

Trust Board paper J1

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 1 October 2020

COMMITTEE: Quality and Outcomes Committee (QOC)

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

DATE OF COMMITTEE MEETING: 27 August 2020

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

- Minute 34/20/5 – Learning from Deaths (recommended for approval – as previously appended to the QOC Summary from 27 August 2020, as submitted to 3 September 2020 Trust Board meeting)

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

- Minute 34/20/3 – Patient Safety Data Report (specifically the Annual Review of Harms and PHSO Consultation - appended to the QOC Summary from 27 August 2020, as submitted to 3 September 2020 Trust Board meeting), and
- Minute 34/20/11 – Infection Prevention and Control Annual Report (appended to the QOC Summary from 27 August 2020, as submitted to 3 September 2020 Trust Board meeting).

DATE OF NEXT COMMITTEE MEETING: 24 September 2020

Ms V Bailey, Non-Executive Director and QOC Chair

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

**MINUTES OF THE QUALITY OUTCOMES COMMITTEE (QOC) CONFERENCE CALL
HELD ON THURSDAY 27 AUGUST 2020 AT 8:30AM VIRTUAL MEETING VIA MOCROSOFT TEAMS**

Voting Members Present:

Ms V Bailey – Non-Executive Director (Chair)
Mr B Patel – Non-Executive Director
Ms C Fox – Chief Nurse
Dr A Furlong – Medical Director

In Attendance:

Mr C Allsager - Clinical Director, ITAPs, (for minute 34/20/6)
Ms B O'Brien - Deputy Director of Quality Assurance
Miss M Durbridge – Director of Quality Transformation and Efficiency Improvement
Ms L Fletcher - Head of Operations ITAPs (for minute 34/20/06)
Ms A Moss – Corporate and Committee Services Officer
Ms C West – CCG Representative
Ms S Khalid, Clinical Director, RRCV (for minute 34/20/7)
Ms H Busby-Earle - Clinical Director, MSS (for minute 34/20/8)
Ms E Broughton - Head of Midwifery (for minute 34/20/9)
Ms F Lennon - Deputy Chief Operating Officer (for minute 34/20/10)
Ms H Brooks - Cancer Clinical Lead (for minute 34/20/10)

RESOLVED ITEMS

30/20 APOLOGIES

Apologies for absence were received from Professor P Baker – Non-Executive Director (Deputy Chair).

31/20 DECLARATIONS OF INTERESTS

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

32/20 MINUTES

Resolved – that the conference call summary from 30 July 2020 (paper A) be confirmed as a correct record.

33/20 MATTERS ARISING

The Chair reviewed the outstanding actions.

The Deputy Director of Quality Assurance reported that action 25/20/3 - ED CQC Action Plan Updated was complete. The Medical Director noted that in respect of action 16/20/1a - UHL ED Safety Checklist Audit Report, the Electronic Safety Project had restarted having been re-scoped and part of a wider project. He would ask the CMGs for an update in October. **MD**

The Medical Director noted, with respect to action 7/20/3 – Resuscitation Committee Quarterly Update that the report would be incorporated in to the Deteriorating Patients Report which would be presented with the Learning from Deaths report in November.

The Medical Director noted, with respect to action 124/19 - GIRFT Dermatology Visit – Action Plan Update that a report would be presented to the October meeting.

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

34/20 ITEMS FOR DISCUSSION AND ASSURANCE

34/20/1 COVID-19 Position

The Medical Director gave a verbal update with regard to COVID-19, noting that 8 patients with COVID-19 were currently in hospital and no patients were being treated for the virus in ITU. The number of cases in the community had come down, but it was still three times the national average, hence the need for increased vigilance for infection prevention. The nosocomial rates were reported as a positive indicator as no patient had acquired COVID-19 in the hospital setting in the last six weeks. The CQC had reviewed adherence to the Infection Prevention Checklist and would provide a score. Newly issued guidance for Infection Prevention Control addressing PPE, air exchange and practice in theatres was being incorporated into clinical pathways. The System was required to submit plans to NHSE/I for restoration and recovery by 1st September. Winter planning was in train. The Chief Nurse added that the visiting guidance had been reviewed against the national and local network guidance. Whilst some concession could be made, there remained strict and proportionate protocols. These reflected the high rates of infection in the community and respecting that patients were required to self-isolate before coming into hospital for elective procedures. Mr B Patel, Non-Executive Director, sought assurance regarding communication with patients and their families regarding the visiting protocols. The Chief Nurse noted that the overwhelming response had been that patients understood why restrictions were in place.

Resolved – that the report be received and noted.

34/20/2 Quality and Performance Report Month 3

The Medical Director presented paper C which gave an overview of the Trust's performance against the key quality and performance metrics. In doing so, he highlighted the improved performance for the percentage of Neck of Femurs operated on less than 36 hours based on admissions, referred to the mortality rates which were addressed in more detail in a separate paper, and reported that there had been a Never Event in the Emergency Department. The Never Event, which was subject to a full investigation, concerned the wrong route for medication. There had been no patient harm.

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

34/20/3 Patient Safety Data Report

The Director of Quality Transformation and Efficiency Improvement attended the meeting to present paper D which provided the annual review of moderate plus harm incidents (April 2019 –March 2020), reported on medical care complaints, PHSO consultation and the patient safety data for July 2020.

The Director of Quality Transformation and Efficiency Improvement noted that the Trust had a good relationship with the Healthcare Safety Investigation Branch (HSIB). HSIB it had agreed to investigate one of the cases referred and would be visiting in September. This would support quality improvement and learning which could be applied nationally. The annual review of harms demonstrated a reduction in the number of incidents of moderate harm and above from 265 to 139. Whilst the Director of Quality Transformation and Efficiency Improvement cautioned that Quarter 4 data would have been skewed by the reduction in activity, the reduction was positive and reflected on the focus from the Patient Safety Team on harm reduction. The number of Serious Incidents had seen a modest decrease, although this was compared to the number in the previous year which had been the lowest for 8 years. The most common themes were inpatient falls and injury/poor outcome for the mother. This was not unusual and reflected the themes for acute trusts nationally. The number of incidents reported as causing death to a patient was 3 which was the same number reported in 2018/19. For 2019/20 the top five specialities for harm incidents were Maternity, General Surgery, Geriatric Services, Respiratory Medicine and Emergency Department. These specialities accounted for 45% of the moderate and major harm incidents. The Director of Quality Transformation and Efficiency Improvement assured the Committee that the all the incidents and themes were under review and included in a programme of work.

The report referenced the consultation regarding the Parliamentary and Health Service Ombudsman's draft Complaints Standards Framework. This created a new focus for the Ombudsman

to promote a learning and improvement culture which was welcomed.

The Director of Quality Transformation and Efficiency Improvement noted that the patient safety data for July 2020 was included in the report. There were no specific issues to highlight with the exception of two serious incidents. One related to a delay in acting on abnormal results from a New-born Bloodspot sample as part of the national new-born screening programme and the other related to a patient not receiving medication following their operation resulting in a stroke.

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

(B) that reference to the Annual Harm Review and PHSO consultation be highlighted to the Trust Board (Extract of paper D attached to the summary report) on 3 September for information.

**QOC
Chair**

34/20/4 Never Event: Misplaced Nasogastric Tube

Paper E, as presented by the Medical Director provided an overview of a root cause analysis investigation into a Never Event that involved a misplaced nasogastric tube. The findings indicated that the Local Safety Standards for Invasive Procedure (LocSSIP) and safety checklist list for NGTs had not followed or used; external tubes and wires had not moved out of the x-ray field; there had been poor communication between the clinical team partly due to having to wear full Personal Protective Equipment; verbal orders were taken which was not normal practice and team members had not undertaken the training modules. The actions taken to prevent similar occurrences included: NG tube LocSSIP and safety checklist on NerveCentre to be used for tube placement and confirmation; images to confirm placement to be carried out on high resolution monitors; increased number of viewing monitors in the AIC; external tubes to be moved out of imaging target area and verbal orders not to be taken or given even in these unprecedented times. The Medical Director considered that the investigation and corrective action was a robust piece of work, the results of which were clinically supported and would have a wider application across acute trusts. Ms Bailey, QOC Non-Executive Director Chair, enquired whether the family had expressed a view about the investigation. This was not known.

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

34/20/5 Learning from Deaths Quarterly Report

The Medical Director presented paper F, which presented the quarterly report on Learning from Deaths data. The Medical Director noted that the Hospital Standardised Mortality Ratio (HSMR) indicator remained below 100 and the expected outcomes for HSMR were good. It was noted that the Medical Examiner service had functioned well, and during the surge in COVID-19 activity benefited from the service of three professionals returning to the service. There had been a spike in perinatal deaths reported in the last quarter and the ten cases in January had been the subject of a deep dive. Following this there was an action plan, which had been enacted, and the deaths in February and March were now under review. A further report would be made to EQB and QOC. The appendices to the report provided full transparency with respect to the mortality data.

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

(B) the report be recommended to the Trust Board on 3 September 2020, for approval.

34/20/6 Letter Delays in the Pain Service

The Clinical Director, ITAPs, attended the meeting to present paper G, provided an update on the action taken to resolve the delays in sending letters out to patients. He identified the improved systems and processes, including a reporting dashboard and escalation process to monitor performance which in turn was reported to the Quality and Safety Board. A harm review was underway. It was noted that one of the drawbacks with the new system was that clinicians were not alerted to letters being available for signature. Mr Ballu Patel, Non-Executive Director, expressed concern about this and arrangements for clinicians when they were absent. The Head of Operations, ITAPs, noted that this had been addressed in the monitoring process which set triggers for the time

taken for letters to be signed and the numbers outstanding, These would be monitored at business meetings. The Clinical Director, ITAPs emphasised the cultural shift required to ensure that sending out letters was seen as integral to the care pathway. The learning would be used to ensure timely action within other ITAPs specialities. The Director of Quality Transformation and Efficiency Improvement noted that the learning was being extrapolated to other CMGs and included in the CMG performance appraisal. She noted that the issues had come to light from the GPs 'confirm and challenge' mechanism which had been valuable. The contents of the report were received and noted and the Chair asked for a further update on the harm review when it had been concluded.

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

(B) that the Clinical Director, ITAPs, provide an update once the harm review had been concluded.

CD,
ITAPs

34/20/7 Cardiology Reconfiguration Update

The Clinical Director, RRCV, attended the meeting to present paper H, which provided an update on the Cardiology Registrar workforce position, the bed reconfiguration and medical manpower changes in cardiology. Concern had been raised, through the GMC survey, by trainees who were seeing undifferentiated patients. They felt it did not add value to their training and detracted from their specialised training. Health Education England proposed to remove the trainees from CDU. To resolve the issue a 6-person rota was agreed and recruitment initiated. Unfortunately this was delayed due to COVID-19 and restrictions on travel. Three of the six posts were currently filled and on the rota together with a locum. The remaining three members of staff would join mid to late September. The intention was for HSTs to be removed from CDU by 12 October. The longer term aim was to implement rotation between medicine and cardiology and for medicine to create a general cardiovascular ward which did not need to be under the direct care of a cardiologist. However, there were many issues to be worked through. The Medical Director noted the assurances around processes but expressed concern about the ability to recruit. Mr Ballu Patel, Non-Executive Director, agreed and noted that the plan was vulnerable as a result. The Clinical Director, RRCV, agreed noting that the key to success was the recruitment.

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

(B) that a further report be made in November to update the Committee.

CD
RRCV

34/20/8 Ophthalmology – Long Term Follow up of Patients

The Clinical Director, MSS, attended the meeting to present paper I which updated the Committee on the actions taken to address the high number of complaints received about the service and in particular appointment delays and cancellations. As a result of the actions taken the number of patients overdue for an appointment had decreased although there remained a significant number due to capacity constraints. The patient waiting the longest had been waiting since February 2018; previously this was September 2017. The patients who should have had an appointment in 2018 and would be seen in 2020. This had been achieved using a manual admin process to validate the patients and manual clinical review. The Clinical Director, MSS, outlined the processes used to review waiting lists, changes to pathways and instigation of harm reviews. Improvements had been achieved as a result of financial investment, the acquisition of Medisight, a patient note system and the LUECS (Leicestershire Urgent Eye Care Services) scheme. She added that further improvement could be made by a shift to community based prescribing but it required investment. The Clinical Director, MSS, acknowledged that because of the COVID-19 pandemic there was been a reduction in capacity which was at 50-60%.

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

(B) that a further report be made in October to update the Committee and for more time to be given for discussion of the issue.

CD
MSS

34/20/9 Maternity Safety Update

The Head of Midwifery attended the meeting to present paper J, which provided assurance about the Trust's engagement with the national maternity safety strategy noting the progress with the maternity transformation programme. The paper noted the pause in the CMST requirements during the surge in COVID-19 activity and that national funding had yet to be confirmed. Since March 2019, 17 referrals had been made to Healthcare Safety Investigation Branch (HSIB), by the Trust, seven were completed and three were ongoing. Of the remaining seven, two were declined by HSIB for criteria, one declined by the family following HSIB contact and four families did not give consent for the HSIB investigation. There were 19 incidents in Quarter 1 classified as moderate and one classified as a serious incident, with three others awaiting review by the perinatal risk group. The recurring themes were post-partum haemorrhage; fourth degree tears, and unexpected admissions to Neo-natal Unit. All moderate incidents were reviewed by the perinatal risk group to share learning and improve care and escalate if necessary for serious incident investigation. The Chief Nurse added that the national focus on maternity services continued and the Trust had received a maternity self-assessment to complete. There would be a review of maternity services under the guise of one maternity governance review headed up by the Chief Nurse and Head of Midwifery. This would reflect on how maternity governance sat within corporate governance. There would be a report to QOC in due course. The Chair requested that the report on maternity governance be scheduled on the agenda to allow a full discussion.

**Resolved – that (A) the contents of this report be received and noted, and
(B) that the Chief Nurse report on maternity governance to a future meeting.**

**Chief
Nurse**

34/20/10 Cancer Performance Recovery 2019/20

The Deputy Chief Operating Officer attended to present paper K, which updated the Committee on cancer performance and noting the impact of COVID-19. The Chief Operating Officer noted that in June, the Trust achieved 5 standards against the national targets. The target to reduce the number of patients waiting over 62 days had been achieved and the performance had improved to reduce the backlog of patients which was down to pre-COVID levels. The next challenge was to treat those patients waiting the longest. The referrals were reported to be up to pre-COVID a level which was a positive sign. The Deputy Chief Operating Officer noted that where reference had been made in the report to 0% of patients having been screened that was due to a national pause in screening which had now resumed. The Lead Clinician for Cancer, Ms Brooks, noted concern from patients about attending hospital due to COVID which delay treatment. This was being addressed by work with colleagues in primary care to provide advice and information. It was noted that patients had been reluctant to visit their GP and as consequence the Trust was seeing patients with more advanced cancers. Mr Ballu Patel, Non-Executive Director, asked how patients could explore their concerns about using health services during the pandemic. Ms Brooks, Lead Clinician for Cancer, noted that all patients were given the telephone number for a clinical nurse specialist and in addition proactive contact was being made to reassure patients. The Chair asked the Medical Director and Deputy Chief Nurse highlight the cancer performance during their reports to Board. The contents of the report were received and noted.

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

34/20/11 Infection Prevention Annual report 2019/20

Paper I was presented by the Chief Nurse and reviewed the 2019/20 Infection Prevention successes and challenges for UHL. The declaration of a global pandemic for COVID-19 and the Trust's response was noted.

There had been five Methicillin Resistant Staphylococcus Aureus (MRSA) blood stream infections reported. The target was for zero avoidable cases. Three cases were deemed unavoidable.

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

(B) that the contents of the report be highlighted to the Board (paper I attached to this Summary) for information.

34/20/12 Bed Spacing and COVID-19 Social Distancing

The Chief Nurse introduced paper L2, noting the Government's guidance on social distancing and reporting on how this can be observed in the hospital setting. There were two sets of considerations: adult inpatient beds and neo-Nate cots. The Chief Nurse noted that, in new builds, the distance between beds was prescribed as 3.6m. This was not feasible in old buildings and 2.5m was considered reasonable. The decision had been taken to remove those beds that were less than 2m apart. For those beds between 2m and 2.5m there would be a review, referred to as 'bed watch' which would monitor infection rates and other data. With respect to the neo-Nate cots the guidance had changed which would require the removal of two cots at the Leicester General Hospital. However, these cots were used for short stays and mitigations had been put in place. The Committee noted the contents of the report,.

Resolved – that (A) the contents of the report, associated risks and impact be received and noted.

35/20 **ITEMS FOR NOTING**

35/20/1 Executive Quality Board (EQB) Action Notes – 11.8.2020

Resolved – that the action notes of the EQB meetings held on 11 August 2020 (paper M) be received and noted.

35/20/2 Appraisal and Validation Update

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

35/20/3 Learning from Claims and Inquests

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

36/20 **ANY OTHER BUSINESS**

There were no items of any other business

37/20 **IDENTIFICATION OF ANY KEY ISSUES FOR THE ATTENTION OF THE TRUST BOARD**

Resolved – that the following items be highlighted to the 3 September 2020 public Trust Board via the summary of this Committee meeting:

- (1) Minute 34/20/05 - Learning from Deaths (recommended for approval)
- (2) Minute 34/20/3 - Patient Safety Data Report (annual Review of Harms and PHSO Consultation.
- (3) Minute 34/20/11 – Infection Prevention and Control Annual Report

**QOC
Chair**

38/20 **DATE OF THE NEXT MEETING**

Resolved – that the next meeting of the Quality Outcomes Committee conference call be held on Thursday 24 September 2020 via Microsoft teams, time to be confirmed.

The meeting closed at 10:04am.

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
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V Bailey (Chair)	5	5	100	C Fox	5	4	80
P Baker	5	4	80	A Furlong	5	4	80
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)	0	0	0	J Smith	0	0	0
M Durbridge	5	5	100	C Trevithick/C West (CCG - from January 2020)	5	5	100