic services.

Staff sickness was at 10%; half of which was COVID-19 related. Plans were being made for vaccinating staff for COVID-19. As there was a requirement to leave a gap between administering a flu vaccine and the COVID-19 vaccine, staff were being encouraged to have the flu vaccine as a matter of priority.

The Chief Nurse reported on the additional capacity that had been created to cope with the surge of COVID-19 activity, noting that four new wards had been opened and 2 wards repurposed to become acute medical wards. There was significant pressure on medical and nurse staffing levels but were at minimum safe staffing levels. Using the Public Health England definition there had been a number of outbreaks recorded. The Infection Prevention Controls, she reported, were stringent. The nosocomial rate was 9% but there was no data available to compare to other trusts.

Ms J Smith, Patient Partner, asked whether UHL had access to the Nightingale Hospitals. The Medical Director explained that it was not considered as a viable option as it would mean transferring UHL staff to the Nightingale Hospital and so the system plan was to create additional capacity locally but the challenge was staffing. Ms J Smith, Patient Partner, asked how the additional capacity was being staffed. The Chief Nurse note that medical staff were being redeployed and locums engaged. For nursing staff the Trust was using agency staff and existing staff working additional shifts through the Bank. Some staff, for example, registered nurses within the corporate nursing team were providing clinical shifts. The Chief Nurse added that nurses working in Safeguarding and Infection Prevention were not being redeployed in order to protect those functions. The Chief Nurse assured the Quality Outcomes Committee that staff who were redeployed were registered and competent. The leadership team on the wards, including the matron and ward sister, were all experienced and in their field.

Mr B Patel, Non-Executive Director, asked how the mutual aid was recorded and reflected on the SitRep. The Medical Director noted that the mutual aid was only applicable for critical care patients and would be a small number. He added that the breakdown of patient data by demographic was available but not displayed on the SitRep.

Resolved – that (A) the verbal update be noted.

61/20/2 Quality and Performance Report Month 7

The Medical Director and Chief Nurse presented the Month 7 Quality and Performance report, 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 Chief Nurse highlighted the improvements made in relation to the maternity 'friends and family test'. She acknowledged the considerable work undertaken by maternity teams to change pathways which had led to sustained improvement. The Chief Nurse reported that there had been eight C.diff cases in October 2020 which was below the trajectory. The Medical Director noted that many aspects of the report, such as cancer performance, mortality and deteriorating patients were covered in more depth by other reports on the agenda. It was noted that there had been a Never Event which would be reported at a later stage to the Committee. The report was noted.

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

61/20/3 Patient Safety Highlight Report

Ms C Rudkin, Senior Patient Safety Manager, presented the monthly Patient Safety Highlight report and highlighted the role of the Transferring Care Safely Group, the themes of GP concerns received in Q1 and Q2 2020/21 and information about the relaunch of the GP concerns process.

The Transferring Care Safely Group had been reconstituted as a system group to manage care issues from a patient safety and quality improvement perspective. This would enable all organisations to work together in an integrated way. The meetings would be data driven and where care pathways and gaps in commissioned care were identified the Design Groups would resolve issues. The Transferring Care Safely Group would establish Task and Finish Groups for those concerns which could not be resolved by the Design Groups.

The report set out the trends from GP concerns registered in Q1-2 of 2020/21. The Clinical Management Group with the most concerns was Emergency Specialist Medicine. The top three specialties were Acute Medicine, Emergency Departments and Cardiology. Integrated care and discharge were the major themes which included inappropriate requests of GPs to refer, prescribe, follow up and investigate following patient discharge from UHL or post outpatient appointment. Medication was the second most common theme. The revised Consultant to Consultant Policy had led to a decrease in inappropriate requests of GPs. The Transferring Care Safely Guidelines were being reviewed. Anticoagulation concerns received in Q1 and Q2 would be reviewed by the Trust Anticoagulation Committee. The Senior Patient Safety Manager noted that the GP concerns process was part of a reciprocal arrangement and encouraged UHL staff to highlight concerns regarding GP services to promote collaboration and identify improvements.

The Senior Patient Safety Manager referenced the complaints report and noted that performance on the '65 days to respond' metric was poor. This was usually down to the complaint requiring a response from more than one organisation. There had been an increase in the number of complaints about gynaecology services. Ms J Smith, Patient Partner, asked about the complaints that GPs had made about patients being discharged into their care inappropriately. Acknowledging that patients may feel 'stuck in the middle; she wondered whether this was reflected in patient complaints. The Senior Patient Safety Manager considered that it was not a specific theme of complaints. Ms J Smith, Patient Partner, reflected that GPs had complained they were asked to re-refer patients to another speciality and noted that could delay treatment and create anxiety for patients. The Medical Director explained that the purpose of the Consultant to Consultant policy was to provide guidance on this matter but it was not possible to cover every eventuality and some discretion based on patient priority was given. Mr B Patel, Non-Executive Director, asked about the complaints relating to anticoagulant medication. The Senior Patient Safety Manager noted that whilst the number of complaints had decreased and improvements made - specifically bridging plans and information for pre-operative care. The Medical Director added that a lot of work had been undertaken to address the complaints in relation to anticoagulation medication included a dedicated discharge letter.

The Senior Patient Safety Manager referenced the Patient Safety Report and noted there had been five Serious Incidents and one Never Event which concerned a hip replacement. The investigation into the Never Event was progressing and identifying issues relating to culture and leadership. Ms V Bailey, Non-Executive Director Committee Chair, noted the upward trajectory on table 8.4 of the Patients Safety Report which illustrated the rate of patient safety incidents and proposed that this be closely monitored and reviewed.

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

61/20/4 Cancer Performance Recovery 2019/20

Ms S Leak, Director of Operational Improvement, and Ms H Brooks, Consultant Lead, presented the latest report regarding cancer delivery and performance for September 2020. It was noted that September 2020 was the month when services were being restored and with pathways designed to take account of COVID-19. Eight targets had been met and performance on the two week wait had improved considerably. There had been a review of the waiting list that demonstrated there had been no physical harm as a result of the pause in activity during the COVID-19 surge. Screening services had done well to maintain their services for high risk patients and these were being restored for

routine appointments. The current challenge was the lack of capacity. There had been good use of the independent sector primarily for day cases. The Director of Operational Improvement reported that referral and conversion rates had increased. With respect to cancellation of procedures, she noted that the numbers were equivalent to the same period last year. In October 2020, 33 operations had been cancelled and 28 had been cancelled in October 2019. Of the 33 operations in October 2020: thirteen were due to lack of capacity on ITU other operations may have been cancelled if the patient was too poorly. The Consultant Lead noted that elective activity had been curtailed as there were a number of ITU staff who were off sick and theatre staff were providing cover. The Clinical Director, ITAPs, commented that the impact on theatres had been less than that experienced in the first wave and the plan was to restore activity in the next few weeks. The challenge, he added, was not just theatres but on flow in the system and bed availability.

Prof P Baker, Non-Executive Director, noted that much had changed since September and wondered whether it was possible to present more contemporary data. The Director of Operational Improvement noted that provisional data was available for October 2020 but it had not been validated and submitted as part of the national reporting programme. It was possible to provide provisional indicators to Quality Outcomes Committee which asked for these to be presented in future. The report was received and the Chair noted the position, the planned activity, prioritising patients and the harm review undertaken.

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

(B) that provisional data be included in the monthly report to provide a more up-to-date picture. **DOI**

61/20/5 Ophthalmology Long-term Patients Follow up

Ms H Busby-Earle, Clinical Director, MSS, and Mr Z Sentance, General Manager, presented a progress report on the actions taken with respect to patient safety concerns relating to ophthalmology. It was reported that the Ophthalmology Department had insufficient capacity for the demands on the service; this had resulted in some patients waiting significantly longer than they should for follow up appointments. There had been significant investment in the service over the past few years which had reduced the backlog of patients waiting and work to mitigate the risk. However, there was a cohort of patients who were not being followed up in a timely manner. Although capacity was the major issue the service was hindered by manual processes which did not facilitate risk stratification or validation.

It was reported that the number of patients on the ophthalmology follow up waiting list and were overdue an appointment had increased since September 2020 due to social distancing and infection prevention controls. As a result, a further review of the infection prevention controls had been undertaken and a revised assessment which balanced the risks of sight loss against the risks posed by COVID-19. As result it had been possible to acquire further space using the WRVS conservatory. The plan had been to ensure that patients waiting to be seen since 2018 would be seen by January 2021. However, this might not be possible as staff had been redeployed to assist with the pandemic. The report detailed the actions taken to manage and mitigate the risks.

The Clinical Director, MSS, reported that the next steps were to move aspects of the service into the community and extend the Leicestershire Urgent Eye Care services (LUECs) which had been piloted as a community based prescribing optometry service.

The Medical Director summarised the issue as that of demand outstripping capacity and noted that the estate footprint for the service was too small. There had been investment into the service previously and the service had been proactive in redesigning pathways and changing the skills mix to increase capacity. The Medical Director noted that the report provided assurance about patient harm but did not provide the long-term solution.

Prof P Baker, Non-Executive Director, expressed concern at the scale of the problem and the numbers on the waiting list. He felt there should be further discussion about increasing capacity. Ms J Smith, Patient Partner, asked about the communication with patients. The General Manager replied, noting that patients were advised about waiting times and those waiting over a year had

been contacted twice. Ms C West, responding as a Commissioner, noted that ophthalmology was a priority area and that work was underway within a design group with respect to commissioning community services. The report was received and a further report in three months' time requested.

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

(B) a further report be provided in three months time. **CD, MSS**

61/20/6 Pain Harms Governance Review

Mr C Allsager, Clinical Director, ITAPs reported on the outcome of the review of potential patient harm caused by delays in sending out letters from the Pain Service. The patients were identified and a sample of letters were reviewed by pain management Consultants to identify those containing reference to medication. Of the letters reviewed; 70% were reported as 'no harm' and 30% as 'minor harm'. There were no instances of moderate/major harm or death. The review panel had agreed that, given the investment in time for each review compared to the levels of harm identified in the initial sample, no further actions were necessary. The approach had been endorsed by the Executive Quality Board. The Clinical Director, ITAPs, noted that the service was now meeting its targets for sending letters.

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

61/20/7 MBRRACE UK Maternal COVID-19 Rapid Report and Recommendations

Mr I Scudamore, Clinical Director, Women and Children's (W&Cs), presented a paper on the review of maternity deaths during the COVID-19 pandemic. It was noted that 'Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries' in the UK (MBRRACE-UK) was a national organisation which reviewed maternal deaths. In August 2020 MBRRACE reviewed deaths between March and May 2020 with specific reference to COVID-19. The Maternity Service conducted its own gap analysis, reviewing the recommendations in the MBRRACE report against UHL's clinical models of care and the Standard Operating Procedures (SOPs) developed for the COVID-19 pandemic. The review had confirmed that the issues had been addressed in the SOPs and included the learning around potential risk e.g. BAME ethnicity, and obesity. The Action Plan appended to the report cross referenced the MBRRACE report to the progress made by the Trust.

Prof P Baker, Non-Executive Director, asked whether the service had seen increased mental health issues for women as a result of lockdown or shielding during the pandemic. The Clinical Director, W&C, reported that there was a Perinatal Mental Health Clinic and agreed to enquire about any increased prevalence. Mr B Patel, Non- Executive Director, asked whether there were any trends for BAME patients. The Clinical Director, W&C, noted an initiative to develop a dashboard on BAME issues such as diabetes and to evaluate the quality of service for the BAME community and invited Mr B Patel, Non-Executive Director, to link into that work. The Clinical Director observed that there had been an increase in safeguarding issues as a result of the lockdown. **CD, W&C**

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

(B) the Clincial Director, W&C, enquire as to the presentation by maternity patients of mental health issues reported during COVID-19. **CD, W&C**

61/20/8 Mortality and Learning from Deaths Report 2020/21 Q1-2

The Medical Director and Mr J Jameson, Deputy Medical Director, presented the quarterly report on deaths in the Trust. Appendix 1 set out a summary of UHL's mortality rates, both risk adjusted and crude. UHL's Summary Hospital–Level Mortality Indicator (SHMI) and Hospital Standardised Mortality Rates (HSMR) rates remained within the expected range. The report noted that changes had been made to both the SHMI and HSMR methodology so that all admissions coded with COVID-19 as a primary or secondary diagnosis had been removed from the dataset. Analysis undertaken by Dr Foster, Intelligence Consultant at Imperial College, looking at both the HSMR and SHMI rates, noted that changes made to the data with the COVID-19 pandemic appeared to have affected both diagnosis group numbers and the case mix. Further work was being undertaken

looking at the diagnosis groups within the SHMI to see if there were any immediate actions needed.

Appendix 2 of the report set out the Q1 & Q2 20/21 'Learning from Deaths' activity. The report noted there had been delays in the deaths being screened by a Medical Examiner. The delays were mainly associated with deaths at Glenfield and Leicester General Hospitals due to case notes being needed for coding purposes before transferred to Medical Examiner Office. The feasibility of UHL providing a Medical Examiner service for primary/secondary care was being explored. A pilot had started in July with LOROS and two local GP practices would be included in a pilot in November and December. The report set out the work of the Bereavement Support Nurses in 2019/20 and Q1-2 2020/21. The quarterly Perinatal Mortality data was reviewed and it was noted that after a spike of cases in the first quarter of the year (which had been subject to athematic review), numbers had returned to normal. The Quality and Outcomes Committee received the report and noted that the SHMI and HSMR were within the expected range.

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

61/20/9 Deteriorating Patient Board Quarterly Report 2020/21 Q1-2

Mr J Jameson, the Deputy Medical Director, reported on the work of the Deteriorating Patient Board, the Resuscitation Committee and the End of Life and Palliative Care Committee since January 2020.

The Deputy Medical Director reported that Mr John Parker, Consultant Anaesthetist in Critical Care had been appointed as Associate Medical Director in April 2020 and would drive forward the deteriorating patient agenda. The UHL Sepsis Data demonstrated significant variance through Q1 & Q2 which was almost certainly explained by changes in patient population, severity of illness and services changes brought about by the COVID-19. The Sepsis outcomes remained satisfactory. An observational study (Management of Inpatient Deteriorating Adult Surveillance Study carried out in January 2020) showed that for most of the patients with high NEWS2 scores (a track and trigger system used to monitor in patients), care was appropriate. ReSPECT forms were being used at Leicester Royal Infirmary and Glenfield Hospital but not as much at Leicester General Hospital. Between March and August 2020 the Inpatient Diabetes Team undertook patient reviews remotely; the change in approach had been well received by clinical teams. Glucose and ketone meters had been installed in all clinical areas and there was a work stream to continue networking these to Nervecentre to fully maximise the benefits.

A review of all patients referred to Adult Critical Care on the Leicester Royal Infirmary site during the first wave of COVID-19 was reported and this showed that escalation of patient care and decision making had been appropriate, demonstrating appropriate individual patient based decision making; cases accepted were on average slightly younger with less comorbidity than those declined admission and there was no bias in terms of sex, race or time of referral. Resuscitation practices under COVID-19 had been modified by the Trust to align with Public Health England guidance. Compliance with resuscitation training was at 90% across all staff groups and CMGs.

The Specialist Palliative Care Service within UHL would be aligning to the wider system work across LLR. The responsibility for the ongoing monitoring and implementation of ReSPECT had moved to the LLR End of Life Task Force. A standardised audit tool had been developed and the audit postponed until version 3 of the form had been implemented. The Quality Outcomes Committee received the report which it considered to be comprehensive and demonstrated the alignment of numerous work streams and system thinking.

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

61/20/10 Preventing and Reducing Hospital Acquired Pressure Ulcers Q1

The Chief Nurse reported on the number of reported Hospital Acquired Pressure Ulcers (HAPU) during Quarter 1, 2020; the themes and trends identified and the work in progress to reduce the number of HAPUs. The Chief Nurse noted that NHS guidance had been revised with the aim to improve care and learning from all hospital harms. A Pressure Ulcer Steering Group had been established. The report set out the rates of hospital acquired pressure ulcers during Quarter 1, 2020/21 and the levels of harm to patients by category, anatomical area and device related. The

Chief Nurse commented that the number of incidents was mainly due to the use of masks for ventilation and patients being prone which were due to COVID-19. The Chief Nurse welcomed the revised guidance and focus to drive forward quality of care. The Quality Outcomes Committee noted that the report did not cover Quarter 2 2020/21 and the Chief Nurse said that in future the Committee would receive timely quarterly reports in line with the new reporting arrangements.

62/20 ITEMS FOR NOTING

Items for noting:– the following reports were received and noted for information:-

62/20/1 **Q2 Assessment and Accreditation**

Resolved – that the Q2 Assessment and Accreditation (paper L refers) be received and noted.

62/20/2 **Executive Quality Board (EQB) Action Notes – 13.10.2020 and 10.11.20**

Resolved – that the EQB Minutes (papers papers M1 and M2 refer) be received and noted.

63/20 ANY OTHER BUSINESS

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

64/20 IDENTIFICATION OF ANY KEY ISSUES FOR THE ATTENTION OF THE TRUST BOARD

Resolved – that (A) the following items be highlighted to the 3 December 2020 public Trust Board via the summary of this Committee meeting for approval: **QOC Chair**

- **Mortality and Learning from Deaths Report 2020/21 Q1-2 (Link) – This paper provides the quarterly report on learning from Deaths data required by the Clinical Negligence Scheme for Trusts' Maternity Incentive Scheme.**

And (B) the following items be highlighted to the Trust Board for information:

- **MBRRACE UK Maternal COVID-19 Rapid Report and Recommendations and**
- **Ophthalmology Long-term Follow up Patients**

65/20 DATE OF THE NEXT MEETING

Resolved – that the next meeting of the Quality Outcomes Committee be held on Thursday 17 December 2020 from 2pm via Microsoft Teams.

The meeting closed at 4.05pm

Alison Moss - **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)	8	8	100	C Fox	8	6	75
P Baker	8	7	88	A Furlong	8	6	75
R Brown	0	0	0	B Patel	4	3	75
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)	2	2	100	J Smith	2	2	100
M Durbridge	5	5	100	C Trevithick/C West (CCG - from January 2020)	8	7	88