

Trust Board paper M1

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 3 June 2021

COMMITTEE: Quality and Outcomes Committee (QOC)

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

DATE OF COMMITTEE MEETING: 29 April 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:

- **Waste Risk Management** – to note the current issues in respect of the mis-consignment of the Trust's waste and the actions in place to address this (Minute 34/21/1 refers);
- **Cancer Performance Recovery** – to note that discussions were on-going in respect of Maggie's Centre and work was in progress to support this initiative (Minute 34/21/2 refers);
- **Patient Safety Highlight Report** – the Medical Director to provide a verbal update to the Trust Board regarding the never event (Minute 34/21/3 refers);
- **Aggregated Covid-19 Outbreak report** – to note UHL's outbreak management process and recognition from NHSE/I re. UHL's approach (Minute 34/21/6 refers), and
- **CQC Transitional Monitoring Application (TMA)** – to note the approach CQC would be taking as outlined (Minute 35/21/3 refers).

DATE OF NEXT COMMITTEE MEETING: 27 May 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 29 APRIL 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:

Mr P Aldwinckle – Patient Partner
Dr H Brooks – Chair of the Cancer Board (for Minute 34/21/2)
Ms H Hutchinson – Assistant Director of Performance Improvement, Leicester City CCG (CCG Representative)
Ms H Majeed – Corporate and Committee Services Officer
Mr M Mannix – Deputy Director of Estates and Facilities (for Minute 34/21/1)
Ms B O'Brien – Director of Quality Governance
Mr I Orrell – Associate Non-Executive Director

RESOLVED ITEMS

30/21 APOLOGIES

Apologies for absence were received from Ms J Smith, Patient Partner.

31/21 DECLARATIONS OF INTERESTS

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

32/21 MINUTES

Resolved – that the Minutes of the Quality Outcomes Committee (QOC) meeting held on 25 March 2021 (paper A1 refers) and the QOC Summary from the same meeting (paper A2 refers), as submitted to the Trust Board on 1 April 2021 be confirmed as a correct record.

33/21 MATTERS ARISING

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

34/21 ITEMS FOR DISCUSSION AND ASSURANCE

34/21/1 Waste Risk Management

Mr M Mannix, Deputy Director of Estates and Facilities attended the meeting to present paper C, which highlighted a range of actions that were being taken to address the current mis-consignment of the Trust's waste. Since Covid-19, the Trust's waste had increased by approximately 40%. Nationally, waste processing facilities had been under immense pressure and running beyond their normal capacity, resulting in great difficulty in being able to receive the additional waste being produced by UHL and other Trusts across the country. To manage the risk nationally, NHSI/E had issued instructions requiring Trusts not to engage in tendering for new clinical waste contracts until further notice. It had also activated National Contingency Co-ordination (NCC) arrangements. UHL had made use of the NCC and the additional collections had started to reduce some of the stockpile of waste.

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

(B) the rest of the Minute be classed as confidential and taken in private accordingly.

34/21/2 Cancer Performance Recovery

The Chair of the Cancer Board attended the meeting to present paper D. Members were advised that 6 of the cancer-related performance targets had been achieved in February 2021. Members noted that the performance in respect of 2-week waits was 95.9% against a target of 93% in February 2021. The biggest challenge remained the 31-day surgery waits due to decreased theatre capacity and the growing 104-day backlog. Every patient was given a clinical priority score and capacity was being managed based on clinical need. It was noted that as part of restoration and recovery, a planned increase in theatre activity from 10 May 2021 would decrease the current backlogs. There had been an increase in 2-week wait referrals and patients were presenting at a later stage. The QOC Chair particularly requested that the significant increase in the 2-week wait referrals be monitored highlighting the subsequent challenge to the 31-day and 62-day performance depending on conversion numbers. In response, the CCG Representative advised that the new referrals were also monitored through the Cancer Design Group and Quality and Performance Group at a CCG and system-level. In further discussion, the Chair of the Cancer Board was requested to explore whether it would be possible to extract cancer staging data and present this information for discussion at the Cancer Board and QOC be informed, if any support was required in terms of capacity planning to address the conversion rate. It was noted the discussions were on-going in respect of Maggie's Centre and work was in progress to support this initiative.

CCB

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

(B) the Chair of the Cancer Board be requested to explore whether it would be possible to extract cancer staging data and present this information for discussion at the Cancer Board and QOC be informed, if any support was required in terms of capacity planning to address the conversion rate.

CCB

34/21/3 Patient Safety Highlight Report

The Director of Quality Governance presented paper E, which detailed the monthly update on patient safety, including complaints data. Specific points of note highlighted in this month's report included: (1) a Covid-19 capture tool had been developed on the Datix system to report incidents where actual harm had been identified as a result of a delay in treatment or follow-up due to Covid-19. A standard operating procedure had also been developed for this purpose; (2) requirements in the NHSI document re. 'Reporting, reviewing and investigating hospital-onset Covid-19 cases and Covid-19 deaths'. In discussion on this point, it was noted that this was a Midlands based reporting process. A Task and Finish Group had been established to undertake the work required to meet the requirements in this document; (3) one never event and 5 serious incidents had been escalated in March 2021; (5) One Parliamentary & Health Service Ombudsman (PHSO) complaint had been closed in March 2021 - this case had been partially upheld and the recommendations from PHSO were being taken forward. An action plan to address the issues highlighted in this complaint would be presented to EQB in June 2021. The QOC Chair noted that there had been an increase in gynaecology complaints and requested the Director of Quality Governance to review this, as appropriate.

MD

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

(B) the Medical Director be requested to provide a verbal update to the May 2021 Trust Board regarding the never event.

MD

34/21/4 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) the number of Covid-19 patients being treated currently within the Trust, which was 18, of which 4 were in ITU and 1 on ECMO; (b) next steps in respect of vaccine boosters (c) as part of restoration and recovery, 100% theatre capacity would be available from 10 May 2021 ; (d) preparation for any further waves as per national guidance; (e) position of the Indian variant of Covid-19 was noted and

given the population served by UHL, any local mitigation steps (e.g. visiting arrangements) would be carefully considered, and (f) the System had decreased the Covid-19 escalation to level-2 and had stood down a number of Covid-19 Tactical and Strategic meetings. The Committee received and noted this update. It was noted that an update on Covid-19 would feature on future QOC agendas only if there were particular issues to report.

Resolved – that the verbal update be received and noted.

34/21/5 2020-21 Quality and Performance Report Month 12

The Medical Director and Chief Nurse presented the Month 12 Quality and Performance report (paper F 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 Chief Nurse advised that all reporting anomalies in respect of pressure ulcers had been addressed and the pressure ulcer data had now been re-included in the Q&P report. The Medical Director advised that the quarterly learning from deaths report and an update on the further investigative work on UHL's mortality would be presented to QOC in May 2021. Although the fractured neck of femur target had not been achieved in March 2021, performance had been stable for the rest of 2020-21. Members noted the reduction in the percentage of outpatient clinic letters turned around within 7 days with particular low performance in Children's Services. The Medical Director brought members' attention to the draft urgent care standards and highlighted the requirement to now report number of 12-hour waits in the Emergency Department. In response to a query from the CCG Representative regarding the increase in emergency re-admissions, the Medical Director advised that this was being addressed through the Urgent and Emergency Care workstream. The CQC had adopted a new approach to managing risk known as Transitional Monitoring Application (TMA) and dates for these were currently being identified. In response to a comment from the QOC Chair, the Chief Nurse advised that she had had discussions with the Director of Quality Governance and the CQC's most recent inspection report would be reviewed particularly in respect of the recommendations in the 'Safety' domain and any further actions required would be taken forward, as appropriate.

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

34/21/6 Aggregated Covid-19 Outbreak Report

The Chief Nurse advised that NHSE/I had issued guidance to all NHS Trusts requiring organisations to instigate formal outbreak management processes where outbreaks of SARS-CoV-2 had been identified. UHL had recorded 76 outbreaks from September 2020 when the reporting framework had been notified, these included incidents that had occurred in non-clinical areas affecting staff only as well as incidents in renal dialysis satellite centres off the main UHL sites. All Trusts had also been requested to undertake root cause analysis for every 'definite' and 'probable' healthcare associated Covid-19 inpatient infection. UHL had instigated a process to ensure these were completed by the Infection Prevention Team and this continued to-date. Paper G provided an update on the aggregated UHL SARS CoV-2 outbreak report. The report detailed the UHL outbreak management process, management of healthcare associated Covid-19 cases and learning from UHL outbreaks. The following factors which led to outbreaks were particularly highlighted:- (a) potential for cross-infection due to asymptomatic transmission of Covid-19 in both patients and staff; (b) insufficient number of single rooms to isolate patients, leading to the situation where patients with unknown Covid-19 status were nursed together in bays or open wards, leading to the significant risk of cross-infection, and (c) old retained estate was viewed as a potential factor in determining risk of cross infection for patients where a viral organism was the causative agent. Members also noted that the outbreak management process put in place by UHL had been recognised as good practice by NHSE/I. Leicestershire Partnership NHS Trust colleagues had also indicated that they would be adopting UHL's approach. The contents of this report were received and noted.

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

35/21 **ITEMS FOR NOTING**

35/21/1	<p><u>Safety Surgery and Invasive Procedures</u></p> <p>The Medical Director advised that the report included a very brief update on progress with each of Safer Surgery workstreams and next steps. The next update would be provided to EQB and QOC in September 2021.</p> <p><u>Resolved</u> – that the contents of this report (paper H) be received and noted.</p>	
35/21/2	<p><u>Medicines Optimisation Committee Report</u></p> <p><u>Resolved</u> – that the contents of this report (paper I) be received and noted.</p>	
35/21/3	<p><u>CQC Transitional Monitoring Application (TMA)</u></p> <p>The report (paper J) provided a brief update on the approach CQC would be taking to manage risk known as TMA. This would take the form of a video call with the Lead inspector for the Trust, the Chief Nurse, the Medical Director and the Director of Quality Governance. The call would not replace inspections which could still be undertaken for areas of high concern, however, the call would be used to monitor risk, and target regulatory activity, should it be required. This was a new process and it was not clear whether the results of the TMA would have an impact on the Trust's rating. Further guidance was awaited from CQC.</p> <p><u>Resolved</u> – that the contents of this report (paper J) be received and noted.</p>	
35/21/4	<p><u>NICE Guidance – Annual Report 2020-21</u></p> <p>Members were advised that of the 121 applicable published guidance received in 2020-21, compliance responses had been received for 90% and a further 3% were currently being reviewed by the Services and were within the reporting time frame. In respect of the 3 red-rated areas of non-compliance, it was noted that when this report was presented to EQB in April 2021, the Deputy Head of Outcomes and Effectiveness advised that work was in progress to address the issues and there were no concerns. The QOC Chair requested that the report be updated to include timescales and the work being done to address the issues.</p> <p><u>Resolved</u> – that (A) the contents of this report (paper K) be received and noted, and</p> <p>(B) the Director of Quality Governance be requested to include timescales and the work being done to address the issues in relation to the 3 red-rated areas of non-compliance in the NICE guidance report.</p>	<p>DQG</p> <p>DQG</p>
35/21/5	<p><u>Claims and Inquests Report</u></p> <p><u>Resolved</u> – that the contents of this report (paper L) be received and noted.</p>	
35/21/6	<p><u>EQB Minutes – 9 March 2021</u></p> <p><u>Resolved</u> – that the EQB Minutes from 9 March 2021 (paper M) be received and noted.</p>	
36/21	<p>ANY OTHER BUSINESS</p> <p><u>Resolved</u> – that there were no items of any other business.</p>	
37/21	<p>IDENTIFICATION OF ANY KEY ISSUES FOR THE ATTENTION OF THE TRUST BOARD</p> <p><u>Resolved</u> – that (A) the following items be highlighted to the 6 May 2021 public Trust Board via the summary of this Committee meeting for information:</p> <ul style="list-style-type: none"> • Waste Risk Management – to note the current issues in respect of the mis-consignment of the Trust's waste and the actions in place to address this (Minute 34/21/1 above refers); • Cancer Performance Recovery – to note that discussions were on-going in respect of Maggie's Centre and work was in progress to support this initiative (Minute 34/21/2 above refers); • Patient Safety Highlight Report – the Medical Director to provide a verbal update to the Trust Board regarding the never event (Minute 34/21/3 above refers); • Aggregated Covid-19 Outbreak report – to note UHL's outbreak management process and 	<p>QOC Chair</p>

- recognition from NHSE/I re. UHL's approach (Minute 34/21/6 above refers), and
- **CQC Transitional Monitoring Application (TMA)** – to note the approach CQC would be taking as outlined above (Minute 35/21/3 above refers).

38/21 DATE OF THE NEXT MEETING

Resolved – that the next meeting of the Quality Outcomes Committee be held on Thursday 27 May 2021 from 2pm via Microsoft Teams.

The meeting closed at 3.35pm

Hina Majeed - Corporate and Committee Services Officer

Cumulative Record of Members' Attendance (2021-22 to date):

Voting Members

<i>Name</i>	<i>Possible</i>	<i>Actual</i>	<i>% attendance</i>	<i>Name</i>	<i>Possible</i>	<i>Actual</i>	<i>% attendance</i>
V Bailey (Chair)	1	1	100	C Fox	1	1	100
P Baker	1	1	100	A Furlong	1	1	100
R Brown	0	0	0	B Patel	1	1	100
I Crowe	0	0	0	K Singh (<i>ex officio</i>)	0	0	0

Non-voting members

<i>Name</i>	<i>Possible</i>	<i>Actual</i>	<i>% attendance</i>	<i>Name</i>	<i>Possible</i>	<i>Actual</i>	<i>% attendance</i>
P Aldwinckle (PP)	1	1	100	J Smith	1	0	0
I Orrell	1	1	100	C Trevithick/C West/ H Hutchinson (CCG Representative)	1	1	100