

Cover report to the Trust Board meeting to be held on 3 February 2022

	Trust Board paper F2
Report Title:	Quality Committee – Committee Chair’s Report
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Reporting Committee:	Quality Committee (QC)
Chaired by:	Ms Vicky Bailey – Non-Executive Director
Lead Executive Director(s):	Andrew Furlong – Medical Director Natalie Green – Deputy Chief Nurse
Date of meeting:	25 November 2021

Summary of key public matters considered by the Committee:

This report provides a summary of the key issues considered at the Quality Committee meeting on 25 November 2021:- *(involving Ms V Bailey, Quality Committee Non-Executive Director Chair, Ms K Gillatt, Associate Non-Executive Director, Dr A Haynes, Adviser to the Trust Board, Mr I Orrell, Associate Non-Executive Director, Professor T Robinson, Non-Executive Director, Mr A Furlong, Medical Director, Ms N Green, Deputy Chief Nurse (deputising for Ms C Fox, Chief Nurse), Miss M Durbridge, Director of Quality, Transformation and Efficiency Improvement, Mr P Aldwinckle, Patient Partner, Ms H Hutchinson, Leicester City CCG, Ms B O’Reilly, Leicester City CCG (observer) and Mr V Varakantam, Chair NHS East Leicestershire & Rutland CCG (observer). (Ms E Broughton, Head of Midwifery. Mr J Jameson, Deputy Medical Director, Ms F Lennon, Deputy Chief Operating Officer, Mr K Mayes, Head of Patient and Community Engagement, Ms P McParland, Medical Examiner, and Mr I Scudamore, Clinical Director, Women and Children’s attended to present their respective items).*

Recommended for Approval

- **Learning From Deaths Quarterly Report**

The Medical Director presented the Learning from Deaths Quarterly report which noted that the Trust’s crude mortality rate for 2021/22 (to date) was 1.3%, which was lower than the previous year. The latest ‘rolling 12 month’ risk adjusted Hospital Standard Mortality Rate (HSMR) had come down to 106. This was above the expected rate as it included deaths from the second wave of the pandemic. The Trust’s latest Summary Hospital–level Mortality Indicator was 105 for the period July 2020 to June 2021 and was ‘within expected’.

The Medical Director reported that the target of issuing death certificates within three days had proved challenging and the processes were being changed to improve performance. Three community Medical Examiners had been appointed as the service was being rolled out to primary care. The national mandate had been to extend the service to the community from April 2022 onwards. However, the timetable had slipped, as there were a number of issues, including information governance, to be addressed.

The Trust’s Mortality Review Committee had received a report regarding one death which had been reviewed and considered to be more likely than not, due to problems in care. A Serious Incident Investigation was in progress.

The latest Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRRACE-UK) report had been published in October 2021 and covered Perinatal Mortality for 2019. This showed that The Trust’s stabilised and adjusted mortality rates for 2019 were similar to, or lower than, those seen across similar trusts and health boards. It was noted that the Trust had a higher stillbirth rate in 2021 (to date) compared to previous years. No themes or areas of concern had been identified either from the cluster or individual case reviews. The possibility of the Covid-19 pandemic either directly or indirectly being a contributory factor had been considered. Discussions were being held with colleagues in Sheffield to consider the true impact of the Covid-19 virus during pregnancy.

The Learning from Deaths report (excluding appendices) was recommended to the Trust Board for

approval.

- **CQC Statement Of Purpose**

It was noted that the Trust's registration with CQC needed to be updated to change the registered nominated manager and Chief Executive from Rebecca Brown to Richard Mitchell. In addition, there was a need to add the Children's Obesity Service delivered from Merlyn Vaz Centre.

The CQC statement of purpose report was recommended to the Trust Board for approval and would be presented as a stand-alone report at its meeting on 2 December 2021.

Other Agenda Items

- **Pertinent Safety Issues**

The Medical Director identified three issues as follows:-

(1) Oncology – it was reported that the service remained fragile but to date no treatments had been delayed.

(2) RRCV– it was reported that the position had stabilised and a high number of cardiac operations had been undertaken.

(3) Patients Lost to Follow Up – it was noted that there would be a report to the meeting of Quality Committee in January 2022.

The Medical Director reported that there were significant operational pressures on a number of fronts. There was on-going fragility with respect to the workforces and the potential for patient harm.

The Deputy Chief Nurse highlighted to the Committee that it was anticipated that a high number of nurses were eligible to retire in 2022 several of which are at a senior level and/or in highly specialised roles, more work was being done in conjunction with Human Resources on this plus options to make it more attractive to retire and return. The Trust continued to look at increasing international recruitment, domestic recruitment and was working with NHSEI in recruiting healthcare support workers.

- **Integrated Performance Report Month 6 2021/22**

The Deputy Chief Nurse reported that it was unlikely the Trust would achieve the national target for C difficile cases. All cases were reviewed through a root cause analysis methodology and against best practice. Through ribo-typing it was demonstrated that there were no instances of cross-infection. The number of Methicillin-Resistant Staphylococcus Aureus (MRSA) cases was below the trajectory and the performance was higher than the stretch target the Trust had set.

It was reported the internal quality improvement target for hospital acquired pressure ulcers was for a 50% reduction of the number from the previous year. The performance was improved in month with numbers down from 47 to 27. There had been a focussed piece of work in the ITAPS regarding device-related pressure ulcers.

The Friends and Family Test for Emergency Department indicated higher levels of dissatisfaction which mirrored the national picture and concerned waiting times and delays. There had been specific comments for Paediatrics Emergency Department around cleanliness and action had been taken. Work was being undertaken to improve the communication with patients who were waiting.

The Medical Director reported that there had been a Never Event in the previous month. A report would be made the following month to outline an action plan to reduce the number of Never Events. There had been an emphasis on 'back to basics' and reiterating the need to count items in theatre. In addition, the half-day Time to Train in October had focussed on reducing Never Events and had been well received. There would be a report to the LLR Quality and Performance meeting to consider how harm could be identified and recorded. This linked to a piece of work undertaken by East Midlands Ambulance Service, which was assessing the potential harm of not reaching patients in the community when ambulances were queuing at the Emergency Department. Ms V Bailey, Non-Executive Director, Committee Chair, asked whether there had been any communication with patients on the waiting lists. The Medical Director reported that this was in train and some of the wording would be refined in light of feedback.

The Deputy Chief Operating Officer reported that the Emergency Department was under considerable pressure and work was being undertaken with system partners to support the activity. There would be an Urgent Treatment Centre led by primary care and Trust Med had established a pharmacy stream in Paediatrics Emergency Department. It was noted that many delays at the front door were created by delays in discharging patients. NHSEI had supported the Trust in reviewing ward round processes which had increased the number of discharges before noon and 5pm. The changes in practice would be rolled across to other

wards. With respect to the length of stay for patients, it was noted that only 20% needed support packages to be discharged and there had been a focus on the simple discharges to improve patient flow in the hospital. It was reported that there had been an increase of 11% in October for two-week waits for cancer and an action plan was in place to improve performance. With respect to the restoration and recovery of elective services, it was good news that the Trust had insourced four ITU beds, which had facilitated an increase in cardiac surgery. A further six beds would come online on 6 December 2021.

Mr I Orrell, Non-Executive Associate Director asked how discharges were impacted by the pressures felt in the social care arena. The Deputy Chief Operating Officer reported that day there had been 187 patients medically optimised for discharge; 156 of these needed system support and 128 patients had waited over 24 hours for discharge. The number of patients waiting to be discharged was increasing. The Leicestershire Partnership NHS Trust had supported UHL by taking patients waiting for social care as well as those needing rehabilitation. Work was been undertaken with the County Council to see what could be done differently to improve discharges.

Dr V Varakantam, Chair NHS East Leicestershire & Rutland CCG, noting that patient pathways for cancer were being revised, asked when it was likely that the Trust would see a change in the stage that patients presented for cancer and the conversion rate. The Deputy Chief Operating Officer noted historically patients had presented late for cancer in LLR and that there were initiatives for education and signposting early on in the pathway. The Medical Director added that this would be covered in the quarterly report on cancer to be considered at the next meeting of the Quality Committee.

- **Deteriorating Patient, Resuscitation and End of Life and Palliative Care Quarterly Update**

The Deputy Medical Director introduced the quarterly report detailing the work of Deteriorating Patient Board, Resuscitation Committee and the End of Life Steering Group.

The Deteriorating Patient Board was looking at how the Trust recognised and responded to the deterioration in patients and at some of the conditions that cut across specialities, for example, diabetes and sepsis. Acute Kidney Injury had been subject to a national audit. It was noted that between 1 December 2020 and 31 January 2021 the 30-day UHL mortality rate had been 26%. This was lower than the national rate of 33%. However, the readmission rate was 54% compared to 37% nationally. Further work was being done to understand this. The Trust would be part of a pilot to study the use of artificial intelligence to predict which patients with Acute Kidney Injury would go on to require an ITU admission and patients likely to develop Acute Renal Failure. The Deteriorating Patient Board was overseeing the development of a high-level dashboard to identify crosscutting themes. This would improve data quality and support discussions at the Safety Boards of the Clinical Management Groups.

It was reported that development to the NerveCentre enabled the Diabetes Team to proactively review frail patients treated with insulin to prevent episodes of hypoglycaemia. It was noted there was a need to ensure mandatory training with respect to diabetes care.

It was reported that the Specialist Palliative End of Life Timely Intervention Project continued to provide a Clinical Nurse Specialist Service to the emergency floor areas. The MacMillan funding for the project had been due to finish in October 2021. However, a further year's funding had been secured and a business case would be made for longer term funding.

- **Maternity Safety Report, HSIB and Incident Update – Quarter 2**

The Head of Midwifery updated the Committee on the Maternity Safety agenda, including Healthcare Investigation Branch (HSIB) reports, Serious Incidents and 72-hour reports for Quarter 2 2021/22. The report highlighted themes from the HSIB reports, which had been addressed in action plans following the receipt of completed reports. It was reported that Quarter 2 2021/2 had been difficult as the midwifery staffing had been at critical levels at times. A risk assessment had been referenced in the report and a further report detailing the actions and mitigations in relation to midwifery staffing, retention and recruitment would be presented to the next meeting.

- **Patient Safety Report**

The Deputy Chief Nurse presented the monthly Patient Safety Report. The report summarised the seven Serious Incidents (SIs) which had been escalated in October 2021; one of which was a Never Event.

There had been an increase in the number of incidents for disruptive and/or aggressive behaviours manifested by patients (predominately in the Emergency Department). There was a deep dive to look at the reasons why this was happening. An emergent theme in patient safety was staffing levels particularly for nursing and midwifery, which was reported separately to the Quality Committee and reflected in some of the concerns

raised with the Freedom to Speak Up Guardian. There had been 13 incidents with evidence gaps in Duty of Candour and these were being addressed.

The Annual Harm Review 2020/21 noted that 159 of the 20,293 Patient Safety Incidents were noted to have caused harm to patients. The number of reported Moderate and Major Harm incidents had increased compared to those recorded in 2019/20. The top two most common themes were inpatient falls and emergency caesarean section incidents.

- **Freedom to Speak Up Quarterly Report**

The Deputy Chief Nurse presented the Quarterly Report of the Freedom to Speak Up Guardian which highlighted staff concerns raised through various mechanisms. There had been an increase in the number of concerns reported. The common themes were communication and staff attitudes and behaviours. The number of concerns raised through the Junior Doctors Gripe tool had increased and mainly concerned medical staffing. For Quarter 2, 10 cases had been referred to Human Resources to be addressed under the Resolution Policy; 8 of these cases were allegations of bullying and harassment.

A planning workshop on 15 October 2021 had reviewed the work of the Freedom to Speak Up Guardian service and developed a strategic work plan for the next two years. There would be work undertaken to increase the visibility of the Freedom to Speak Up Guardian.

It was requested that future reports, these issues were delineated between cultural and safety issues with the safety and quality issues highlighted at the Quality Committee and the cultural/people issues discussed at the People and Culture Committee and more information provided on the actions taken.

- **Patient Engagement**

The Head of Patient and Community Engagement provided an overview of patient engagement activity undertaken within the Trust between June and November 2021. It was noted that the Patient and Community Engagement Team was focusing on engagement with carers. A number of concerns had been raised and a significant issue was the impact of the pandemic, which hindered communication and restricted visiting. A further report regarding carers was requested for the next meeting,

It was reported that the Youth Forum had been established for the Children's Hospital. A patient group had been set up for the Renal service. The Head of Patient Engagement had made links with system partners and an engagement strategy would be developed for the Integrated Care System. The Carers' Charter would be reviewed in 2022.

- **UHL Mortuary Security**

The Human Tissue Authority Designated Lead for Mortuary Services reported on security of the Trust's mortuaries. It was noted that the mortuaries operated a policy of restricted access and had CCTV and swipe cards. Only designated mortuary staff were permitted to work alone. There would be an increased number of audits on access to the premises. It was noted that there was no legal requirement for mortuary staff to have Disclosure and Barring Service (DBS) checks; the safeguarding legislation did not cover deceased persons. A further report would be made to the Executive Board in January 2022 providing an update on actions taken with regard to security.

- **Fractured Neck of Femur Care**

Ms J Nichols, Orthopaedic Consultant reported on Fractured Neck of Femur care. It was noted that the Trust had one of the largest Neck of Femur Fracture services in the UK, treating over 800 patients per year. Nationally performance was monitored against nine criteria and the Trust consistently scored well on six of these. However, performance was challenged was for: percentage of patients admitted to the ward from Emergency Department within 4 hours; and receiving surgery within 36 or 48 hours of admission.

Action plans had been developed to address specific issues. However, it was considered that a piece of work was needed to address the fundamental issue of demand and capacity for the service. It was thought this work would take two to three months, following which there would be a report to the Quality Committee.

- **Covid-19 Position**

The Medical Director and Deputy Chief Nurse appraised the Quality Committee on the latest position with regard to Covid-19. It was noted that the number of outpatients had reduced in recent weeks. Revised Infection Prevention Guidance had been issued. The restrictions for social distancing and changes to red and green pathways would facilitate restoration and recovery of elective services.

- **Any Other Business**

- **Ambulances at Emergency Department**

Mr P Aldwinckle, Patient Partner noted that the City Council had raised the issue of exhaust emissions from ambulances waiting at the Emergency Department with the East Midlands Ambulance Service (EMAS). The Medical Director noted that he was unaware of the issue having being raised and noted that work was being undertaken with EMAS to reduce waiting times for ambulances.

The following reports were noted: -

- **Cost Improvement Programme – Quality Impact Assessments**
- **Claims and Inquests Quarterly Report**
- **EQB action notes – 12 October 2021**

Public matters requiring Trust Board consideration and/or approval:

Recommendations for approval

- **Learning From Deaths Quarterly Report**
- **CQC Statement Of Purpose**

Items highlighted to the Trust Board for information:

- **Maternity Safety Report, HSIB and Incident Update – Quarter 2**
- **Fractured Neck of Femur Care**

Matters deferred or referred to other Committees: none.

Date of next QC meeting:

Thursday 23 December 2021

Ms V Bailey – Non-Executive Director and Quality Committee Chair