



## TRUST BOARD

### Quality Assurance Committee Chair's Update

**Public Board – 20 May 2021**

<b>Presented for:</b>	Information
<b>Presented by:</b>	Laura Stroud Non-Executive Director
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<b>Previous Committees:</b>	Update from Quality Assurance Committee 8 April 2021

<b>Trust Goals</b>	
The best for patient safety, quality and experience	✓
The best place to work	
A centre for excellence for research, education and innovation	
Seamless integrated care across organisational boundaries	
Financial sustainability	

<b>Key Points</b>	
To provide an overview of significant issues of interest to the Board, highlight key risks discussed, key decisions taken, and key actions agreed.	For Information

## 1. INTRODUCTION

The Quality Assurance Committee (QAC) provides assurance to the Board on the effective operation of quality and clinical governance mechanisms in the Trust. It does this principally through scrutiny of, and appropriate challenge to, this work. In addition, the QAC also carries out more detailed reviews of topic areas, as required.

The Committee discussed the development of a comprehensive clinical quality strategy; the strategy would incorporate the quality improvement strategy and draw together regulatory requirements and associated activities. Our ambition is to become an outstanding provider of healthcare and our clinical quality strategy will support us both deliver this and help us demonstrate that we do so. This strategy will shape the future workplan and provide a framework for future reports from this committee.

## 2. SIGNIFICANT ISSUES OF INTEREST TO THE BOARD

**Patient Story** – The Committee were introduced to a patient story that related to a patient that required orthopaedic surgery relating to a trauma injury and was positive about the staff and the workings of the Trust during the restricted related to the coronavirus (Covid-19) pandemic.

**62 day Cancer Standard (*item escalated from Finance and Performance Committee*)** – The Committee received a report in relation to oversight of patients on planned waiting lists in regard to the 62 Day Cancer Standard; the report was to provide assurance on safety and quality processes adopted to ensure patients on the waiting list were prioritised appropriately and their safety maintained.

It was noted that the reduced capacity across all sites, as a direct impact of the Covid-19 pandemic, had resulted in an increased number of patients waiting longer for their treatment. The Committee were informed of actions taken to manage the risk of patients facing increased delays in treatment and reference was made to the guidance provided by the Royal College of Surgeons; this provided a framework for the prioritisation of patients on admitted waiting lists. It was noted that the Trust had developed a Surgical Priority Oversight Group, which reported to the Chief Medical Officer following agreement at Clinical Advisory Group to provide a weekly review of critical care requests and surgical prioritisation. In addition, a weekly Cancer Oversight meeting had been established in February 2021 to review and assess the 62-day backlog levels. There had been significant progress in restoring elective capacity across the Trust during Q4 2020/21, with the Trust having good oversight and capacity modelling in place.

The Committee scrutinised the prioritisation model and noted that 571 patients had not been assigned a priority code; assurance was provided that there was minimal risk for these patients, as patients had been clinically prioritised and that where a category had not been assigned these were non-surgical patients.

The Committee explored the limitations of the information systems used to capture the data, and assurances were provided that the Trust had sufficient oversight of system limitations data was securely stored on the Patient Administration System (PAS). It was noted that further exploration of patient harm was needed, including the review of patients beyond the prioritisation groups.

The Committee received the report and confirmed its assurance of the actions taken to mitigate risks of harm posed by reduced elective capacity during the coronavirus pandemic.

**Ockenden Report: Progress** – The Committee received an update on progress of the implementation of actions arising from the Ockenden Report. The Committee were informed that LTHT were compliant with all the immediate actions, however the benchmarking criteria had been amended after the submission date and therefore some actions were rated as amber from NHSE/I; it was noted that majority of Trust's were also in this position. The Committee challenged the submission of evidence and requested confirmation regarding whether a resubmission was possible; it was confirmed that a digital portal had been developed by NHSX which would allow organisations to resubmit their evidence, it was anticipated that this would be available in May 2021.

An overview of the current position was provided, which included the updated reporting structures for maternity safety incidents that had been refreshed and included an update of Serious Incidents to the Board via the Integrated Quality and Performance Report (IQPR). In addition, it was noted that education and training for fetal monitoring had been delivered to 100% of delivery suite co-ordinators. Alongside this, the Service had also reviewed and restructured the Maternity Audit programme to ensure that all audits related to Ockenden compliance were included in the annual matrix, with audit leads allocated, and oversight via the monthly CSU Quality Improvement meetings. The Committee requested further information regarding training compliance, comparing the actual position against the Trust ambition as this was not clear and further scrutiny was required. It was noted that a detailed breakdown would be provided to the committee in July 2021.

The Committee noted the engagement with the CQC and the Trust response to the regional review of Maternity services; an update on the response from the CQC will be discussed and outlined at the Committee meeting in July 2021

The Committee were assured by the updated provided.

**Pressure Ulcer Prevention** – The Committee received a report that outlined the currently position in relation to the occurrence of pressure ulcers developed within the Trust; the report outlined the governance processes providing oversight of the reporting investigation and monitoring of pressure ulcer incidences.

It was outlined to the Committee that pressure ulcer prevention was a key safety priority for the Trust and over recent years the Trust had observed a reduction in the number of pressure ulcers developed in our care, however, during the Covid-19 pandemic there had been a notable increased. It was highlighted that increase of pressure ulcers during the pandemic had been investigated and it was evident that the virus did impact on skin integrity, and the additional measures of having to prone patients did increase the risk of pressure ulcer development. The actions taken to mitigate and reduce the development rates were explored by the Committee, noting that a thematic analysis of learning had been conducted to better understand the influencing factors.

The Committee questioned how the Trust positioned performed against peers and it was noted that there was no national requirement to report hospital acquired pressure ulcers therefore benchmarking was difficult. It was suggested that an

information sharing partnership could be established with peer organisation to gain better insight into the overall impact.

The Committee received the report and confirmed its assurance against the recommendations outlined in the report.

**Falls Prevention** – The Committee were provided with an update report in relation to the Falls prevention within the Trust which provided a summary of themes and learning.

It was noted that there had been an increase in the number of falls reported within clinical areas, with spikes witnessed in December 2020 and January 2021; the falls rates had reduced and were within normal control limits for February 2021. A thematic analysis had been undertaken to further understand any trends and learning from the increase in incidents and actions had been outlined, including a training needs analysis and the development of a e-learning training package. It was noted that the Trust had a rigorous oversight and governance process for the management of falls and had a key focus on strengthening the falls prevention strategy

The Committee were assured by the updated provided.

**Critical Care: Safe Staffing during the Covid-19 Pandemic** - The Committee received an overview of the staffing models adopted during the pandemic to ensure safe care and treatment of patients.

It was noted that daily staffing meetings were held across both the St James's University Hospital Site (SJUH) and Leeds General Infirmary (LGI) sites providing oversight of staffing requirements and gaps in rota's. The use of the Nurse Staffing Status Report was referenced which was used to assess and report the overall safety of the units; if a staffing safety concern was noted a Red Flag could be raised on the system at any time. An overview of the volume of staff required to support Critical Care during the peaks of the pandemic was discussed, noting that there had been a significant contribution from the Theatres and Anaesthesia CSU.

The Committee received an overview of the ongoing support that was provided to support safe staffing, which included psychological support for all staff, daily planning meetings and an active plan for support from other CSU's if patient numbers spiked. It was also noted that the CSU had the addition of 60 international nurses who would be joining the Trust during April and May 2021 and noted the anticipated publication of further national workforce guidance that the CSU would use to inform its staffing model moving forward.

The Committee recognised the significant pressures Critical Care had been placed under throughout the pandemic and shared their gratitude to the team and wider staff. The Committee were assured by the updated provided.

**Safe Care: Escalation of Red Flags** – The Committee received a report detailing the management, monitoring and operational oversight of the Nursing red flags in Safecare. It was noted that the reporting of Datix and Safecare Red Flags was now included in the Nursing and Midwifery Quality and safety Staffing report to ensure ward to Board oversight.

An Overview of the Red Flags process was provided to the Committee, highlighting that a Red Flags could be raised at any point during any shift with the inclusion criteria being outlined in Appendix 1 of the report. It was noted that the Safecare Operational Group has been reinstated in February 2021, following temporary suspension due to the Covid-19 pandemic.

The Committee received the report and noted the actions taken in relation to the management, monitoring and operational oversight of Red Flags in Safecare, and the inclusion of Safecare and Datix Red Flag reporting in the Nursing and Midwifery Quality and Safety Staffing report

**Quality & Safety Visit Framework** – The Committee received an update on the Quality and Safety Review Framework programme; the programme had been established with an aim of improving the quality of care for patients across all inpatient areas, ensuring services were safe, staffed appropriately and had a platform for continuous learning and improvement.

The programme outline and toolkits were shared with the Committee and it was noted that following the visit each ward area would be receive a rating in relation to how safe, effective, caring, responsive and well-led it was, with an overall rating applied. It was confirmed that progress against this workplan would be reported to the Committee moving forward.

The Committee received and noted the update.

**Leeds Vaccination Programme** – The Committee received an update on the progress of the Leeds Covid-19 Vaccination Programme, noting that the programme had delivered over 300,000 vaccinations to the population of Leeds with the Thackray Medical Museum and Elland Road sites delivering over 100,000.

It was noted that there had been 16 incidents reported on Datix. In addition, there had been two incidents of thrombosis in patients reported by haematology specialists in March, which had been reported through the ‘yellow card’ system and directly to the MHRA, in line with the appropriate processes.

The Committee noted the Government announcement the previous day (7 April 2021) regarding the administration of vaccinations to people under 30 and the national decision that patients in this age bracket would not receive the Oxford/ AstraZeneca vaccine. The Committee further scrutinised the guidance for the under 30’s regarding those who had already received the first dose prior to changes to guidance; it was confirmed that national guidance advised that if a first dose of the Oxford/ AstraZeneca vaccine had been given then they should proceed to give the second dose as primary concerns related to first doses.

The Committee received the report and confirmed its assurance of the robust quality assurance mechanisms in place within the programme, noting the recent feedback received following the CQC visit and from NHSE/I.

**Routine Reports** - The Committee also received routine information, including the Serious Incident and Never Event Report Q4 (2020/21), Annual Clinical Audit Programme for 2021/22 and the Infection, Prevention & Control (IPC) Annual report.

**3. KEY RISKS DISCUSSED**

The Committee discussed the risks associated with the Ockenden report, ensuring that appropriate overview and identification of action had been completed.

**4. AGREED KEY ACTIONS**

It was agreed that further exploration of the Ockenden Report and the role of the Non-Executive Director was required; it was agreed that an update would be provided and a routine reporting timescale would be agreed in relation to Maternity risk.

**5. FUTURE BUSINESS**

The next meeting of the Quality Assurance Committee will be 8 July 2021.

**6. RECOMMENDATION**

The Trust Board is asked to receive and note the Quality Assurance Committee Chair's report.

**Laura Stroud**  
**Non-Executive Director and Chair of Quality Assurance Committee**  
**May 2021**