

Cover report to the Trust Board meeting to be held on 7 April 2022

	Trust Board paper E4
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 Mr J Melbourne – Chief Operating Officer
Date of meeting:	31 March 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 31 March 2022 (involving Ms V Bailey, Quality Committee Non-Executive Director Chair; Professor T Robinson, Non-Executive Director; Mr J Worrall, Associate Non-Executive Director; Ms G Collins-Punter, Associate Non-Executive Director; Mr A Furlong, Medical Director; Ms E Meldrum, Acting Chief Nurse; Mr J Melbourne, Chief Operating Officer; Miss M Durbridge, Director of Quality, Transformation and Efficiency Improvement; Ms B Cassidy, Director of Corporate and Legal Affairs, and Ms H Hutchinson, Leicester City CCG. Ms H Busby-Earl, Clinical Director MSS, Ms E Broughton, Head of Midwifery, and Ms S Khalid, Clinical Director RRCV attended to present their respective items).

- **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, but it was possible that the latter incident might not meet the Never Event criteria;
 - (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 for patients awaiting transfer to another site or 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. A range of positive and timely interventions were now taking place, but the Committee discussed the need for a sustained systematic approach going forwards, and
 - (d) a briefing on a forthcoming CQC inspection of System-wide urgent and emergency care services.
- **Patient Safety Report and learning themes from Serious Incident reviews** – the Acting Chief Nurse presented papers C1 and C2, providing the monthly patient safety report and the thematic analysis of learning from the investigation process relating to ‘failure to follow up’ incidents. Particular discussion took place regarding replacement of the Patient Administration System (PAS), waiting list management, mitigating the risk of human error in patient pathways, the importance of good communication with patients, and progress of the retrospective reviews of healthcare acquired Covid-19 deaths.
- **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. Members 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.
- **Freedom to Speak up report and Freedom to Speak up 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. 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 in the next week. 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.
- **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. 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 CCSs 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 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.

- **Ophthalmology Long Term Follow up backlog** – the Clinical Director MSS attended to present paper G and respond to any questions. 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 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. 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. QC 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 to reducing the backlog.
- **Maxillofacial Workforce update** – the Clinical Director MSS attended 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.
- **Cardiology Services (Acute and Elective)** – the Clinical Director RRCV provided 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).
- **External Guidance – Quarter 1 to Quarter 3 NICE update** – this report was deferred to the April 2022 meeting in the absence of the Director of Clinical Quality.
- **Covid-19 Position** – the 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).
- **Any Other Business** – there were no items of additional business.

The following reports were noted and comments were raised as follows: -

- **Integrated Performance Report month 11** – the Medical Director advised that he had no specific items of concern to raise for the Committee’s attention;
- **Claims and Inquests quarterly report** – received and noted;
- **Medicines Optimisation Committee quarterly report** – received and noted;
- **Mortuary Security update report** – the Medical Director clarified that the mortuary work was on track for completion and that a final report would be presented to the May 2022 QC meeting;
- **Clinical Audit quarterly report** – the Director of Quality Transformation and Efficiency Improvement highlighted the new format of this report and she welcomed any feedback on the format outside the meeting;
- **Quality Schedule and CQUIN Schemes 2022/23** – received and noted;
- **UHL Quality Account 2021/22 (draft)** – Professor T Robinson 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 queried whether Commissioner sign-off was still a requirement for this key UHL document.

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:

- Quarter 1 to Quarter 3 NICE update deferred to the April 2022 QC meeting.

Date of next QC meeting:

Thursday 28 April 2022

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