

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

MINUTES OF THE QUALITY COMMITTEE (QC) MEETING HELD ON THURSDAY 25 NOVEMBER 2021 AT 2:00PM VIRTUAL MEETING VIA MICROSOFT TEAMS

Voting Members Present:

Ms V Bailey - Non-Executive Director (Chair)
Mr A Furlong - Medical Director
Professor T Robinson, Non-Executive Director

In Attendance:

Mr P Aldwinckle – Patient Partner
Ms E Broughton – Head of Midwifery
Miss M Durbridge – Director of Quality Transformation and Efficiency Improvement
Ms K Gillatt - Associate Non-Executive Director
Ms N Green - Deputy Chief Nurse
Dr A Haynes - Adviser to the Trust Board
Ms H Hutchinson – Leicester City CCG
Mr J Jameson – Deputy Medical Director
Ms F Lennon – Deputy Chief Operating Officer
Mr K Mayes – Head of Patient and Community Engagement
Ms A Moss - Corporate and Committee Services Officer
Ms B O'Reilly – Leicester City CCG (observer)
Mr I Orrell – Associate Non-Executive Director
Ms P McParland - Medical Examiner
Mr I Scudamore - Clinical Director, W&Cs
Dr Vivek Varakantam - Chair NHS East Leicestershire & Rutland CCG (observer)

RECOMMENDED ITEMS

99/21 LEARNING FROM DEATHS QUARTERLY REPORT

The Quality Committee received the Learning from Deaths Quarterly report (paper D refers) presented by the Medical Director. It was 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 on changes in the Bereavement Service, which had transferred to the Corporate Medical Directorate and would be aligned with the Medical Examiner's Office. There was a synergy between the services, which facilitated a reconfiguration of the service. 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. Changes in process had increased the percentage of the bereaved who were contacted by the Medical Examiner, which was regarded as a positive development.

It was hoped to increase capacity in the Bereavement Nurse service and it was noted that they were supporting the development of a bereavement service in the Children's Hospital.

There had been delays in completing Structured Judgement Reports and it was noted that support from M&M leads was needed to improve performance. 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. National ethnicity data indicated that the stillbirth rate for 2018 in the black and Asian populations was higher than the white population. The Trust was supporting the MBRRACE-UK 2021-22 Confidential Enquiry into perinatal death in women of black ethnicity. The Medical Examiner noted the time lag in the national publication of data and that the Trust was reliant on local processes for reviewing deaths. The increase in stillbirths had been highlighted at the beginning of the year. This had been investigated and no discernable pattern identified. Professor T Robinson, Non-Executive Director QC, asked whether the pandemic and people's reluctance to seek medical care had impacted on maternity care. The Medical Examiner considered that it explained a couple of cases but did not account for the whole picture; there were various factors at play.

The report was noted.

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

(B) the main report (excluding appendices) be highlighted to the Trust Board at its meeting on 3 February 2022.

QC Chair

100/21

CQC STATEMENT OF PURPOSE

The Committee received a report noting the need to update the CQC's registration. There was a need 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.

Recommended - that (A) the contents of the report be received and noted, and

(B) that the changes be recommended to the Trust Board for approval at its meeting on 3 February 2022.

QC Chair

RESOLVED ITEMS

101/21

APOLOGIES

Apologies for absence were received from Ms C Fox, Chief Nurse, Mr M Williams, Non-Executive Director, Ms D Mitchell, Acting Chief Operating Officer, Ms J Smith, Patient Partner and Ms C West, CCG Representative

102/21

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.

103/21

MINUTES

Resolved – (A) To note that the minutes of the Quality Committee held on 28 October 2021 will be presented to a future meeting, and

(B) that the public Summary of the Quality Committee (QC) meeting held on 28 October 2021 (paper A1 refers) and the private QC Summary from the same meeting (paper A2

refers) be noted.

104/21 MATTERS ARISING

The contents of the Quality Committee Matters Arising Log (paper B refers) were received and noted.

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

105/21 ITEMS FOR DISCUSSION AND ASSURANCE

105/21/1 Pertinent Safety Issues

The Chair asked the Executive Leads to report on the pertinent safety issues facing the Trust. 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 to go ahead.
- (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. There would be further consideration of the risks at the Trust Board workshop on 9 December 2021. There would also be a discussion of system risks.

The Deputy Chief Nurse, acknowledging the workforce challenges, noted that there was greater oversight of five or six areas to forecast staffing levels particularly for weekend shifts. 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 undertaken in conjunction with Human Resources on this and 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.

Resolved – that these verbal reports be noted.

105/21/2 Integrated Performance Report Month 6 2021/22

The Medical Director introduced the Integrated Performance Report for Month 6 of 2021/22 noting that the Trust Board was to establish a Performance Committee to provide further oversight of operational performance. He invited the Deputy Chief Nurse to highlight the issues in the report that related to safety and quality.

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. Following ribotyping of all samples it had been demonstrated that there had been 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. Mr I Orrell, Non-Executive Associate Director asked whether the performance for C difficile cases reflected the national position. The Deputy Chief Nurse referred to the exception report which highlighted that all trusts were seeing an increase in cases due to the acuity of patients and the increased use of anti-biotics, UHL ranked 29 out of 139 trusts that submitted data and 1st out of its 18 peers. There had been a spike in cases the previous month and this was the subject of a deep dive. She did not think the Trust should be concerned at this stage and noted that the position was being monitored closely.

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 with numbers down in month from 47 to 27. There had been a focussed piece of work in 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 the previous month. A report would be made the following month to outline an action plan to reduce the number of Never Events. Work had been undertaken in conjunction with Imperial Health Care which had previously been identified as an exemplar and like UHL was a teaching hospital working across multi-sites. It was noted that following the pandemic Imperial Health Care had also seen a spike in 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 being 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. He noted that the numbers referred and presenting with cancer at the Emergency Department had increased and there was considerable work to be done to address the issue.

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

105/21/3 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.

There were no concerns to report with respect to Intensive Care National Audit and Research Centre Data and the Resuscitation Committee.

It was reported that the End-of-Life Steering Group had reconvened, following a pause during the pandemic. The new lead, Sarah Bell, had taken up the role in April 2021.

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.

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

105/21/4 Maternity Safety Report, HSIB and Incident Update – Quarter 2

The Head of Midwifery attended to inform the Committee of the progression of 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.

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

105/21/5 Patient Safety Report

The Deputy Chief Nurse presented the monthly Patient Safety Report (paper G refers), which included the Annual Harm Review for 2020/21.

The report summarised the seven Serious Incidents (SIs) which had been escalated in October 2021; one of which was a Never Event when a patient had retained a foreign object following surgery. There had been two SIs regarding inpatients who had fallen; two SIs concerned a failure to follow up; one SI had been an early neonatal death in the Delivery Suite, and one SI a suicide of an inpatient in the Discharge Lounge.

There had been an increase in the number of Datix incidents regarding 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 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.

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

105/21/6 Freedom to Speak Up Quarterly Report

The Deputy Chief Nurse presented the Quarterly Report of the Freedom to Speak Up Guardian (paper H refers). The report highlighted staff concerns raised through various mechanisms. In Quarter 2 2021/22, the Guardian received 38 concerns directly, 5 concerns raised through the 3636 and 0 via the Your Voice staff reporting platform. There had been an increase on Quarter 1. 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.

Dr A Haynes, Adviser to the Trust, asked how the links were made between the people and culture aspects of the findings and the impact on quality and safety. Ms V Bailey, Non-Executive Director, Committee Chair, asked that in future reports, these issues were delineated and more information provided on the actions taken as a result of the concerns being raised.

DCN

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

(B) that future reports delineate between cultural and safety issues with more detail on the actions taken as a result of concerns being raised.

DCN

105/21/7 Patient Engagement

Mr K Mayes, Head of Patient and Community Engagement, presented paper I which 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.

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 Carer's Charter would be reviewed in 2022.

In discussion, it was noted that the main themes of concern expressed by patients and carers was the restricted visiting. The Deputy Chief Nurse noted that as a result, teams had developed new ways of updating relatives and carers. That week the restrictions had been relaxed but this would be kept under review in light of the prevalence of Covid-19 in the community. It was noted that a report on carers would be presented to the Patient Involvement and Patient Experience Assurance Committee (PIPEAC) in January 2022. Ms V Bailey, Non-Executive Director, Committee Chair, considered that how the Trust engaged with carers was critical. She asked for the discussion at PIPEAC to be reported to the Committee and suggested that it might be considered at a Trust Board Workshop.

DCN

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

(B) to report back on the discussion about carers at PIPEAC.

DCN

105/21/8

UHL Mortuary Security

Ms C Whitely, Human Tissue Authority Designated Lead for Mortuary Services attended to report on the review of security for the Trust's mortuaries. Because of the review, an action plan had been developed and a further report on progress would be made in January 2022. 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. Mr P Aldwinckle, Patient Partner, asked about plans to communicate with relatives. It was noted that there no plans for proactive communication. The Communications Team had been alerted to the issue and to report on any concerns raised.

A further report would be made to the Executive Board in January 2022 providing an update on actions taken. The Chair asked to be informed if the Executive Board was sufficiently assured.

MD

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

(B) to inform the Committee Chair of the outcome of the discussion at Executive Quality Board.

105/21/9

Fractured Neck of Femur Care

Ms J Nichols, Orthopaedic Consultant, attended to present the report on Fractured Neck of Femur care (paper K refers). 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. There were areas where performance was challenged: 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,

Ms Nichols observed that the Trust had performed well in many respects but that the time to surgery was affected by the number of trauma patients waiting for surgery and the capacity of the Trust to respond. The Medical Director noted that the performance was also impacted by the flow of patients in the hospital and the need to discharge those medically fit in a timely manner to free up beds. It was noted that performance against the specific targets had been an on-going issue and the Quality Committee agreed to receive a report on the outcome of the review in three months' time.

MD

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

(B) a further report be made in three months' time.

MD

105/21/10

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.

Resolved – that the verbal update be noted.

106/21 **ITEMS FOR NOTING**

106/21/1 Cost Improvement Programme – Quality Impact Assessments

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

106/21/2 Claims and Inquests Quarterly Report

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

106/21/3 EQB action notes – 12 October 2021

Resolved – that the action notes from the EQB meeting held on 12 October 2021 (paper O) be received and noted.

107/21 **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 been raised and noted that work was being undertaken with EMAS to reduce waiting times for ambulances.

108/21 **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) Learning From Deaths Quarterly Report (Minute 99/21 refers)
- (2) CQC Statement Of Purpose (Minute 100/21 refers)

(B) the following items be highlighted to the 3 February 2022 public Trust Board via the summary of this Committee meeting for information:

- (1) Maternity Safety Report, HSIB and Incident Update – Quarter 2 (minute 105/21/4 refers)
- (2) Neck of Femur Care (minute 105/21/9 refers)

109/21 **DATE OF THE NEXT MEETING**

Resolved – that the next meeting of the Quality Committee be held on Thursday 23 December 2021 from 2pm via Microsoft Teams.

The meeting closed at 4.05pm

Alison Moss - **Corporate and Committee Services Officer**

Cumulative Record of Members' Attendance (2021-22 to date): to be updated with respect to October 2021

Voting Members

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
V Bailey (Chair)	7	7	100	A Furlong	6	5	71
P Baker (until 29.7.21)	5	5	100	B Patel (until 24.6.21)	4	3	75
C Fox	7	6	86	M Williams (from 29.7.21)	4	3	75

Non-voting members

<i>Name</i>	<i>Possible</i>	<i>Actual</i>	<i>% attendance</i>	<i>Name</i>	<i>Possible</i>	<i>Actual</i>	<i>% attendance</i>
P Aldwinckle (PP)	7	6	86	I Orrell	7	7	100
M Durbridge (from 29.7.21)	4	4	100	J Smith	7	4	57
K Gillatt (from 29.7.21)	4	4	100	C Trevithick/C West/ H Hutchinson (CCG Representative)	7	6	86
A Haynes (from 27.5.21)	5	5	100				