

Cover report to the Trust Board meeting to be held on 7 May 2020

	Trust Board paper F1
Report Title:	<p>Quality and Outcomes Committee assurance conference call – Committee Chair’s Report</p> <p><i>This was not a formally-constituted virtual Board Committee meeting, and was confined to any time-critical items/governance must-dos only. Its purpose was to provide information on, and assurance of, progress.</i></p>
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Reporting Committee:	Quality and Outcomes Committee (QOC)
Chaired by:	Ms Vicky Bailey – Non-Executive Director
Lead Executive Director(s):	Andrew Furlong – Medical Director Carolyn Fox – Chief Nurse
Date of meeting:	30 April 2020

Summary of key public matters considered by the Committee:

This report provides a summary of the key issues considered at the Quality and Outcomes Committee assurance conference call on 30 April 2020:- *(involving the QOC Non-Executive Director Chair, QOC Non-Executive Director Deputy Chair, Medical Director, Chief Nurse, Director of Safety and Risk and CCG Representative. The Deputy Director of Quality Assurance attended to provide an update on two items):*

- **Minutes of the QOC meeting held on 27 February 2020** – these were noted, having been submitted to the Trust Board on 26 March 2020. The QOC meeting scheduled for 26 March 2020 had been cancelled.
- **Matter Arising Log** – noted.
- **Covid-19 Position**
The Medical Director provided a brief background and advised that the current Covid-19 cases had reached a 'plateau' and the pressure had currently reduced/stabilised. The focus would now be on maintaining the good performance in the first phase (i.e. effective management of Covid-19) and moving towards restoration (second phase). A letter had been received from the NHS Chief Executive and Chief Operating Officer on 29 April 2020 setting out the broad operating environment and approach that would be taken in the second phase of NHS Response to Covid-19. The letter noted the need to step-up non- Covid-19 urgent services including some urgent and routine surgery and care, as soon as possible over the next six weeks with strict infection and prevention processes in place. The third phase (i.e. Recovery) was expected to last from July 2020-March 2021 with the fourth phase (i.e. 'New NHS') commencing from April 2021 onwards.

The Medical Director advised that work was underway in the background to ensure a safe restart of non-Covid-19 urgent services with full attention to infection prevention and control as the guiding principle. Discussions were also on-going on the level of critical care capacity that needed to be kept in reserve whilst re-starting time-critical surgery. Significant work across the Trust had taken place and oxygen usage data was available in real-time telemetry across all three sites. In respect of PPE, there was an overall improving position regionally.

The Chief Nurse advised that data was being collected to ascertain nosocomial Covid-19+ve cases for inpatients and this information would be included in the Quality and Performance report, when available. Despite the decrease in activity due to the Covid-19 pandemic, there had been an increase in the number of CDiff and MRSA infections reported. The Chief Nurse emphasised that the Trust was working towards establishing processes to determine COVID-19 healthcare acquired infection.

Members were advised that staff would require psychological support and a number of initiatives had been put in place Trust-wide.

In response to a comment from Professor P Baker, Non-Executive Director, the Medical Director advised that the Reconfiguration Programme Board would review and incorporate the learning from all the changes that had been put in place due to the Covid-19 pandemic, into future reconfiguration work streams. The CCG Representative

provided assurance that collaborative working was in place via the 'system recovery cell' and a balanced and joined-up approach was being taken to any changes in clinical practice.

- **Covid-19 BAF**

The Medical Director presented the corporate Trust-wide risk assessment on the preparedness and management of Covid-19. The 'Controls Assurance' section was broken down into a number of work streams. The risk assessment was reviewed at the Covid-19 Tactical and Strategic Group meetings daily and any new actions and threats were captured. Due to the volatility of this risk, it was deemed that the current risk score of 20 was appropriate.

- **Composite Weekly Safety Reports**

The Director of Safety and Risk advised that weekly safety reporting to the Executive Team had been implemented to ensure that there was oversight of key safety issues extending beyond those relating to the Covid-19 crisis. Paper D provided a composite of those weekly reports for the month of March 2020. The following was highlighted in particular:-

- i. a significant reduction in the number of reported patient safety and prevented patient safety incidents which was an indication of reduction in activity;
- ii. 3 serious incidents had been escalated;
- iii. 1 never event;
- iv. a significant decrease in the number of formal complaints received in March 2020, however, a slight increase had been seen in April 2020 mainly relating to cancelled operations;
- v. 8 RIDDORs had been reported to the HSE;
- vi. overdue incidents were being reviewed, approved and closed appropriately by CMGs and Corporate Directorates;
- vii. no elapsed actions on safety alerts;
- viii. increase in the number of deaths reported in the last week of March 2020 in comparison to the previous week, however, normal variation levels had now resumed, and
- ix. staff were raising concerns via the Freedom to Speak Up Guardian and the 3636 staff concerns line.

Members were advised that the safety issues emerging from the Covid-19 situation which might have a consequence on outcomes would be reviewed:- delayed diagnosis & treatment for cancer, further backlogs/delays in follow-ups/treatments for high volume specialties particularly ENT & ophthalmology, delays in trauma surgery, deaths whilst on surgical waiting lists, and psychological impact for patients, relatives and staff.

There was a brief discussion of the never event mentioned above and it was noted there were elements of 'human factors' involved, however, it was also noted that staff were having to work in different ways in the current situation.

The CCG Representative advised that although the monitoring processes in some areas had been stepped-down, focus on safety and harm was being maintained. She advised that the 'system data cell' would review the wider mortality and morbidity related to non-Covid issues in order that changes could be made to the way harm was monitored in future.

- **Time Critical and Cancer Surgery – Governance and Mitigations/ Cancer Performance Recovery 2019-20**

The Medical Director advised that a process was in place which was clinically-led in each CMG to risk-stratify time-critical operations and cancer surgery during the Covid-19 crisis using the following criteria:-

- Priority level 1a: emergency operation needed within 24 hours to save life;
- Priority level 1b: urgent operation needed with 72 hours;
- Priority level 2: elective surgery/treatment with the expectation of cure needed within four weeks to save life/stop progression, taking into account symptoms and potential complications from lack of treatment;
- Priority level 3: elective surgery can be delayed for 10-12 weeks with no predicted negative outcome, and
- Priority level 4: surgery not categorised.

All cancer patients were considered through MDTs. Every patient referred from a GP or as a Consultant upgrade was tracked on the Somerset IT system. Any change to pathways as a result of Covid-19 was recorded in the patients' notes and flagged on the tracking system. Patients requiring surgery were discussed at the clinically-led scheduling meeting each day to ensure urgent priority levels 1a and 1b (as listed above) were scheduled for surgery the next day. A work stream had been put in place whereby tumour site specific MDT harm reviews would be undertaken for patients who had to wait beyond the deadline, to assess if the patient had come to any physical harm as a consequence of their wait.

The CCG Representative advised that assurance had been provided on the above matters through the 'cancer cell' and the 'primary care cell' to the CQRG meeting.

Members expressed concern that the current situation would take a significant amount of time to recover the cancer performance position.

- **PPE/FFP3 Mask Fitting Risk Assessment**

In summary, it was noted that ideally, staff should use the make of FFP3 masks that had been demonstrated to be a good fit for them. However, the range of masks available currently did not always include fit-tested masks and it was not practical to repeat fit testing for these different masks. Members noted that a pragmatic solution had been put in place in the current situation and the plan was to restore normal procedures as soon as the current supply of masks stabilised.

- **Covid-19 Ethical Considerations**

The Medical Director advised that there had been a series of multi-disciplinary and clinically-led task and finish groups that had reviewed national guidance and emerging evidence in all clinical areas that had been impacted by Covid-19 in order to ensure that there was a consistent approach to clinical decision making and equity of care decisions across the Trust. Members noted the work that had been undertaken to-date in respect of the ethical implications of the Covid-19 pandemic and the longer term implications to providing healthcare against a background of ongoing fluctuating levels of Covid-19. The CCG Representative advised that she was seeking clarity regarding a System Ethical Committee and work was underway to address system ethical issues, however, this was a less of an issue currently (i.e. in phase 1).

- **Briefing Report on 2020-21 CQUINS and Quality Schedule**

The Deputy Director of Quality Assurance advised verbally that due to the Covid-19 pandemic, the operation of both CCG and NHSE Specialised CQUINs had been suspended from April to July 2020. Therefore, Trusts were not required to take action to implement CQUIN requirements, undertake CQUIN audits or submit CQUIN performance data. Achievement of the 2020-21 CQUIN schemes would be based on performance falling between the minimum and maximum thresholds for each indicator during each financial quarter. The risks associated with the following CQUINs were highlighted in particular: - (i) appropriate antibiotic prescribing for UTI in adults aged 16+, (ii) staff flu vaccinations, and (iii) screening and treatment of iron deficiency anaemia in patients listed for major elective blood loss surgery. It was noted that the Executive Quality Board had requested an action plan on how these 3 CQUINs would be achieved. The Chief Nurse advised that a discussion on the flu vaccination campaign was held at the Infection Prevention Committee meeting on 29 April 2020 and the Lead Occupational Health Physician had been tasked to provide a proposal by July 2020. The Quality Schedule for 2020-21 had been agreed with Commissioners and supported the work streams of the Trust's key priorities for the improvement of quality throughout 2020-21, in addition to meeting the service conditions of the NHS Standard Contract for 2020-21.

- **Mental Health Update**

The Deputy Director of Quality Assurance provided a verbal update advising that there had been a delay in the preparation and implementation of CORE 24 due to Covid-19 pressures. LPT had launched a new 24-hour urgent mental health care hub based in the Bradgate Mental Health Unit on the Glenfield Hospital site as part of the NHS response to Covid-19. The Trust's Mental Health work plan for 2020-21 would be reviewed in conjunction with the Lead Consultant for Mental Health.

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

- **Assessment and Accreditation at UHL** – the Chief Nurse drew members' attention to the quarter 4 (2019-20) report which described the activity and outcomes of the initial ward assessments and subsequent reassessments undertaken, particularly highlighting that an improvement journey had commenced. The Assessment and Accreditation process had been paused as of 27 March 2020 due to the Covid-19 pandemic, however, consideration was being given to re-convening this in summer 2020.
- **PLACE 2019 Results**
- **LRI Power Outage**
- **EQB action notes 10.3.20**

Public matters requiring Trust Board consideration and/or approval:

Recommendations for approval

- None

Items highlighted to the Trust Board for information:

- **Key points from the verbal discussion on the Covid-19 position, and**

- **Time Critical and Cancer Surgery – Governance and Mitigations** – particularly the process in place which was clinically-led in each CMG to risk-stratify time-critical operations and cancer surgery during the Covid-19 crisis using priority-level criteria.

Matters deferred or referred to other Committees:

None

**Date of next QOC assurance
conference call:**

28 May 2020

Ms V Bailey – Non-Executive Director and QOC Chair