

Trust Board paper G1

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 3 December 2020

COMMITTEE: Quality and Outcomes Committee (QOC)

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

DATE OF COMMITTEE MEETING: 29 October 2020

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:

- Minute 52/20/1 COVID-19 Position

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 29 OCTOBER 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 N Green - Deputising for the Chief Nurse
Mr J Jameson - Deputising for the Medical Director

In Attendance:

Mr P Aldwinckle - Patient Partner
Ms J Dixon, Head of Operations, ED (for minute 52/20/5)
Ms Claire Ellwood - Chief Pharmacist (for Minute 52/20/7)
Ms A Moss - Corporate and Committee Services Officer
Ms B O'Brien - Deputy Director of Quality Assurance (for Minute 52/20/4)
Ms H Hutchinson – CCG Representative
Ms K Johnston, Head of Nursing for ED (for Minute 52/20/5)
Ms S Leak -Director of Operational Improvement (for Minute)
Ms J Smith - Patient Partner
Ms J Bale - General Manager (for Minute 52/20/6)

RESOLVED ITEMS

48/20 APOLOGIES

Apologies for absence were received from Mr B Patel, Non-Executive Director, Ms C Fox ,Chief Nurse and Mr A Furlong, Medical Director.

49/20 DECLARATIONS OF INTERESTS

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

50/20 MINUTES

Resolved – that the Minutes of the Quality Outcomes Committee meeting held on 24 September 2020 (paper A1 refers) and the QOC Summary from the same meeting (paper A2 refers, as submitted to the Trust Board on 1 October 2020) be confirmed as a correct record.

51/20 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

52/20 ITEMS FOR DISCUSSION AND ASSURANCE

52/20/1 COVID-19 Position

The Deputy Chief Nurse and Deputy Medical Director reported on the current position in relation to COVID-19. The number of in-patients was 103, down from 109, the previous day. However, the general trend was upwards. Whilst the Trust was currently coping well, the key challenge was streaming patients when there were limitations on the turnaround times for testing and the number of side rooms. Ms J Smith, Patient Partner, asked whether the main difficulty with streaming patients was occurring in the Emergency Department. The Deputy Medical Director replied by

noting that the main difficulty was on the hospitals' base wards as an increased capacity was needed to segregate in accordance with national NHSEI guidance. The issue was not manifesting in significant cross-infection of patients. The difficulties related to where to place patients and delayed decision-making waiting on results.

The Deputy Chief Nurse reported that the LLR Strategy Group was reporting a steep rise in COVID-19 infections that week, particularly in Leicester City, Oadby and Wigston and Charnwood. It was anticipated that Charnwood would enter Tier 2 later in the week. In recent months the prevalence had been in the young working age population and now the infection rate was increasing in those over 60 years' of age which was resulting in hospital admissions. The Trust had seen a small number of patient-related outbreaks in the hospital setting but this was common to all trusts. The recent outbreaks had been patient-related whereas previously staff outbreaks also occurred. The Deputy Chief Nurse explained that on the affected wards the index patients tested negative on admission and then through UHL's rigorous screening programme (on admission, day 5, day 13 and thereafter every 7 days) had been positive within five days of admission; these were classified as community acquired. Outbreak meetings were being conducted in line with NHSEI and PHE guidance with external partners including the CCG invited to each meeting. A standing agenda devised by PHE was followed, the meeting chaired by the Chief Nurse who also had the Trust role of Director of Infection Prevention Control with representatives from the CMG triumvirate, Infection Prevention, Occupational Health, Head of Facilities, Communications, Allied Health Professionals and the ward/department leads. Outbreaks were monitored through internal process, actioned and reported through the iiMarch forms sent daily to NHSEI. Dependent on results the Trust would internally stepdown the outbreak via the meeting and with agreement of external partners, regular surveillance would continue plus the outbreak would be held open by PHE for 28 days.

The Clinical Management Groups had detailed escalation plans and winter plans. In line with the COVID-escalation framework, UHL was currently at Level 3 on the COVID-19 escalation rating. Ms J Smith, Patient Partner, asked about the testing of patients prior to discharge. The Deputy Chief Nurse reported that patients discharged to residential or nursing homes were tested in line with national guidance. Unless there were specific concerns, other patients were not necessarily tested before going home. Ms J Smith, Patient Partner, asked about how Test and Trace would work if a patient, having been discharged, subsequently reported having contracted COVID-19. It was noted that there was no automatic reporting route. However, there was regular testing of patients in hospital which would identify any infection.

Ms Bailey, QOC Non-Executive Director Chair, welcomed the fact that elective activity had been able to be maintained despite an increase in COVID-19 patients.

Resolved – that (A) the verbal update be noted, and (B) the discussion on Covid-19 is highlighted to the Trust Board for information.

52/20/2 Ensuring Effective Quality Assurance

Ms Bailey, QOC Non-Executive Director, Chair, led a discussion about quality assurance in the time of COVID-19. The Trust Board Chair had been on a call with chairs of other trusts and noted that some trusts had resumed 'safety walk arounds'. Ms Bailey, QOC Non-Executive Director Chair, noted the 'safety walkabouts' had been suspended in March 2020 at the outset of the pandemic. She noted that such visits offered a useful touchstone with staff. She asked colleagues to consider whether there could be alternative mechanisms and to reflect what would have value and provide assurance. Ms Bailey, QOC Non-Executive Director Chair, said the Non-Executives had a role in thanking and supporting staff.

Professor Baker Non-Executive Director, reflected that the 'safety walkabouts' did have value but could often lead to observations being taken out of context and findings extrapolated inappropriately. The Deputy Director of Quality Assurance outlined a variety of mechanisms to review feedback from staff and noted that the whilst the CQC saw 'safety walkabouts' as good practice there needed to be appropriate acknowledgement of the pandemic, restrictions on visiting hours and protecting Non-Executive Directors from a potential viral load. Given the current circumstances, it was concluded that the 'safety walkabouts' should not be resumed at the present time.

The Deputy Chief Nurse welcomed the opportunity to think about how to capture staff feedback and how Non-Executive Directors could show interest and support. She thought it would be useful to ask staff how they would like this to be expressed. It was concluded that the method of communication would need to be virtual whilst the Trust was experiencing a peak in COVID-19 activity. It was agreed that the QOC members would discuss potential options within their teams and consider alternative ways of engaging.

**All
Members**

52/20/3 Quality and Performance Report Month 6

The Deputy Medical Director and Deputy Chief Nurse presented the Month 6 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 and the exception reports within that which were triggered automatically when identified thresholds were met. The Chair steered the Committee to consider the issues relating to Quality as the People, Process and Performance Committee had met earlier in the day to scrutinise the performance metrics.

The Deputy Medical Director highlighted the section on mortality rates. He noted that it was positive that the rates were below or within the expected range. The crude mortality rates were back to the rates seen pre-COVID-19 and the non-COVID deaths were steady over a period of months and comparable with previous years. In response to a question from Ms J Smith, Patient Partner, the Deputy Medical Director noted that the methodology for reviewing mortality rates excluded COVID-19. The processes had not been designed for a period of a pandemic and inclusion of the COVID-19 statistics would distort the findings. A further report would be presented to QOC the following month.

The Deputy Chief Nurse noted that there was excellent news about cancer performance. She noted a spike in C.diff cases, with 10 cases reported in September. A root cause analysis had not identified anything particularly significant and the situation would be closely monitored. The Deputy Chief Nurse noted that whilst all patient harms were reviewed falls were of particular interest. There was a new system to review falls which enabled a more in depth review. The number of falls remained below target.

Ms Bailey, QOC NED Chair, asked about the number of long stay patients as evidence showed that they had a propensity to deteriorate the longer they were in-patients. She noted that the potential for patient harm would have increased in light of COVID-19. The Deputy Chief Nurse agreed to consider what assurance could be provided in relation to long stay patients. The Deputy Chief Nurse noted that the number of patients medically fit for discharge had increased and there was a drive to ensure timely discharge. Ms Bailey, QOC Non-Executive Chair, also noted the increase in the delay in ambulance handovers. The Deputy Medical Director noted that the problems pertained to performance rather than quality. There were processes in place to ensure that patients experiencing delays did not come to harm. The main problem related to the patients in the community and the ability of the ambulance service to respond. The Deputy Chief Nurse noted that good progress had been made since the last winter and stricter escalation protocols were in place. However, the imposition of social distancing had impacted. The Committee noted the report and the improvement on performance and cancer metrics.

DCN

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

52/20/4 Patient Safety Highlight Report

Ms B O'Brien, Deputy Director of Quality Assurance, presented the monthly Patient Safety Highlight report. The report noted that the NHS Patient Safety Incident Response Framework 2020 (PSIRF) had been published in March 2020. It was expected that UHL would be required to fully deliver the framework by late 2021. The Framework changed the emphasis from investigating each Serious Incidents (although some would be mandated) to focus on a cluster of incidents and trends. The next steps for UHL would be to undertake three pieces of work i) an analysis of activity and resource used over past 3 years to undertake serious incident (SI) management and estimate the same for non SI management and work ii) a local patient safety incident profile and iii) a gap analysis in staffing and skill required to deliver the programme required of this framework.

Mr Aldwinckle, Patient Partner, asked about the role of patient partners in the investigation of Serious Incidents. The Deputy Director of Quality Assurance noted that their participation had thus far been limited because of COVID-19. Ms Bailey, QOC Non-Executive Director, Chair, considered that patient partners brought an important perspective to such investigations and there was a need to understand the co-production in the process. It was noted that their role would be addressed in mapping out the process to comply with the Framework.

The report outlined the circumstances of a Patient Safety Incident that occurred in September 2019 at the Leicester Royal Infirmary. A Human Factors Review had been undertaken led by an Occupational Psychologist and Human Factors Expert from the University of Leicester. An internal review group had reviewed the relevant policy and procedures; the recommendations of which were set out in the report. The report also noted that the Trust had been asked to provide buddy support for United Lincolnshire Hospitals and Lincoln CCG around patient safety and in particular, governance structures around Serious Incident management.

The Deputy Director of Quality Assurance highlighted other key issues as follows: there had been no Serious Incidents escalated in September 2020; a decrease in the rate of reported Patient Safety Incidents (PSIs) (proportionate to patient attendances); an upwards trend in the number of moderate and above harm incidents reported (although validated harm incidents were not showing the same trend); there were 3 incidents with evidence gaps in Duty of Candour (on finally approved incidents).

The Deputy Director of Quality Assurance concluded her presentation by noting the performance on complaints; for 10 day complaints performance was 90%, for 25 day complaints 89% and 45 day complaints 68%. It was noted that most complaints related to Emergency Department but that complaints relating to Ophthalmology had seen the greatest increase. Ms Bailey, QOC Non-Executive Director, Chair, asked for further analysis on complaints relating to Emergency Department should the trend continue. She noted that the number of complaints regarding Ophthalmology had promoted further enquiry by QOC and that a further report would be made the following month.

DDQA

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

52/20/5 Emergency Department (ED) Safety Checklist Audit Report

Ms K Johnston, Head of Nursing for ED, together with Ms J Dixon, Head of Operations, ED, presented the report which informed QOC on the implementation of the electronic ED Patient Safety Checklist and compliance. The Bristol Safety Checklist had been implemented in ED in April 2018. The Trust commissioned its Internal Auditors to audit the use of the ED Patient Safety Checklist and their report was published in January 2020. This indicated that staff were not always fully compliant in completing the checklist on an hourly basis. Staff considered the checklist to be somewhat onerous and repetitive.

The intention was to create an electronic checklist to cover all aspects; however, work on this had been delayed and was unlikely to be undertaken until Spring 2021. Until then staff would record observations on paper and electronically. The Bristol Safety Checklist, whilst comprehensive, duplicated data recorded electronically. The Deputy Medical Director noting the delays in producing the electronic version said that IT developments had been reprioritised as a result on COVID-19. Priority had been given to facilitating virtual outpatient appointments and prescribing. Acknowledging the delay, it had been agreed to implement a streamlined paper version of the Bristol Safety Checklist in November 2020.

The Head of Nursing for ED outlined the measures to ensure compliance including: safety huddles; daily spot checks; training; and monthly audits by Matron. Ms Bailey, QOC Non-Executive Director, Chair, noted that appropriate mitigations were needed as an interim measure and she wished to understand the risk in the process/delay. The Head of Nursing, ED, noted that clinical observations were recorded in the NerveCentre and the remaining questions of the Bristol Safety Checklist were more focused in the patient experience. QOC noted the audit results and progress report. It was agreed to request a further update in April 2021 which would review the implementation of the distilled checklist and levels of compliance.

CD, ESM

Resolved – that (A) the contents of this report be received and noted, and (B) a further report be presented to the April 2021 meeting.

52/20/6 Neurology Service Risk Update

Ms J Bale, General Manager, presented paper F which informed QOC of the progress made in the Neurology Service. The Service had been stabilised by an increase in consultant numbers, speciality nurse recruitment, and better engagement within the department as a whole; with oversight from a Task & Finish Group with HR, safety lead and PPI representation.

The presentation to QOC noted that the consultant workforce was, in the main, provided by locum staff which presented a potential risk. However, two locums were long-term and had indicated they would not be moving on. There were registrars who would qualify in two to three years. However, efforts were still being made to fill the posts substantively. Professor Baker, Non-Executive Director queried why it was not possible for UHL, as a teaching hospital, to attract recruits. It noted that recruitment to neurology posts was a national problem and that UHL was impacted by having two neuro-science centres nearby which were attractive to recruits. QOC noted the extensive work undertaken to stabilise the service which had been reflected in several quality metrics. However, QOC remained concerned about recruitment to senior posts and noted the intention to explore a joint post with a nearby neuro-science centre.

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

52/20/7 Leading Integrated Pharmacy and Medicines Optimisation

Ms C Ellwood, Chief Pharmacist outlined the requirement of NHSE/I to deliver transformation through Integrated Pharmacy and Medicines Optimisation (IPMO). To do this there needed to be an ICS Chief Pharmacist role to lead on the integration of the pharmacy workforce and deliver medicines optimisation across the system. NHSE/I timelines required a draft transformation plan to be submitted in November 2020, with the final plan and associated business case for an ICS Chief Pharmacist approved by the STP in February 2021 and implemented from April 2021. The SRO would be Ms West, LLR CCGs, and the UHL Chief Pharmacist would be the Clinical Lead.

QOC noted that the proposal reflected the direction of travel which would be applied to other disciplines. The reconfiguration of the respective teams would facilitate collaborative working across the system. It was unlikely that funding would be provided for additional posts and the leadership would therefore need to be provided from within existing resources. The Chief Pharmacist reflected that relationships within the system had matured as a result of COVID-19 activity and it was timely to consider the restructure. However, further thought would need to be given to governance for the future. The QOC Non-Executive Director Chair noted that it had been helpful to have an update and asked the Chief Pharmacist to consider whether a further report would be needed in due course to address quality and workforce issues.

CP

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

52/20/8 Cancer Performance Recovery 2019/20

Ms S Leak, Director of Operational Improvement, presented the latest report regarding cancer delivery and performance, noting that this had been and remained a priority for the Trust. The report informed QOC that for August 2020 six targets had been met. She gave a verbal report to note that the data for September indicated that eight metrics had been met. She noted that in August, the Trust improved its performance on the month before (other than the two week wait). The backlog for the 104 day wait had decreased. Referral numbers had increased which was positive, however, the conversion rate was higher than the target and this was being reviewed. Breast and bowel screening had delivered better than the plan but there was still a backlog. Positive feedback on lung cancer had been given as a result of the (Getting It Right First Time) GIRFT process and actions highlighted to improve performance further. Feedback from NHSE/I had been appended to the report and was positive. The National Cancer Survey had been launched which would provide qualitative data on the measure of quality of life and inform improvements. The list of patients waiting over 104 days had undergone a clinical review to consider patient harm. It was concluded that no patient had come to harm because of the wait.

Ms Bailey, QOC Non-Executive Director, Chair, asked about progress of the discussion with University Hospitals Coventry and Warwickshire about treating urology patients. The Director of Operational Improvement noted that discussions were ongoing. It had been hoped that the University Hospitals Coventry and Warwickshire Trust would provide staffing and theatre robotics. However, the Trust was only able to provide the latter. The Director of Operational Improvement noted that the LLR system was reviewing the late presentation of patients with cancer to identify appropriate actions. She noted that the UHL conversion rate was around 10% when the national average was 3%. Ms Hutchinson, CCG representative, said it would be useful to have a breakdown of the data by tumour group. The Director of Operational Improvement noted that work was underway regarding the RTT Diagnostic Groups to fast track patients to cancer services.

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

53/20 ITEMS FOR NOTING

53/20/1 GIRFT Programme Update

Resolved – that the GIRFT Programme Update (paper I refers) be received and noted.

53/20/2 Infection Prevention and Control NHS England Board Assurance Framework

Resolved – that the Infection Prevention and Control NHS England Board Assurance Framework (paper J refers) be received and noted.

54/20 ANY OTHER BUSINESS

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

55/20 IDENTIFICATION OF ANY KEY ISSUES FOR THE ATTENTION OF THE TRUST BOARD

Resolved – that the following items be highlighted to the 5 November 2020 public Trust Board via the summary of this Committee meeting:

- Minute 52/20/1 – COVID-19 Position

**QOC
Chair**

56/20 DATE OF THE NEXT MEETING

Resolved – that the next meeting of the Quality Outcomes Committee be held on Thursday 26 November 2020 from 2pm via Microsoft Teams.

The meeting closed at 3.45pm

Alison Moss - **Corporate and Committee Services Officer**

Cumulative Record of Members' Attendance (2020-21 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)	7	7	100	C Fox	7	5	71
P Baker	7	6	86	A Furlong	7	5	71
R Brown	0	0	0	B Patel	3	2	66
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	1	100
M Durbridge	5	5	100	C Trevithick/C West (CCG - from January 2020)	7	6	86