UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

MINUTES OF THE QUALITY COMMITTEE (QC) MEETING HELD ON THURSDAY 30 SEPTEMBER 2021 AT 2:00PM VIRTUAL MEETING VIA MICROSOFT TEAMS

Voting Members Present:
Ms V Bailey - Non-Executive Director (Chair)
Ms C Fox - Chief Nurse
Ms D Mitchell – Acting Chief Operating Officer
Professor T Robinson – Non-Executive Director
Mr M Williams – Non-Executive Director

In Attendance:
Mr P Aldwinckle – Patient Partner
Dr D Barnes – Deputy Medical Director (deputising for Mr A Furlong, Medical Director)
Ms G Belton – Corporate and Committee Services Officer
Miss M Durbridge – Director of Quality Transformation and Efficiency Improvement
Ms K Gillatt – Associate Non-Executive Director
Dr A Haynes – Adviser to the Trust Board
Mr I Orrell – Associate Non-Executive Director
Mr T Palser – Associate Medical Director (for Minute 85/21/2)
Ms J Smith – Patient Partner

RECOMMENDED ITEMS

80/21 RISK ASSESSMENT TO DEROGATE FROM NHSE/I GUIDANCE

The Committee received a report (paper B1 refers) detailing a risk assessment which described the risk of potential harm to children if the Trust derogated from the NHSE/I Public Health Guidance regarding social distancing in the ward areas. Social distancing guidance stipulated that patients should be cared for at a distance of 2 metres from the next bed space. Social distancing of 2 metres spacing between beds / cots was being achieved across the Children's Hospital by the closure of 9 inpatient beds at the LRI site. This had enabled the parent/ carer to remain with the child in line with national guidance on visiting which stated that children or young people admitted to hospital have the right to a parent or carer staying with them.

With the predicted RSV (Respiratory Syncytial Virus) surge now beginning, the ability of the Children's Hospital to maintain the flow from the Children's Emergency Department (ED) was being affected by the closure of these 9 beds. This was contributing to overcrowding in the Children's ED. The report concluded that the Children's Hospital would run out of capacity more quickly if the Trust did not open the closed beds for reasons relating to social distancing. The risk of cross infection increased if the beds were opened as social distancing could not be maintained in line with PHE guidance. However, this risk had to be balanced against the risk of harm to a child and associated adults across the acute care paediatric pathway if they could not be placed in a bed in the Children's Hospital.

The risk assessment detailed clearly articulated the mitigation the Children's Hospital had put in place in terms of prevention and control of infections and related guidance to minimise the risk of transmission of nosocomial infections if social distancing was reduced to 1 metre. The Quality Committee was requested to review and accept the risk and the conditions in it whereby the Trust would reopen the beds and modify national advice in order to maintain the flow of children and therefore maintain their safety by caring for them in the most appropriate and safe place.

In discussion, it was noted that this approach had been supported by the Executive Board when considered at its meeting held on 28 September 2021. Also acknowledged was the need to balance risks and the view of staff that it was a greater risk to have more children within the ED than in opening the 9 beds referenced.

The following particular points were noted (1) only the beds that could be staffed would be

opened; therefore up to a maximum of 9 additional beds (2) staff continued to wear PPE and parents also were required to wear PPE when on the wards (3) these additional beds would only be opened when Paediatrics specifically was at OPEL Level 3 or 4 (not when the Trust in general was at OPEL Level 3 or 4) and (4) the Committee recommended that an overall review date was included in this paperwork which indicated a timeframe for a further assessment of the situation to be undertaken, albeit it was noted that a daily review would be undertaken of the need (or otherwise) for any additional beds in the Children's Hospital.

Particular discussion took place regarding communication processes (both staff communication and communication with parents / carers) with note made that this proposal was a collaborative decision involving the Paediatrics Team and that if any additional beds were opened, staff would have individual conversations with any parents / carers present on the ward.

In concluding discussion on this item, the Quality Committee approved this derogation from NHSE/I guidance for the reasons outlined, for onward recommendation to the Trust Board, subject to the inclusion of a formal review date and clarification included that this derogation would only be implemented when Paediatrics specifically (and not the Trust in general) was operating at OPEL Levels 3 or 4.

Recommended – that (A) the contents of paper B1 be received and noted, and

(B) the described derogation from NHSE/I guidance for the reasons outlined be supported and recommended onto the Trust Board for formal approval subject to the inclusion of a formal review date and clarification included that this derogation would only be implemented when Paediatrics specifically (and not the Trust in general) was operating at OPEL Levels 3 or 4. **QC Chair**

RESOLVED ITEMS

81/21 APOLOGIES

Apologies for absence were received from Mr A Furlong, Medical Director and Ms C West, CCG Representative.

82/21 DECLARATIONS OF INTERESTS

Ms K Gillatt, Associate Non-Executive Director, declared her interests as Non-Executive Director of Trust Group Holdings Ltd and Non-Executive Director of the NHS Business Services Authority. With the agreement of the Quality Committee, Ms Gillatt remained present.

83/21 MINUTES

Resolved – that the public Minutes of the Quality Committee (QC) meeting held on 26 August 2021 (paper A1 refers) and the QC Summary from the same meeting (paper A2 refers) be confirmed as a correct record.

84/21 MATTERS ARISING

The contents of the Quality Committee Matters Arising Log (paper B refers) were received and noted. The Corporate and Committee Services Officer was requested to notify the Quality Committee Chair if action 13 (Minute 44/21/3 from 27 May 2021) could not be updated by the time of the October 2021 Quality Committee meeting. **CCSO**

Resolved – that (a) the Matters Arising Log (paper B refers) be received and noted, and

(B) the Corporate and Committee Services Officer be requested to notify the Quality Committee Chair if action 13 (Minute 44/21/3 from 27 May 2021) could not be updated by the time of the October 2021 Quality Committee meeting. **CCSO**

85/21 ITEMS FOR DISCUSSION AND ASSURANCE

85/21/1 Pertinent Safety Issues

The Chair reported verbally on the work currently in progress regarding the Trust's Committee structure. Furthermore she referenced the intention, going forward, to reserve a slot within the Quality Committee agenda for the Medical Director and Chief Nurse to report on any pertinent safety issues. Such an approach had worked well when utilised at the start of the Covid-19 pandemic and was now to be formally adopted. It also facilitated the provision of a protected time slot on the agenda to receive any urgent time-critical reports. The pertinent safety issues reported at today's Quality Committee meeting were as follows:-

(1) **Risk Assessment to derogate from NHSE/I Guidance** – see recommended item detailed under Minute 80/21 above;
(2) **Midwifery Staffing** - the Chief Nurse reported verbally to advise that whilst there were currently no safety issues, the Trust's maternity service was very busy and midwifery staffing levels were challenged. A number of mitigating actions had been implemented including the addition of Registered Nurses to provide support. A number of newly qualified Midwives would join the Trust in November 2021, which would improve the situation, and
(3) **Never Event** - the Deputy Medical Director reported verbally on a Never Event which had occurred in Theatres in the last week and he advised of a planned thematic review of Never Events occurring in Theatre to determine any potential underlying trends (e.g. Human Factors or other such issues) for addressing. The approach for this review had been agreed the previous day, however the timeline had not yet been determined, although would be undertaken at the earliest possible opportunity. The review would encompass all of the Trust's theatre sites. It was noted that the timescale for the review and the outcome of the review would be reported to the Quality Committee in due course.

Resolved – that these verbal reports be noted.

85/21/2 Integrated Quality System

Mr T Palser, Associate Medical Director, attended to update the Committee on progress with the Integrated Quality System (IQS), including plans as to how it would be integrated into current governance requirements and the resource requirements needed to make the system sustainable (paper C refers).

The system was being piloted in the first two Clinical Management Groups (RRCV and CHUGGS) and was being rolled out across all CMGs at 3-4 weekly intervals. Phase One of the system would therefore be rolled out across the entire Trust by the end of November 2021. The pilot scheme had identified several areas of further development including pages to allow CMG leadership to view and track the key metrics for all of their specialties at once. These metrics would be bespoke for each specialty and CMG. A mechanism was proposed by which the system would be integrated into continuous improvement (both via the Performance Review Meetings (PRMs) and a new Accountability meeting). To enable the additional functionality, some additional resource would be required which was detailed within the accompanying report and included investment in both software and human resource for sustainability. Following the recommendations of the Executive Quality Board at its meeting held on 14 September 2021, the team were developing a business case for review by the Financial Recovery Board (FRB) and this would be submitted within the next couple of weeks. It was envisaged that this system would be the centrepiece of the Trust's Quality Monitoring Systems. The Director of Quality Transformation and Efficiency Improvement noted the desire for staff to be Qliksense literate and she noted that the Transformation team were happy to provide support, as required.

In discussion on this item, members expressed support for this work, noting the need for resilience through avoiding over-reliance on only one or two people who had the required skills. The positive aspects of the system fed back to date included the benefit of having access to all the information and the triangulation of this data in one place. Particular discussion took place regarding the need to consider what this system would replace (i.e. what would no longer be

necessary to undertake in the future, as this system would provide the required data). The Deputy Medical Director was requested to ask the Medical Director (absent from today's meeting) to discuss with the Associate Medical Director at which forum this work should next be discussed, noting that this would potentially be a useful topic for focus at a future Trust Board Development session, at which time consideration could be given to the forum at which the outputs from this system would routinely be reported. The Chair highlighted the need for the intelligence from this system to go beyond receipt by only the Quality Committee. Also noted was the need to ensure that Non-Executive Directors were familiar with the data produced, in response to which Mr Palser noted that he was happy to demonstrate the system at a future Committee meeting or on an individual basis, as required. The contents of this report were received and noted and Mr Palser was thanked for his report and attendance at the Committee.

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

(B) the Deputy Medical Director be requested to ask that the Medical Director (absent from today's meeting) discuss with the Associate Medical Director at which forum this work should next be discussed, noting that this would potentially be a useful topic for focus at a future Trust Board Development session, at which time consideration could be given to the forum at which the outputs from this system would routinely be reported. **DMD**

85/21/3 Nursing and Midwifery Safe Staffing and Workforce Report

Paper D as detailed on today's agenda was withdrawn in light of the fact that it contained out of date data. An updated report would be submitted in due course. The Chief Nurse reported verbally to indicate work underway to triangulate harm and safe staffing and made note of the statutory reports she was required to provide to the Trust Board. The Quality Committee Chair made reference to work in progress by the Interim Director of Corporate and Legal Affairs to review the statutory requirements in terms of submissions to the Trust Board and its sub-committees in light of the changes being implemented to the Trust's committee structure.

Resolved – this verbal information be noted.

85/21/4 Patient Safety Report

The Head of Patient Safety presented the monthly Patient Safety Report (paper E refers), which detailed the following key patient safety updates from the August 2021 data: (1) Four Serious Incidents (SIs) had been escalated; one of which was a Never Event (NE) (2) a sharp increase had been observed in the rate of reported PSIs; due to a large drop in attendance numbers and a comparatively slight decrease in the number of PSIs reported from the previous month (3) an increase in the rate of PPSIs reported; numbers of PPSIs have decreased slightly whilst attendances decreased further (4) a large decrease in the number of moderate and above harm incidents reported and finally approved (validated) harm incidents were also decreasing (this could change as backlogs of unapproved harm incidents were approved over the coming months) (5) thirteen incidents with evidence gaps in Duty of Candour (on finally approved incidents) which was slightly lower than last month, albeit many were the same incidents (6) in response to the Ockenden report (2020) a specific section was now being included in this patient safety report which focused on maternity and feedback on this section was welcomed and (7) there were no safety alerts with elapsed actions or actions overdue their completion date in this reporting period.

In discussion on this report, Mr M Williams, Non-Executive Director queried – in reference to the graph on page 2 of the report detailing patient safety incidents and in view of the fact that PSI rates had increased as attendances had decreased - whether utilising the 'rate' was the correct form of measurement. In response, the Head of Patient Safety noted that there may have been an increase in reporting over this time period. She further noted the need to focus on harms; which incidents had and had not caused harm. The Quality Committee Chair noted that the changing guidance as to what events should and should not be included when reporting made it difficult to observe any trends over time and that narrative explanation was therefore required around this point. Note was also made of the challenges involved when determining how to pull the data for reporting within a given time period (e.g. in this instance, the 'reported by' date had been utilised). The Chief Nurse, Director of Quality Governance and Head of Patient Safety were therefore requested to review and determine how the information contained in this report could be

presented in such a way that it documented trends (potentially through the use of run charts or annotated SPC charts) including narrative explanation where required and details of intended action where adverse trends were identified. It was noted that this work would be on-going over the next couple of months.

Particular discussion took place regarding Duty of Candour reporting, the conclusion of which was that, in general, staff were undertaking this reporting but there was a time lag in documenting / uploading this evidence. Specific note was also made of other reports produced within the Trust which documented findings that supported the contents of this report, e.g. the falls report, pressure ulcer report etc. and of the need, where other reports did not cover particular elements, to explore them further within this particular report, explaining any special cause variation as required utilising SPC terminology. In response to a query raised as to whether this information was shared with the Trust's Clinical Management Groups (CMGs), it was confirmed that each CMG had a Quality and Safety Board and received a monthly report broken down at CMG level, the contents of which were discussed by the Q & S Board. An overarching report was then submitted to the Executive Quality Board and thereafter the Quality Committee. Whilst the number of incidents was not unimportant, the number of harms and any trend in harms were the most important factors for tracking and focus. In concluding discussion on this item, it was noted that reviewing this report separately from those it used to be submitted alongside (e.g. the complaints performance report etc.) had allowed specific focus on this report alone and had generated beneficial discussions and the identification of work to be taken forward. The contents of this report were received and noted.

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

(B) the Chief Nurse, Director of Quality Governance and Head of Patient Safety be requested to review and determine how the information contained in this report could be presented in such a way that it documented trends (potentially through the use of run charts or annotated SPC charts) including narrative explanation where required and details of intended action where adverse trends were identified. **CN/DQG/ HoPS**

85/21/5 Quality and Performance Report – Month 5 2021/22

The contents of the Quality and Performance report for Month 5 (2021/22) were received and noted (paper F refers). In view of the fact that this report was now due to be submitted directly to the Trust Board for consideration, the Corporate and Committee Services Officer was requested to determine whether this still needed to be submitted for consideration specifically at the Quality Committee. **CCSO**

The Quality Committee Chair queried actions being undertaken in relation to fractured neck of femur care, in response to which note was made that the Trust's operational performance was lower than desired currently in light of ED pressures and reduced theatre capacity. Consequently, the MSS and ITAPS CMGs were jointly progressing a review of the pathway for fractured neck of femur patients and a report was due to be submitted on this matter to the October 2021 EQB meeting, after which it would be submitted to the Quality Committee for consideration. Note was made of the need for continued vigilance in terms of any harm outcomes where operational pressures led to treatment delays. The Deputy Medical Director was requested to discuss with the Medical Director (for reporting back to the Quality Committee through the Matters Arising Log) the issue of harms arising from two week wait breaches in terms of at what point these would become systematic reports (with known timescales for repeated reviews) rather than one-off reports. The Quality Committee Chair also noted the need for any harm reviews arising from treatment delays to include points of learning. The Chief Nurse noted that the current format of this Quality and Performance report was being significantly refined and the new iteration of this report would form an Integrated Performance report. **DMD**

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

(B) the Corporate and Committee Services Officer be requested to determine whether the monthly Quality and Performance report still needed to be submitted to the Quality Committee given that it was now to be submitted directly to the Trust Board, **CCSO**

(C) the Medical Director be requested to report back progress with the fractured neck of femur work to the Quality Committee and **MD**

(D) the Deputy Medical Director be requested to discuss with the Medical Director (for reporting back to the Quality Committee through the Matters Arising Log) the issue of harms arising from two week wait breaches in terms of at what point these would become systematic reports (with known timescales for repeated reviews) rather than one-off reports. **DMD**

85/21/6 Covid-19 Position – September 2021

The Deputy Medical Director and Chief Nurse reported verbally to provide an update on the Covid-19 position for September 2021. The number of patients being treated for Covid-19 in the organisation was slowly decreasing as at the current date. The administration of booster vaccines for Covid-19 had commenced in the previous week and the CSI CMG and the Vaccine Hubs were responding efficiently and effectively to the requirements of administering these booster vaccines.

Resolved – that (A) this verbal update be noted.

86/21 ITEMS FOR NOTING

86/21/1 Clinical Audit Update Report

In consideration of this report (paper G refers), it was agreed to include within the next quarter's report two or three outcomes from clinical audit that had improved patient care. Note was also made that a number of non-mandatory audits had not been undertaken due to the pressures of the pandemic and the need to devote focus elsewhere during this time period.

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

(B) the Director of Quality Transformation and Efficiency Improvement be requested to ensure that two or three outcomes from clinical audit which had improved patient care were included within the next Clinical Audit Update report. **DQTEI**

86/21/2 Data Quality and Clinical Coding

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

86/21/3 EQB Action Notes – August 2021

Resolved – that the action notes from the EQB meeting held on 10 August 2021 (paper I) be received and noted.

87/21 ANY OTHER BUSINESS

87/21/1 Care Quality Commission (CQC)

In response to a query raised by the Quality Committee Chair, the Chief Nurse noted that it was likely that the CQC would be taking a different approach to monitoring Trusts in future with a move towards targeted inspections focused on individual services offered by providers. The Chief Nurse was requested to circulate the schedule of CQC visits to the Quality Committee for information. It was also noted that an up-to-date CQC rating for UHL required displaying in the National Centre for Sports and Exercise Medicine sited within the grounds of Loughborough University, as the one on display currently was out of date. Note was also made, in discussion, that elements of the corporate structure on the public-facing website were out of date and the Quality Committee Chair undertook to discuss this matter with the Trust Chair.

Resolved – that (A) this update be noted,

(B) the Chief Nurse be requested to circulate the schedule of visits agreed in conjunction with the CQC for Quality Committee members' information, **CN**

(C) the Chief Nurse be requested to ensure that an up-to-date CQC rating for UHL was

displayed at the National Centre for Sports and Exercise Medicine sited within the grounds of Loughborough University, and **CN**

(D) the Quality Committee Chair be requested to discuss with the Trust Chair elements of the public-facing Trust website which were not currently up to date. **QCC**

88/21 IDENTIFICATION OF ANY KEY ISSUES FOR THE ATTENTION OF THE TRUST BOARD

Resolved – that (A) the following item be recommended onto the 4 November 2021 public Trust Board for formal approval:

(1) Risk Assessment to Derogate from NHSE/I Guidance (Minute 80/21 above refers) and

(B) the following items be highlighted to the 4 November 2021 public Trust Board via the summary of this Committee meeting for information:

(1) Pertinent Safety Issues (Midwifery Staffing and Never Event) – Minute 85/21/1, and

(2) Patient Safety Report – Minute 85/21/4 **QC Chair**

89/21 DATE OF THE NEXT MEETING

Resolved – that the next meeting of the Quality Committee be held on Thursday 28 October 2021 from 2pm via Microsoft Teams.

The meeting closed at 3.48pm

Gill Belton - **Corporate and Committee Services Officer**

Cumulative Record of Members' Attendance (2021-22 to date):

Voting Members

Name	*Possible*	*Actual*	*% attendance*	*Name*	*Possible*	*Actual*	*% attendance*
V Bailey (Chair)	6	6	100	A Furlong	6	5	83
P Baker (until 29.7.21)	4	4	100	B Patel (until 24.6.21)	3	3	100
C Fox	6	6	100	M Williams (from 29.7.21)	3	3	100

Non-voting members

Name	*Possible*	*Actual*	*% attendance*	*Name*	*Possible*	*Actual*	*% attendance*
P Aldwinckle (PP)	6	5	83	I Orrell	6	6	100
M Durbridge (from 29.7.21)	3	3	100	J Smith	6	4	67
K Gillatt (from 29.7.21)	3	3	100	C Trevithick/C West/ H Hutchinson (CCG Representative)	6	5	83
A Haynes (from 27.5.21)	5	5	100				