

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

	Trust Board paper F4
Report Title:	Quality Committee – Committee Chair’s Report
Author:	Ms K Rayns – Corporate and Committee Services Officer

Reporting Committee:	Quality Committee (QC)
Chaired by:	Ms V Bailey – Non-Executive Director
Lead Executive Director(s):	Mr A Furlong – Medical Director Ms E Meldrum – Acting Chief Nurse
Date of meeting:	27 January 2022

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 27 January 2022. This was a shortened meeting due to operational pressures:- *(involving Ms V Bailey, Quality Committee Non-Executive Director Chair; Dr A Haynes, Adviser to the Trust Board; Professor T Robinson, Non-Executive Director; Mr M Williams, Non-Executive Director; Mr A Furlong, Medical Director; Ms E Meldrum, Acting Chief Nurse; Miss M Durbridge, Director of Quality, Transformation and Efficiency Improvement; Ms J Smith, Patient Partner, and Ms H Hutchinson, Leicester City CCG. Ms M Barnes, Leicester City CCG attended in an observing capacity. (Ms N Green, Deputy Director of Nursing, and Ms B O’Brien, Director of Quality Governance attended to present their respective items).*

- **Pertinent Safety Issues** – the Medical Director briefed the Committee on the following pertinent safety issues:-
 - (a) the extent of additional bed capacity currently open at UHL to manage the impact of Covid-19 infections (currently standing at 73 additional beds) and the impact of these additional beds upon nurse staffing levels combined with increasing staff sickness rates;
 - (b) a recent deterioration in 2 week wait performance for breast cancer (including a high level summary of the action plan to recover this performance by the end of March 2022). In the meantime, a risk-stratified approach was being adopted, with additional insured activity and an additional ultrasound room being implemented to assist with clearing the backlog. The Committee noted that this issue was also affecting a number of other NHS Trusts and it appeared to reflect a sustained national increase in clinical demand, and
 - (c) urgent and emergency care activity levels which remained very high.

- **Integrated Performance Report Month 9 2021/22** – the Medical Director provided an overview of the plans to reduce the occurrence of Never Events. He provided assurance that the latest 12 month rolling Hospital Standardised Mortality Ratio (HSMR) had reduced to 102 and that the in-month HSMR was below 100. The organisation remained extremely busy with staff stretched more thinly across the expanded bed capacity; consequently additional vigilance was required in respect of avoiding potential patient harm.

The Acting Chief Nurse reported on a small number of same sex accommodation breaches in order to comply with Covid-19 infection control protocols. Although clinically justified, some staff and patients had expressed their concerns about privacy and dignity issues and the position was being monitored closely. In each case, detailed documentation was required to be completed to demonstrate the clinical rationale for any breaches. Minimum safe nurse staffing levels were being maintained and surveillance measures were in place to detect any increase in patient harms. Nurse staffing vacancies had partly increased in December 2021 due to an increase in funded establishment, but clarity was provided that there were no additional resources to staff any further increases in bed capacity. The Acting Chief Nurse also briefed the Committee on domestic and international nurse recruitment, advising that 60 international nurses had arrived within the last week and they were currently completing their professional competency programmes. Significant numbers of Health Care Assistants were leaving the NHS as they returned to other jobs in retail and hospitality.

Discussion took place about an increase in Outpatient DNA rates and the related risks in terms of patients being lost to follow-up, the fragility of the Patient Administration System (PAS) and a continuing issue with telephony which meant that outgoing calls showed up as an ‘0870’ number on patients’ phones. An update on the ‘lost to follow-up’ issue was due to be presented to the February QC meeting and the Medical Director agreed to discuss

the telephony issue with the Chief Information Officer outside the meeting;

- **Patient Safety Report** – the Director of Quality Governance introduced paper D, outlining the 5 serious incidents that had been escalated in December 2021, the numbers of moderate and above patient harm incidents and an increase in patient safety incidents (including increases in hospital-acquired infections and a rise in ‘failure to follow-up incidents’ within the Urology Service). The Acting Chief Nurse confirmed that the data relating to patient falls and avoidable pressure ulcers was triangulated with safe staffing levels and a rigorous confirm and challenge process was used to understand the learning from incidents and whether staffing was a contributory factor. A focus on undertaking patient risk-assessments on admission was helpful to identify any additional resources that might be required to supervise patients likely to be at increased risk of falling or to turn patients who might be at risk of developing pressure ulcers. Such risk-assessments could then be used to plan the forward staffing rotas and assess the acuity of wards to inform the establishment reviews. A short discussion took place regarding the value and available learning from HSIB maternity incident investigations and it was noted that the extended timescales for completing these reviews was not particularly helpful;
- **Patient Experience Report** – the Deputy Chief Nurse provided an overview of progress with the 5 Patient Feedback Driving Excellence Priorities and a review of feedback from the National Inpatient Survey. Discussion took place regarding the scope for wider engagement work with carers, with Healthwatch and with the wider LLR System in order to seek additional feedback from hard to reach groups. It was noted that PIPEAC had held 3 meetings during Quarters 1 and 2, although the October 2021 meeting had been cancelled and recent meetings had been held with a shortened agenda due to operational pressures;
- **Falls Report Quarters 1 and 2 2021/22** – paper F provided a summary of patient falls and a progress update on the falls safety work undertaken between 1 April 2021 and 30 September 2021. Whilst it would never be possible to eliminate all patient falls, patients could either be moved closer to the nurses station or cohorted into bays with increased supervision if they were deemed to be at high risk of falling following an assessment. Face to face ‘tea-trolley’ training sessions were being delivered with a focus on neurological observations and the arrangements for taking ‘standing and lying’ blood pressures. Section 5 of paper F set out the 7 recommendations arising from the National Audit of Inpatient Falls (fractured neck of femur) including equipment availability for safely moving patients with a suspected spinal injury or hip fracture from the floor. Discussion also took place regarding the role of ‘poly pharmacy’ and any physical changes to the ward environment such as floor coverings, improved lighting, use of bed-rails, low beds and ‘crash mats’ which could also cause hazards in their own rights;
- **Pressure Ulcers Report Quarters 1 and 2 2021/22** – the Deputy Chief Nurse provided an overview of the extensive work that was taking place in consultation with the Tissue Viability team and CMG teams to achieve the ambitious quality improvement target to reduce the number of pressure ulcers by 25% compared to the prior year. An e-learning package had been launched, but staff were encouraged to alternate between the face-to-face training and e-learning programmes. A ‘Stop the Pressure’ week had been held in November 2021 which had helped staff to recognise good skin and the benefits of keeping patients’ skin in good condition;
- **Covid-19 Position** – the Medical Director advised that the number of patients being treated at UHL for Covid-19 had been relatively stable over the last 2 weeks, with between 240 and 250 Covid patients in UHL’s beds and less than 10 Covid patients in ITU beds. The majority of these patients were being cared for on the LRI site and the proportion requiring oxygen support was lower than in previous waves of the pandemic. Staff sickness levels and the number of staff isolating due to Covid-19 was improving. A detailed discussion took place regarding the Covid-19 staff vaccination programme and the arrangements for holding supportive conversations with those staff who had not yet been vaccinated, noting that the deadline for them to receive their first dose of the vaccine would be 3 February 2022 in order to receive their second dose ahead of the 31 March 2022 deadline to be vaccinated as a condition of deployment unless they held a valid exemption. A temporary extension was available to those staff who had recovered from Covid-19 but were waiting for the 28 day period to lapse before they could receive a vaccine. Quality Committee members expressed their concerns about the potential impact upon already depleted workforce numbers if it became necessary to redeploy key members of the unvaccinated workforce. However, there would be no pay protection for staff redeployed to other roles and it might not be possible to redeploy all of the affected staff. Particular risks were noted in some specialist services and it was acknowledged that it become necessary to close some of the additional capacity beds as a worst case scenario, and
- **Any Other Business** – there were no items of additional business.

The following report was noted: -

- **Thrombosis Committee Report** – Professor T Robinson, Non-Executive Director raised a query regarding the arrangements for undertaking VTE assessments in the Emergency Department and the Medical Director briefed him on the alternative arrangements for undertaking the assessments on arrival to the admitting ward. The CQC

had been invited to provide evidence of best practice supporting VTE assessments in ED. UHL's audit data demonstrated that the risk was currently very low. However, this would be looked at again once the eMeds Programme was rolled out in ED and the security of devices became less of a concern.

Public matters requiring Trust Board consideration and/or approval:

Recommendations for approval

- none.

Items highlighted to the Trust Board for information:

- none.

Matters deferred or referred to other Committees: none.

Date of next QC meeting:

Thursday 24 February 2022

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