

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

MINUTES OF THE QUALITY COMMITTEE (QC) MEETING
HELD ON THURSDAY 31 MARCH 2022 AT 2:00PM VIRTUAL MEETING VIA MICROSOFT TEAMS

Voting Members Present:

Ms V Bailey – Non-Executive Director QC Chair
Mr A Furlong – Medical Director
Ms E Meldrum – Acting Chief Nurse
Mr J Melbourne – Chief Operating Officer
Professor T Robinson – Non-Executive Director

In Attendance:

Ms H Busby-Earle – Clinical Director, Musculoskeletal and Specialist Surgery CMG (for Minutes 23/22/6 and 23/22/7)
Ms E Broughton – Head of Midwifery (for Minute 23/22/5)
Ms B Cassidy – Director of Corporate and Legal Affairs
Ms G Collins-Punter – Associate Non-Executive Director
Miss M Durbridge – Director of Quality Transformation and Efficiency Improvement (from Minute 23/22/2)
Ms H Hutchinson – CCG Representative
Ms S Khalid – Clinical Director, Renal Respiratory and Cardiovascular Services CMG (for Minute 23/22/8)
Ms K Rayns – Corporate and Committee Services Officer
Ms J Smith – Patient Partner
Mr J Worrall – Associate Non-Executive Director

RESOLVED ITEMS

ACTION

19/22 APOLOGIES AND WELCOME

Ms V Bailey, Non-Executive Director QC Chair welcomed everyone to the meeting. Apologies were received from Dr A Haynes, Non-Executive Director.

20/22 DECLARATIONS OF INTERESTS

Resolved – that no additional declarations of interests were received.

21/22 MINUTES

Resolved – that the Minutes of the Quality Committee meeting held on 24 February 2022 (paper A refers) be confirmed as a correct record.

22/22 MATTERS ARISING

Paper B provided the Quality Committee matters arising progress report. All items were either marked as (5) complete or (4) on track and it was confirmed that the completed items would be removed in the next iteration of the report.

In respect of item 1 (Minute 10/22 of 24 February 2022 refers), the Committee Chair advised that an initial conversation had been held with Mr K Mayes, Head of Patient and Community Engagement regarding future Patient Partner representation on the Committee and this would be followed up when Mr Mayes returned from leave.

Resolved – that the Matters Arising report and the additional verbal information be noted.

23/22 ITEMS FOR DISCUSSION AND ASSURANCE

23/22/1 Pertinent Safety Issues

The Acting Chief Nurse, the Medical Director and the Chief Operating Officer briefed the Committee on the following pertinent safety issues:-

- (a) two Never Events involving administration of a drug subcutaneously instead of orally, and a part of a pack which was retained after dental surgery. Both of these incidents were being fully investigated and some potential learning was being explored regarding measuring the dimensions of packs rather than solely counting them. It was possible that the second incident might not meet the Never Event criteria but it was being treated as a Never Event until this was clarified;
- (b) a review of the use of Emergency Department front door facilities which might result in the ambulance arrivals area being re-designated as a transit lounge to accommodate those patients who were awaiting transfer from the ED to another hospital site or care facility;
- (c) a progress update on the rapid actions being taken to improve the care pathways for looked after children arriving in the Emergency Department. The Chief Nurse provided her view that a range of positive and timely interventions were now taking place and she reported that policies and procedures were being updated to clarify the accountabilities and responsibilities of each respective organisation. The Committee also discussed the need to monitor this issue to ensure that a sustained systematic approach was adopted going forwards, and
- (d) a briefing on a forthcoming CQC inspection of System-wide urgent and emergency care services which would primarily focus upon patient flow within the System. In preparation for this visit, the Trust was re-visiting the agreed action plans in response to previous CQC recommendations and making sure that staff were aware of the key areas of risk and the associated mitigation arrangements. The inspection was likely to take place over 3 days during April 2022 and 2 days' notice was expected to be received.

In discussion on the pertinent safety issues, the Quality Committee Non-Executive Director Chair sought and received an update on the review of patient harm for ambulance handover delays, noting in response that this review had been paused, in favour of a wider review of all patients who were waiting in ED for a bed to become available.

Resolved – that the pertinent safety issues highlighted at today's meeting be noted.

23/22/2

Patient Safety Report and Learning from Failure to Follow Up Serious Incidents

The Acting Chief Nurse presented papers C1 and C2, providing the monthly patient safety report (February 2022 data) and the thematic analysis of learning from the investigation process relating to 'failure to follow up' incidents (respectively). During February 2022, 12 Serious Incidents had been escalated for investigation and 2 SI investigations had been closed, both of which related to failures to follow up, hence the focus of the report provided at paper C2. The number of reported Patient Safety Incidents had decreased by 18.7% compared with a decrease in attendances of 4%. Particular discussion took place regarding the following issues:-

- (a) a review of patient falls and how this data correlated with staffing levels as a potential contributory factor, alongside patient deconditioning or extended waits on ambulances;
- (b) the timescale for replacement of the Patient Administration System (PAS) and the interim arrangements for mitigating the risk of human error in patient pathways. Ms S Taylor, Associate Director of Operations was leading this project and the critical milestones were being worked through currently to coincide with the programme of NerveCentre updates which occurred in the Spring and the Autumn each year;
- (c) waiting list management and the importance of good communication with patients, and
- (d) completion of the retrospective reviews of healthcare acquired Covid-19 deaths, noting that a small number of these reviews had been paused due to sensitivities surrounding the anniversary of some patient deaths and that these were not yet reflected in the SPC chart on page 8 of the report.

Resolved – that the contents of the patient safety report and the thematic review of learning from failure to follow up incidents be received and noted as papers C1 and C2 (respectively)

23/22/3

Complaints Report

The Acting Chief Nurse presented paper D, providing a summary of complaints activity and performance data alongside the key complaints themes noted in quarter 3. The backlog of complaints had now been cleared and the additional temporary resources within the complaints team had ceased. A deep-dive review of re-opened complaints was being undertaken and it was

suggested that a sample of complaints responses be circulated to QC members to undertake a qualitative review.

During the discussion on this report, Professor T Robinson, Non-Executive Director queried the content of the table provided in section 4 which suggested that zero complaints had been received in the last 12 months in relation to appointments, delays and cancellations, suggesting that this appeared to be a data error. It was agreed to request the Director of Quality Governance to re-check this data and correct it (if necessary). The Quality Committee Non-Executive Director Chair commented upon the importance of undertaking regular qualitative assessments of the Trust's complaints responses to test out how they were likely to have been received, noting in response that the Head of Patient Safety was already planning to undertake this work.

DQG

Resolved – that (A) the contents of the complaints report be received and noted as paper D, and

(B) the Director of Quality Governance be requested to review the thematic review of patient complaints and correct the data for the number of complaints relating to appointments, delays and cancellations in the last 12 months (if required).

DQG

23/22/4 Freedom to Speak Up – Quarterly Report and Strategy

The Director of Corporate and Legal Affairs introduced papers E1 and E2, providing a thematic summary of concerns raised through the various reporting routes during quarter 3 and the Freedom to Speak Up Strategy for 2022 to 2025. She advised that the Freedom to Speak Up Guardians would be moving from the Patient Safety Team into the Directorate of Corporate and Legal Affairs within the next week or so. The Committee supported a proposal that the F2SU Guardians be invited to attend the meetings to present these reports in future. The Director of Corporate and Legal Affairs was also requested to clarify the reporting arrangements for F2SU issues and whether the Quality Committee or the People and Culture Committee would be best placed to monitor progress, given that some of the issues raised related to patient quality and others related to workforce.

DCLA

Resolved – that (A) the contents of the F2SU Quarterly Report and the F2SU Strategy for 2022-2025 be received and noted as papers E1 and E2 (respectively), and

(B) the Director of Corporate and Legal Affairs be requested to clarify the reporting arrangements for F2SU issues and whether the Quality Committee or the People and Culture Committee would be best placed to monitor progress going forwards.

DCLA

23/22/5 Maternity Assurance Report

The Acting Chief Nurse and the Head of Midwifery presented a detailed overview of UHL's response to the significant national concerns around the safety of maternity services at Shrewsbury and Telford Hospitals NHS Trust and the University of Morecambe Bay NHS Foundation Trust. The self-assessment process had been undertaken using a transparent and open approach and the areas highlighted for improvement would continue to be monitored going forwards at the monthly CMG Governance Board, the Maternity Safety Board, Executive Quality Board and the Quality Committee. The available assurance was also being presented to the public Trust Board meeting later that day.

Particular discussion took place regarding the workforce plan, vacancy rates, recruitment plans, clinical attachments for trainees, capacity of teams to undertake leadership roles and lecturer positions at the University of Leicester, the positive staff culture and good working relationships between obstetric teams and midwifery teams, and any opportunities for the CCGs to assist with responding to the gap analysis that had been undertaken.

As the Trust Board's Maternity Champion, Ms V Bailey, Non-Executive Director had continued to hold monthly 'drop in' sessions for neonatology and midwifery services. These sessions were well-attended and they demonstrated that staff were not afraid of speaking up to raise any concerns. The Director of Quality Transformation and Efficiency Improvement added a general comment that UHL's maternity services were constantly seeking external views and listening to patients.

The Medical Director confirmed that the Executive Team had met with the CMG team and that regular visible leadership engagement was taking place. He also briefed the Committee on the HSIB investigation process and provided assurance that all incidents of perinatal mortality were scrutinised as appropriate. The Committee noted that further work was now planned to understand the full impact of the latest Ockenden report across the LLR system.

Resolved – that the contents of the Maternity Assurance report be received and noted as paper F.

23/22/6 Ophthalmology Long Term Follow Up Backlog

Ms H Busby-Earle, Clinical Director Musculo-Skeletal and Specialist Surgery attended the meeting to present paper G, providing an update on the backlog of long term follow-ups within Ophthalmology. Quality Committee members noted that the backlog of follow-ups had reduced from 31,000 in February 2021 to 18,583 in March 2022 as part of the System wide transformation programme. Ms J Smith, Patient Partner requested some additional information about the breakdown of activity being seen in the Community setting (eg GP surgeries or community optometrists) for each of the sub-specialties.

CD, MSS

The Medical Director requested the Clinical Director to contact the Chief Information Officer to seek further IM&T input relating to the software roll out. A further report was planned to be presented to the Executive Quality Board in June or July 2023 – at which point the Medical Director would be invited to determine whether future monitoring was required by the Quality Committee or the Operations and Performance Committee going forwards. Quality Committee members commended the excellent progress that was being made and asked the Clinical Director to share their appreciation of the significant contribution that this innovative approach had made towards reducing the backlog.

CD, MSS

CD, MSS

Resolved – that (A) the update on the Ophthalmology long term follow up backlog be received and noted as paper G;

(B) the Clinical Director MSS be requested to:

(1) provide some additional information on the breakdown of activity being seen in the community setting to Ms J Smith, Patient Partner (outside the meeting);

CD, MSS

(2) contact the Chief Information Officer to seek further input relating to the software rollout mentioned in paper G, and

CD, MSS

(3) share the Committee's positive comments about the innovative approach that had been used to deliver the backlog reduction plans.

CD, MSS

23/22/7 Maxillofacial Workforce Update

Ms H Busby-Earle, Clinical Director Musculo-Skeletal and Specialist Surgery attended the meeting to present paper H, providing an overview of recent recruitment to key posts and the joint working with Trusts in Northamptonshire and Derbyshire in respect of head and neck activity. Discussion took place regarding the multidisciplinary approach to creating a potential Head and Neck Institute. The Committee acknowledged the tremendous progress that was being made, requesting that a final follow-up report be presented to the Committee in 6 months' time (in September 2022), subject to progress continuing to be made.

CD, MSS

Resolved – that (A) the update on the Maxillofacial Workforce issues be received and noted as paper H, and

(B) the Clinical Director MSS be requested to present a final follow-up report to the Quality Committee in September 2022.

CD, MSS

23/22/8 Cardiology Services (Acute and Elective) Update

Ms S Khalid, Clinical Director Renal, Respiratory and Cardiovascular Services attended the meeting to present paper I, providing an overview of the current issues facing the Cardiology service as a whole (as described in paper I). With effect from 1 March 2022, the service had begun to ring-fence 8 beds for elective cardiology and the service continued to review options for

the optimum service model recognising the challenges surrounding cardiac in-reach within the Emergency Department. It was particularly noted that some Trusts managed their heart failure activity within their medicine wards. Due to time constraints at this meeting, the Committee noted the need for further detailed Executive Team discussions on this crucial service and it was agreed that the Quality Committee would review any quality and patient safety considerations and risk mitigation strategies arising from the Executive Team's review. A further report would be scheduled on the QC agenda in 2 or 3 months' time, following the Executive Team's discussion (eg May or June 2022).

CD, RRCV

Resolved – that (A) the update on Acute and Elective Cardiology Services be received and noted as paper I, and

(B) the Clinical Director RRCV be requested to present a further update to the Quality Committee in 2 or 3 months' time (in May or June 2022).

CD, RRCV

23/22/9 External Guidance – Quarters 1 to 3 NICE Report

Resolved – that in the absence of the Director of Quality Governance, this item be deferred to the April 2022 QC meeting.

23/22/10 Covid-19 Position

Reporting verbally, the Deputy Medical Director provided a short overview of Covid-19 activity, advising that the average number of patients being treated for Covid in Leicester's hospitals had risen over the last two weeks from around 160 to around 220, although the vast majority of these cases were incidental diagnoses rather than the primary diagnoses. This activity continued to have operational consequences for the Trust due to cohort and isolation arrangements, as did the other usually expected winter-related infections and norovirus. Some new national guidance had been issued on 30 March 2022 in relation to testing for elective admissions and testing of staff with known household contacts. The Committee paid tribute to the significant contribution of the Covid-19 Vaccination Programme and the work of UHL's Occupational Health and Covid-19 vaccination teams (led by Dr C Goss, Ms C Ellwood, Mr M Archer and Dr C Marshall).

Resolved – that the position be noted.

24/22 **ITEMS FOR NOTING**

24/22/1 Integrated Performance Report Month 11 2021/22

Paper K provided the detailed Integrated Performance Report for February 2022. The Medical Director advised that he had no specific items of concern to raise for the Committee's attention.

Resolved – that the contents of the Month 11 Integrated Performance Report be received and noted as paper K.

24/22/2 Claims and Inquests Quarterly Report

Resolved – that the contents of the Claims and Inquests Quarterly Report be received and noted as paper L.

24/22/3 Medicines Optimisation Committee Quarterly Report

Resolved – that the contents of the Medicines Optimisation Committee Quarterly Report be received and noted as paper M.

24/22/4 Mortuary Security – Update Report

Paper N provided an update on the review of security arrangements relating to mortuaries and body stores on UHL premises and the Mortuary Security Action Plan was provided at appendix A. The Medical Director clarified that the mortuary work was on track for completion and that a final report would be presented to the April or May 2022 Quality Committee meeting.

Resolved – that the contents of the Mortuary Security Report be received and noted as paper N and a final report be presented to the April or May 2022 Quality Committee.

24/22/5 Clinical Audit Quarterly Report

Resolved – that the contents of the Clinical Audit Report be received and noted as paper O.

24/22/6 Quality Schedule and CQUIN Schemes 2022/23

Resolved – that the contents of the Quality Schedule and CQUIN Report be received and noted as paper P.

24/22/7 UHL Quality Account 2021/22 (Draft)

Paper Q provided the first draft version of the 2021/22 Quality Account. Professor T Robinson, Non-Executive Director reminded the author of this draft report that data was the plural form of datum (singular), requesting that the report be amended to refer to 'the data are ...' instead of 'the data is...'. Ms H Hutchinson, Leicester City CCG also queried whether Commissioner sign-off was still a requirement for this key UHL document.

Resolved – that (A) the Draft UHL Quality Account for 2021/22 be received and noted as paper Q, and

(B) the Director of Quality Governance be requested to amend the report to refer to data as a plural term and clarify whether formal Commissioner sign-off was still a requirement for the Quality Account.

25/22 **ANY OTHER BUSINESS**

Resolved – that no items of additional business were discussed.

26/22 **IDENTIFICATION OF ANY KEY ISSUES FOR THE ATTENTION OF THE TRUST BOARD**

Recommended – that no items be highlighted to the 5 May 2022 public Trust Board via the summary of this Committee meeting for information.

27/22 **DATE OF THE NEXT MEETING**

Resolved – that the next meeting of the Quality Committee be held on Thursday 28 April 2022 from 2pm via Microsoft Teams.

The meeting closed at 3.55pm

Kate Rayns – Corporate and Committee Services Officer

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

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>
V Bailey (Chair)	11	10	91	E Meldrum (from Jan 22)	4	4	100
P Baker (until 29.7.21)	5	5	100	B Patel (until 24.6.21)	4	3	75
C Fox (until Dec 2021)	7	6	86	T Robinson (from Sep 21)	6	5	83
A Furlong	11	8	73	M Williams (from 29.7.21 until 27.1.22)	6	5	83
A Haynes (NED from 1.2.22)	2	1	50				

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)	9	8	89	I Orrell (until 31.12.21)	8	8	100
M Durbridge (from 29.7.21)	8	8	100	J Smith (PP)	11	7	63
K Gillatt (from 29.7.21 until 27.1.22)	6	5	83	C Trevithick/C West/ H Hutchinson (CCG Representative)	11	10	90
A Haynes (adviser from 27.5.21 to 27.1.22)	7	7	100				