

Trust Board paper I1

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 4 February 2021

COMMITTEE: Quality and Outcomes Committee (QOC)

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

DATE OF COMMITTEE MEETING: 17 December 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:

- 1) Maternity Governance – Minute 70/20/6 refers
- 2) CQC Regulatory Framework – Minute 70/20/9 refers

DATE OF NEXT COMMITTEE MEETING: 28 January 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 17 DECEMBER 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 C Fox - Chief Nurse
Mr A Furlong - Medical Director
Mr B Patel - Non-Executive Director

In Attendance:

Mr P Aldwinckle - Patient Partner
Ms A Moss - Corporate and Committee Services Officer
Ms J Smith - Patient Partner
Ms H Hutchinson - CCG Representative
Ms H Hutchinson, CCG Representative.
Ms R Marsh - Clinical Director, ESM (for Minute 70/20/1)
Ms S Khalid - Clinical Director, RRCV (for Minute 70/20/2)
Ms B O'Brien - Director of Quality Governance (for Minute 70/20/6)

RESOLVED ITEMS

66/20 APOLOGIES

Apologies for absence were received from Ms Caroline Trevithick, CCG. The Chair welcomed Ms Hannah Hutchinson to the meeting.

67/20 DECLARATIONS OF INTERESTS

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

68/20 MINUTES

Resolved – that the Minutes of the Quality Outcomes Committee (QOC) meeting held on 26 November 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.

69/20 MATTERS ARISING

The meeting received the Matters Arising Log. The Chair noted that it would be used to create a forward planner for QOC.

Resolved - that the Matters Arising Log be noted.

70/20 ITEMS FOR DISCUSSION AND ASSURANCE

70/20/1 Missing Dermatology Referrals

The Clinical Director, ESM, presented paper C which informed QOC that a number of referrals for dermatology services had not been processed in line with set procedures. The majority of referrals for dermatology from primary care were received electronically. However, a number of referrals were received in paper form and it was these referrals which had been received, triaged but not booked in for an appointment. This was an administrative error.

Once the error had been realised immediate action was taken to militate against patient harm.

Appointments were booked in order of clinical priority. On review, it was found that some patients had been seen via other routes; the urgent cases had been seen straight away and no cancer patients affected. One patient had died and the cause of death was not related to dermatology. Routine patients had been booked in over the next two months and the majority of patients would be seen within 18 weeks which was the current waiting time for routine appointments. Doctors were undertaking a harm review for the urgent cases and those having to wait longer than 18 weeks. So far, no harm had been identified because of the delay in processing the referrals. The Clinical Director noted that there would be a root cause analysis and a further report made to QOC in February 2021.

Ms J Smith, Patient Partner, asked whether there had been any communication with patients affected. The Clinical Director, ESM, reported that there had been no communication with patients about the missed referrals as the majority of referrals would be seen within the normal timescales. She agreed to consider whether it would be appropriate to communicate to those patients waiting longer than usual or, if identified, experienced harm as a result.

CD, ESM

Ms Hutchinson, CCG Representative, asked whether the missed referrals had been reported as a Serious Incident. The Clinical Director, ESM, noted that it had not as no patient harm had been recorded. It had been recorded as a near miss and should any patient harm be discovered it would be escalated.

Mr B Patel, Non-Executive Director, wondered if this had been an isolated incident and whether there was learning to be shared across other specialities. It was noted that the Acting Chief Operating Officer had done a piece of work to review similar systems across all the Clinical Management Groups and that the learning would be shared.

Ms V Bailey, Non-Executive Director, QOC Chair noted that the change on waiting times, because of COVID-19, may mean there was a different tolerance of waiting times and that usually the GPs were a failsafe in chasing up referrals. In this case, the majority of the referrals were Consultant to Consultant.

Resolved – that (A) the contents of this report be received and noted, and (B) that the Clinical Director, ESM, consider what communication would be appropriate for those patients waiting longer than usual and should any patient harm be identified. (C) that a further report be made to QOC in February 2021.

CD, ESM

CD, ESM

70/20/2

Cardiology Reconfiguration Update

The Clinical Director, RRCV, presented paper I which updated QOC on the actions taken to address the shortfall in the cardiology establishment and concerns expressed by registrars regarding their training and support. QOC received a report in September 2020 and noted that whilst progress had been made there was concern about the fragility of the arrangements. QOC had requested a further report.

The Clinical Director noted the second wave of COVID-19 activity had severely impacted on the progress made. Whilst it was the intention to pull High Speciality Trainees out of the Clinical Decision Unit (CDU), they were required, because of the current operational pressures, to support CDU. They would be removed as and when the pressures relented.

To fill the vacancies Trust grade Registrars had been recruited from overseas. This created specific problems as it was their first job in the NHS and time and support was needed for their induction and training. In addition, staff were living in shared hospital accommodation and had to self-isolate when a fellow resident tested positive for COVID-19.

The Clinical Director noted that when general medicine Registrars were deployed to CDU they had taken time to gain the relevant experience and the speciality was now seeking to recruit clinicians with cardiology experience.

The one in seven Consultant of the Week rota to cover three cardiology wards had been implemented in October 2020. Funds had been allocated to Medicine to provide medical cover for

these wards at Consultant and Registrar level and cover was currently provided by locums. Unfortunately, one of the locums was leaving. The Clinical Director noted that the budget for 4.5 FTE physicians was used to fund the cost of two locums. Medicine was seeking to recruit substantively which would bolster cover, particularly at weekends.

The Clinical Director reported that cardiology emergency activity had been high from the summer onwards and some of the cardiology patients had been affected by COVID-19. The Clinical Director concluded that the workforce was stretched and under considerable pressure. There were further actions to be taken which included the appointment to the Consultant and Registrar medical posts for ward 15, addressing the concerns regarding the CDU rota and confirming an operational model for cardiology linked to the ward moves that would be part of the reconfiguration programme.

Ms J Smith, Patient Partner, asked about the equivalence of qualifications of overseas doctors. The Clinical Director provided assurance that they fulfilled the requirements and the training needs were more about navigating NHS systems and procedures.

Ms V Bailey, Non-Executive Committee Chair asked about the training experience for foundation doctors, The Clinical Director noted that she had liaised with the Director of Medical Education and it was acknowledged that COVID-19 was impacting on education and training as trainees were redeployed and that the management team was seeking to minimise the impact.

Resolved – that the contents of this report be received and noted, and (B) that a further report be presented in 3-4 months' time.

CD, RRCV

70/20/3 Quality and Performance Report Month 8

The Chief Nurse presented the Month 8 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. The Chief Nurse reported that as of 16 December 2020, sickness rates were at 9.92% of which 4.25% was due to COVID-19. The sickness rate for nursing was 11.21% and for medicine 4%. The Chief Nurse noted that the vacancy rate for nursing was approximately 10% and together with sickness rates, this represented a considerable challenge. At present, the Trust was maintaining critical but safe staffing levels.

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

70/20/4 COVID-19

The Medical Director and the Chief Nurse gave a verbal update on the current position within UHL with respect to the COVID-19 pandemic. The Medical Director reported that as of 16 December 2020 the system had moved to COVID alert Level 5. This escalation was a result of significant operational pressures locally driven by the impact of COVID-19, both in terms of patient numbers, acuity and flow.

The Chief Nurse reported that there were 285 patients being treated for COVID-19 with 30 in Intensive Care. There were ten outbreaks noting the Public Health England threshold for declaring an outbreak was two or more patients associated by time or place.

The Medical Director noted that there was a local Scientific Advisory Group for emergencies (SAGE) chaired by the Director of Public Health for Leicester City, Professor Ivan Browne and included clinicians from UHL. This group reviewed a range of issues pertaining to LLR including system issues, testing data and had noted the prevalence of COVID-19 was increasing locally. Leicestershire Partnership NHS Trust was experiencing considerable pressure. The number of COVID-19 outbreaks in the hospitals had resulted in 50 beds being restricted in line with best infection prevention practice. Both UHL and the System had declared level 5 the previous day. The System Clinical Executive was considering recommendations to create extra capacity and proposed a managed firebreak whereby some elective activity was taken down for a four-week period covering Christmas and the first two weeks of January 2021. It was proposed to move the 'surgical on-take' to Leicester General Hospital and to spot purchase care home beds.

The Medical Director reported that 300 people had been vaccinated against COVID-19 since

Saturday 12 December 2020. The aim was to vaccinate 3,000 patients by Christmas 2020. At present, the priority was patients over 80 years of age and staff assessed at high risk. QOC noted the considerable work undertaken to establish the vaccination hub and expressed thanks to those involved.

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

70/20/5 Cancer Performance Recovery

Ms V Bailey, Non-Executive Director QOC Chair, reported that she had stood down the Director of Operational Improvement to present the report in order to focus on operational pressure. The report, which focussed on performance, had been discussed at the People, Process and Performance Committee earlier in the day. The report noted there had been no patient harm recorded. It was noted that there would be delays in treatment as UHL addressed the COVID-19 pressures. It was confirmed that processes to communicate delays to patients were in place.

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

70/20/6 Maternity Governance

The Chief Nurse, introducing the item highlighted the previous and current focus on maternity services nationwide. There had been a recent inquiry into patient treatment at Shrewsbury and Telford NHS Hospitals Trust and the report 'Ockenden Review of Maternity Services' had been published the previous week. The Chief Nurse reported that UHL had undertaken a gap analysis, using the recommendations in the report to assess its own services. NHSE/I had written to UHL setting out 12 immediate actions requesting a response by 21 December 2020. The response had been drafted which provided assurance and identified what further actions would be taken. NHSE/I required the Trust Board to consider the review and actions. Ordinarily this would be reported through UHL's governance routes but given the timescales the report would be made directly to the Trust Board on 7 January 2021. The Chief Nurse noted UHL had been focussed on improving maternity services for some time. The recommendations had financial implications which would need to be referred to the Financial Recovery Board.

The Director of Quality Governance presented paper J which set out proposals for maternity governance. This had been, in part, initiated by discussions with CQC which was gathering intelligence ahead of a presentation to a Parliamentary Select Committee. Their review was seeking to ensure UHL was learning from serious incidents. The review would follow the established programme approach used to review the Trust's Infection Prevention and Control. It was a three-phased approach. The first phase would address corporate governance. The second phase would review how information was used and managed within the Clinical Management Group for Women's and Children's. The third phase would look at the approach and staffing in relation to risk management. The review would take three to four months to complete, and would use the NHSE/I self-assessment and the CQC Well-led Key lines of Enquiry. Ms V Bailey, Non-Executive, QOC Chair noted there had been a number of reviews of UHL maternity services reviews in recent times and a need to triangulate the data and reviews.

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

70/20/7 Clinical Audit Quarterly Update

Ms V Bailey, Non-Executive Director, QOC Chair, reported that she had stood down the Clinical Audit Manager, from attendance at this meeting, to enable colleagues to focus on operational pressures. The report updated QOC on the programme for Clinical Audit.

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

70/20/8 Patient Safety Highlight report

The Director of Quality Governance presented paper I which set out the Patient Safety Report for November 2020, including the review of moderate plus harm incidents for Quarter 1 2020/1, and the complaints briefing paper. In reviewing the Quarter 1 data for 2020/21 it was noted that 30 incidents had been graded moderate harm or above.

Although this was a reduction in number from previously there had been two Never Events. The Clinical Management Groups reporting patient harms were those where the level of acuity was higher and/or it had not been possible to reduce activity during the first wave of COVID-19 activity.

The complaints report noted a theme relating to lost property from patients and valuable property going missing from a deceased patient. Work had been undertaken with the Local Security Management Specialists and a Task and Finish Group established to ensure robust systems for dealing with patient property. It was noted that a Patient Partner would be invited to join the group. Ms J Smith, Patient Partner, noting her past experience in security management in the NHS expressed her interest. The Chief Nurse considered the trend in complaints about property was, in part, due the infection prevention measures for the pandemic as visitors were discouraged and patients moved, with little notice, around the hospital.

Ms V Bailey, Non-Executive Director, QOC, Chair asked that in future reports provided a narrative on patient safety issues when there was a shift in the mean.

DQA

Resolved – that (A) the contents of this report be received and noted, and (B) that future reports provide a narrative when patient safety issues indicated a shift in the mean.

DQA

70/20/9 **CQC Actions Update**

The Director of Quality Governance presented paper J which updated QOC on the action plan to address the findings of the CQC inspection of UHL which took place between September and November 2019. The CQC inspection had covered seven core services across the three main hospital sites. Whilst the Trust received an overall rating of 'Good', CQC's report highlighted a number of areas for improvement which were addressed in an action plan agreed in March 2020.

Delivery of the actions was to be driven and overseen via the work plan of the allocated oversight committees. Early on in the outbreak of COVID-19, a number of oversight committees were stood down temporarily and other governance arrangements took their place. The committees were reinstated in summer and early autumn. The report set out the findings and recommendations from this first tranche review of oversight committees and set out recommendations to improve governance.

It was noted that there needed to be a cultural shift to ensure that the actions were owned and improvement driven by the oversight committees. The Director of Quality Governance was working with the respective chairs. It was noted that the approach was about creating sustainable change and continuous improvement rather than a transactional approach to addressing and closing off actions from CQC inspections. Internal resources for audit, assessment and accreditation would be used to provide a service to Clinical Management Groups. 'Soft intelligence packs' had been created which would review the services from the same lens of the CQC. This would serve as a self-assessment to improve services and prepare for CQC inspections. The Chief Nurse considered that it would be useful to understand the new regulatory approach adopted by CQC which would focus less on quality inspections and more on the Trust's own processes for quality assurance. It was proposed that the issues be discussed further at the briefing for Non-Executive Directors.

CN

Resolved – that (A) the contents of the report be received and noted, and (B) that a briefing be held for Non-Executive Directors.

CN

71/20 **ITEMS FOR NOTING**

71/20/1 **Neuropsychology Update**

QOC expressed its thanks to the Clinical Management Group for the progress made.

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

71/20/2 Decontamination of Cystoscopes

The Chief Nurse commented on the diligence of the Microbiologist Team and tenacity of the Infection Prevention Control Team in addressing the issues outlined. A Trust-wide report on decontamination would be presented to the QOC in due course.

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

71/20/3 Quarterly Patient Experience Report

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

71/20/4 UHL Dementia Strategy – Biannual Update

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

71/20/5 Dates of QOC Meetings from April 2021 – March 2022

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

72/20 **ANY OTHER BUSINESS**

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

73/20 **IDENTIFICATION OF ANY KEY ISSUES FOR THE ATTENTION OF THE TRUST BOARD**

Resolved – that (A) the following items be highlighted to the 7 January 2021 public Trust Board via the summary of this Committee meeting for information:

- Maternity Governance - Minute 70/20/6 above refers.
- CQC Regulatory Framework - Minute 70/20/9 above refers

QOC
Chair

74/20 **DATE OF THE NEXT MEETING**

Resolved – that the next meeting of the Quality Outcomes Committee be held on Thursday 28 January 2020 from 2pm via Microsoft Teams.

The meeting closed at 3.40pm

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
V Bailey (Chair)	9	9	100	C Fox	9	7	78
P Baker	9	8	89	A Furlong	9	7	78
R Brown	0	0	0	B Patel	5	4	80
I Crowe	1	1	100	K Singh (<i>ex officio</i>)	0	0	0

Non-voting members

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
P Aldwinckle (PP)	3	3	100	J Smith	3	3	100
M Durbridge	5	5	100	C Trevithick/C West (CCG - from January 2020)	9	7	78