

Trust Board paper J1

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 4 March 2021

COMMITTEE: Quality and Outcomes Committee (QOC)

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

DATE OF COMMITTEE MEETING: 28 January 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:

- the following points in particular from the Covid-19 verbal update — staffing issues, vaccination programme, no supply issues in respect of PPE, and dilution of nursing staff ratios in adult wards and critical care (Minute 05/21/1 refers);
- cancer performance recovery (particularly regarding the clinical harm review process and that there might be potential harm (subject to confirmation)) – the Medical Director to verbally highlight this matter to the Trust Board (Minute 05/21/3 refers); and
- progress being made with the Integrated Quality Assurance System (Minute 05/21/7 refers).

DATE OF NEXT COMMITTEE MEETING: 25 February 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 28 JANUARY 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
Mr A Best – Consultant Orthopaedic Surgeon (for Minute 05/21/8)
Dr H Brooks – Consultant Anaesthetist (Chair of the Cancer Board) (for Minute 05/21/3)
Ms E Broughton – Head of Midwifery (for Minutes 05/21/5 and 05/21/6)
Dr R Gooding – Consultant Haematologist (for Minute 05/21/8)
Ms S Leak – Director of Operational Improvement (for Minute 05/21/3)
Ms H Leatham – Assistant Chief Nurse (for Minute 05/21/9)
Ms H Majeed – Corporate and Committee Services Officer
Mr T Palser – Associate Medical Director (for Minute 05/21/7)
Ms J Pickard – Macmillan Lead Cancer Nurse (for Minute 05/21/3)
Ms C Rudkin – Head of Patient Safety (for Minute 05/21/4)
Mr I Scudamore – Clinical Director, Women’s and Children’s (for Minutes 05/21/5 and 05/21/6)
Ms J Smith – Patient Partner

RESOLVED ITEMS

01/21 APOLOGIES

Apologies for absence were received from Ms Caroline Trevithick, CCG Representative and Ms C West, CCG Representative.

02/21 DECLARATIONS OF INTERESTS

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

03/21 MINUTES

Resolved – that the Minutes of the Quality Outcomes Committee (QOC) meeting held on 17 December 2020 (paper A1 refers) and the QOC Summary from the same meeting (paper A2 refers, as submitted to the Trust Board on 3 December 2020) be confirmed as a correct record.

04/21 MATTERS ARISING

The meeting received the matters arising log (paper B refers). The Chair undertook to take forward the below action.

Resolved – that (A) the Matters Arising Log be noted, and

(B) the Committee Chair be requested to liaise with the Director of Corporate and Legal Affairs regarding some historic actions that needed to be escalated to the respective Leads, for completion of the action or closing the action if it was no longer relevant.

05/21 ITEMS FOR DISCUSSION AND ASSURANCE

05/21/1

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:
 - number of patients being treated;
 - national directive to increase Intensive Therapy Unit (ITU) capacity to prepare for further increases in Covid-19 patients;
 - increase in bed capacity to support winter pressures and other urgent (priority 1 and 2) elective and cancer-related cases;
 - Covid-19 Vaccination Programme – currently 25000 people working in health and social care had been vaccinated, 14000 of those were UHL staff;
 - the Infection Prevention guidance for the new variant of Covid-19 was the same as the previous guidance as the mode of transmission in both the variants remained unchanged;
 - workforce redeployment to support the additional capacity in addition to support from a small number of personnel from the army;
 - staff sickness absence levels;
 - opportunities to strengthen overseas recruitment campaigns;
 - dilution of registered nursing skill mix in adult wards and critical care due to expansion of the bed base, reduction of staff availability and national directive to increase critical care capacity - a full risk assessment had been undertaken to identify controls and mitigations that had been put in place in addition to any further actions required;
 - no supply issues in respect of PPE;
 - mask-fit testing continued;
 - reduction in number of hospital outbreaks, and
 - some corporate activity had been taken down to support clinical areas.

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

5/21/2

202-21 Quality and Performance Report Month 9

The Medical Director and Chief Nurse presented the Month 9 Quality and Performance report (paper C 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. Despite the operational pressures, there was sustained performance in respect of the Friends and Family Test indicator. National reporting of single sex breaches would re-commence in April 2021. The Chief Nurse particularly highlighted that providing single sex accommodation was a challenge but the Trust was doing its utmost to maintain patient privacy and would continue to monitor this. 1 never event had been reported in December 2020. The Medical Director advised that the HSMR remained within expected but the recent increase was being reviewed by the Trust's Mortality Review Committee as detailed in last month's quarterly report to QOC. The statutory and mandatory training compliance had plateaued due to clinical staff being required to complete only essential training due to Covid-19 related pressures. Members noted the challenges in respect of the ED and cancer targets as reflected in the report.

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

05/21/3

Cancer Performance Recovery

The Director of Operational Improvement, the Chair of the Cancer Board and Macmillan Lead Cancer Nurse attended the meeting for this item. Members noted that the performance in respect of Cancer 31 day treatment was 93.1% against a target of 96% and Cancer 62 day treatment was 79.2% against a target of 85% in November 2020. The Director of Operational Improvement presented paper D and highlighted that 6 of the cancer-related performance targets had been achieved in November 2020. Whilst the December 2020 position seemed stable, early indication was that the January 2021 performance had deteriorated, although this had not yet been validated. An increase in referrals had been observed in November and December 2020, in comparison to the same period in the previous year. There was deterioration in backlog numbers, particularly in 31 day surgery due to decreased theatre and ITU capacity. The Trust continued to refer patients to the hub, however, only limited number of cases had been accepted due to capacity issues. Independent sector provision for cancer activity was being fully utilised. The team continued to

prioritise Category 1 patients, and Category 2 patients were prioritised, where capacity was available. Every patient was given a clinical priority score and capacity was being managed based on clinical priority. There had been an increase in cancellations of category 2 patients on the day due to staffing shortages and pressures on ITU capacity. A cancer application (app) was being launched which would provide information to support patients. In quarter 2 of 2020-21, there were two pending potential harms reported, which were currently being reviewed. The Medical Director emphasised the challenging position the Trust was in due to reduced theatre capacity, noting that where capacity constraints were not able to be resolved locally, patients were referred to the regional cancer hub, acknowledging that there were currently capacity issues there as well. In response to a query from the QOC Chair, the Medical Director advised that the protocols around the escalation of care for deteriorating patients requiring critical care were in line with NICE guidance and that referral and decision making was documented through Nerve Centre. All Category 1 and 2 patients were discussed at the twice weekly clinically-led Theatre prioritisation meetings and theatre capacity was flexed to meet the needs of the most clinically urgent patients within the capacity constraints caused by the Covid-19 pandemic.

MD

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

(B) the Medical Director be requested to verbally highlight to the Trust Board particularly regarding the clinical harm review process and that there might be potential harm (subject to confirmation).

MD

05/21/4

Patient Safety Highlight Report

Ms C Rudkin, Head of Patient Safety 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) proposal to bring all harm incidents related to a recognised complication in line with the full requirements of Duty of Candour – members were advised that the Executive Quality Board (EQB) had discussed the challenges in terms of operationalising this proposed change to practice, communicating the change to all Clinicians and providing some information about grading of incidents as this only applied to those graded moderate harm or above. Therefore, EQB had tasked the Head of Patient Safety to contact other Trusts to understand the direction of travel they were taking to implement CQC's revised guidance on the Duty of Candour requirements and present a recommendation to EQB on how UHL would operationalise this requirement across the Trust. It was noted that this would be undertaken once the revised CQC guidelines were published; (2) the requirement for independent sector complaint adjudication service (ISCAS) for private patients receiving care in the NHS, QOC noted that EQB had approved the ISCAS subscription (annual subscription fee of £515.00 (excl. VAT)) for the Trust to allow progress through the appropriate financial approval processes; (3) request from the PHSO for UHL to be considered as one of the pilot sites for the complaint standards framework pilot for the NHS in England - this had been approved by EQB. The Head of Patient Safety briefed members on a never event which had initially been escalated in November 2020 and undertook to provide a full update on this at EQB and QOC in February 2021.

HPS

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

(B) the Head of Patient Safety be requested to provide a full update on the never event escalated in November 2020 to EQB and QOC in February 2021.

HPS

05/21/5

CNST Maternity Safety Standards Assessment

The Head of Midwifery attended the meeting to present paper F, which provided an update on progress with the 10 safety standards described in the CNST requirement for year 3. Due to Covid-19, the scheme had been put on hold and the date for submission of evidence had been moved to July 2021. Although most of the standards could be met, the Covid-19 pandemic had affected some of the key requirements such as training compliance and CO testing for smoking in pregnancy. The overall compliance was good and pathways embedded in year 1 had continued to be maintained. The key risks to delivery were in respect of meeting the detail in the technical guidance and achieving all audits required. Training for multiprofessional skills drills and foetal monitoring and assessment were a pressure on midwives, support staff and medical staff. The Chief Nurse highlighted that the team had put mitigations in place to achieve compliance in respect of the

training standard. In normal circumstances, the Trust would have achieved all of the standards, however, due to Covid-19 related operational pressures, this was proving much more challenging. Members were advised that there was a meeting scheduled with NHSR on 29 January 2021 whereby further advice on the timescale for the achievement of the standards was likely to be given. Following this meeting with NHSR, the Head of Midwifery undertook to provide an update to QOC in March 2021 and highlight any ongoing risks to the achievement of the CNST standards.

HoM

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

(B) the Head of Midwifery be requested to provide an update highlighting any ongoing risks to the achievement of the CNST standards to QOC in March 2021.

HoM

05/21/6

Changes to Ultrasound during Covid-19

The Clinical Director, Women's and Children's presented paper G providing the background on the project to look at the way maternity patients were scheduled for their screening scans and reviewing the appointment processes to avoid duplicates. As a result of the Covid-19 pandemic, significant changes to imaging schedules had been made in March 2020 to ensure that Maternity Imaging was prioritised as advised by the RCOG in order to minimise exposure to the risk of infection and anticipating a challenge to capacity. Members were advised that these changes did not appear to have resulted in an increase in missed diagnoses of foetal anomalies and complications resulting in poorer outcomes, although it would take longer for this to be confirmed as more accurate data became available. Although imaging schedules had now been partly restored, plans for restoration of a full schedule had been developed for implementation as the progression of the pandemic allowed. In the longer term, a number of actions would need to be taken to manage the demand on obstetric imaging and yet still ensure a service that maximised clinical efficiency and quality. The Maternity Ultrasound Project Task and Finish Group had put in place an action plan and would be responsible for implementing the proposed changes to practice. The Medical Director noted that a further update on this matter would be provided to EQB in April 2021 and a report would be provided to QOC only if there were any issues to highlight by exception. The Clinical Director, Women's and Children's advised that some immediate actions had been taken within UHL's Maternity Services in response to the Ockenden Report and he noted the need for assurance processes in Maternity Services to be embedded within business as usual practices – the Medical Director and Chief Nurse acknowledged this and highlighted that the Maternity Safety report would be redesigned to capture the learning from such reports and embed them into the Trust's governance processes accordingly.

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

05/21/7

Update on Integrated Quality Assurance System

Mr T Palser, Associate Medical Director attended the meeting to present paper H, an update on progress with the Integrated Quality Assurance System (IQAS), the proposed structure and metrics of the IQAS. The system metrics would be categorised into the five CQC domains. A broad range of hard and soft metrics, which assessed multiple aspects of a Specialty's service (including clinical outcomes, complaints / safety incidents, nurse staffing and care, financial performance and outpatient performance) had been developed. The aim was to have the key metrics that assured a Specialty's service integrated in one place so that it could be used effectively for quality improvement and assurance. These were being incorporated into the Qlik Sense system. The system would be launched in the pilot specialty (Vascular) in March 2021. Further to this, it would be rolled-out to other pilot specialties (both medical and surgical) in April and May 2021 before rolling it out Trust-wide. The plan was for it to be rolled out one CMG at a time, beginning with CHUGGS. The Medical Director noted his thanks to Mr T Palser for taking forward this workstream highlighting it was a complex piece of work. In response to a query from Prof P Baker, Non-Executive Director regarding the timescales for the roll-out, the Medical Director advised that once the proof of concept was undertaken, then discussion regarding any investment required for faster roll-out would need to be taken forward. The progress made in respect of this workstream was particularly noted and a demonstration of the system would be provided to QOC in May 2021.

AMD

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

(B) the Associate Medical Director be requested to provide a demonstration of the IQAS at QOC in May 2021.

AMD

05/21/8 Trust Thrombosis Committee

Dr R Gooding, Consultant Haematologist and Mr A Best, Consultant Orthopaedic Surgeon, co-Chairs of the Thrombosis Committee attended the meeting for this item. Members noted that the UHL Thrombosis Committee had replaced the Venous Thromboembolism (VTE) Prevention Task and Finish Group. The membership, terms of reference and work programme for the Thrombosis Committee had been agreed and included the latest CQC recommendations. As part of the establishment of the Thrombosis Committee, the scope of the Committee had been increased to include overview of the investigation and treatment of Venous Thromboembolism and also anticoagulation throughout the Trust.

Dr R Gooding presented paper I - an update from the VTE Prevention Task and Finish Group building on the outstanding actions and the future Trust direction of VTE prevention/treatment strategy and governance. Members noted the following in particular (a) the progress made by the Thrombosis Committee in spite of on-going challenges due to Covid-19, (b) the positive performance in Quarter 4 of 2019-20 and Quarters 1 and 2 of 2020-21 against the Quality Schedule for VTE prevention, (c) progress made on electronically reporting against the NICE VTE prevention Quality Standards particularly around appropriate prescribing of thromboprophylaxis in patients assessed as high risk, (d) root cause analysis (RCA) for potential Hospital Acquired Thrombosis was 100% for quarters 1&2 (inpatient and out-patient) of 2020-21, and (e) the QI approach taken to address the challenge of robustly delivering VTE prevention information to patients on admission and provision of discharge-related VTE information. The VTE assessment process for long waiters in ED was the main challenge and the creation of an automated VTE risk assessment prompt in Nerve Centre to resolve this issue was being taken forward. The Medical Director commended the work undertaken by the team, noting that a further update would be provided to EQB in May 2021 and QOC would be notified, if there were any risks.

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

05/21/9 Falls Update

Ms H Leatham, Assistant Chief Nurse attended the meeting to present paper J, an update on the 2020-21 Falls Safety Action Plan. The delivery of this action plan was monitored through the Falls Management Steering Group. For quarters 1 & 2 of 2020-21, the falls per 1000 occupied bed days (OBD) was below the threshold target of 5.5%. There had been no significant changes to the adult inpatient falls rate per 1000 OBD for moderate harms or above.

A number of quality initiatives had been implemented to reduce harm from inpatient falls and increase staff knowledge and clinical expertise in falls management. Falls in Children's services were not subject to a validation process. A number of recommendations had been made as a result of a review of falls in children. In April 2020, it was agreed to temporarily suspend falls validation. Further to this, a new 'falls care review and learning' process had been developed whereby each fall was reviewed within 24 hours to identify learning and focussing upon themes and improvement strategies promoting harm free care. As part of the Older Peoples Month in September, UHL held a Falls Safety Awareness Week. A new e-Learning package for falls awareness training had been launched during the Falls Safety Awareness Week. The training highlighted the principles of falls safety and needed to be completed every three years for all identified staff groups.

The UHL Falls Management Steering Group would continue to progress workstreams to support ongoing improvements in falls safety and promote harm free care, which had been identified further to the review of the data submitted to the National Audit of Inpatient Falls. The Committee Chair requested that the next falls report to QOC included a section which described the learning from the lapses of care identified. The Committee Chair also noted that some CMGs had not submitted the falls data as reflected in the appendices to the report and requested the Assistant Chief Nurse to follow-up the reason for this with the respective CMGs. The Chief Nurse commended the Assistant Chief Nurse and the Multi-Disciplinary Team responsible for falls for the work undertaken.

ACN

ACN

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

(B) the Assistant Chief Nurse be requested to include a section which described the learning from the lapses of care identified, in the next falls report to QOC, and **ACN**

(C) the Assistant Chief Nurse be requested to follow-up with the respective CMGs, the reason they had not submitted the falls data as reflected in the appendices to the falls report. **ACN**

06/21 ITEMS FOR NOTING

Resolved – that the following be noted for information at papers K, L, M and N respectively:-

- (a) Risk Assessments Dilution of Nursing Staff ratios (paper K);**
- (b) Proposal to take down corporate activity to support clinical areas during Covid-19 pandemic (paper L);**
- (c) Claims and Inquests Report (paper M) , and**
- (d) EQB Minutes – 8 December 2020 (paper N)**

07/21 ANY OTHER BUSINESS

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

08/21 IDENTIFICATION OF ANY KEY ISSUES FOR THE ATTENTION OF THE TRUST BOARD

Resolved – that (A) the following items be highlighted to the 4 February 2021 public Trust Board via the summary of this Committee meeting for information:

- the following points in particular from the Covid-19 verbal update — staffing issues, vaccination programme, no supply issues in respect of PPE, and dilution of nursing staff ratios in adult wards and critical care (Minute 05/21/1 above refers);**
- cancer performance recovery (particularly regarding the clinical harm review process and that there might be potential harm (subject to confirmation)) – the Medical Director to verbally highlight this matter to the Trust Board (Minute 05/21/3 above refers); and**
- progress being made with the Integrated Quality Assurance System (Minute 05/21/7 above refers).**

**QOC
Chair**

09/21 DATE OF THE NEXT MEETING

Resolved – that the next meeting of the Quality Outcomes Committee be held on Thursday 25 February from 2pm via Microsoft Teams.

The meeting closed at 3.42pm

Hina Majeed - 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)	10	10	100	C Fox	10	8	80
P Baker	10	9	90	A Furlong	10	8	80
R Brown	0	0	0	B Patel	6	5	83
I Crowe	1	1	100	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)	4	4	100	J Smith	4	4	100
M Durbridge	5	5	100	C Trevithick/C West (CCG)	10	7	70