

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**MINUTES OF THE QUALITY COMMITTEE (QC) MEETING****HELD ON THURSDAY 27 JANUARY 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 (from part of Minute 5/22/2)

Professor T Robinson – Non-Executive Director (from Minute 5/22/1)

Mr M Williams – Non-Executive Director

In Attendance:

Ms M Barnes – CCG Senior Officer Performance Improvement (observing)

Miss M Durbridge – Director of Quality Transformation and Efficiency Improvement

Ms N Green – Deputy Director of Nursing (for Minutes 5/22/4, 5/22/5 and 5/22/6 only)

Dr A Haynes – Adviser to the Trust Board

Ms B O'Brien – Director of Quality Governance (for Minute 5/22/3 only)

Ms K Rayns – Corporate and Committee Services Officer

Ms J Smith – Patient Partner

Ms H Hutchinson – CCG Representative

RESOLVED ITEMS**ACTION****1/22 APOLOGIES AND WELCOME**

Ms V Bailey, Non-Executive Director QC Chair welcomed everyone to the meeting, noting the shortened agenda in recognition of the operational pressures facing the Trust at the current time. She thanked Dr Haynes for chairing the last meeting in her absence. Introductions took place. Apologies were received from Mr P Aldwinckle, Patient Partner, and Ms K Gillatt, Associate Non-Executive Director.

2/22 DECLARATIONS OF INTERESTS

Resolved – that no additional declarations of interests were received.

3/22 MINUTES

Resolved – that the Minutes of the Quality Committee meeting held on 23 December 2021 (paper A refers) be confirmed as a correct record.

4/22 MATTERS ARISING

Paper B provided the Quality Committee matters arising progress report. Noting that all entries were rated either as 4 (on track) or 5 (complete), the Non-Executive Director QC Chair undertook to undertake a review of any items which were over 6 months old to inform the next iteration of this report. Particular discussion took place regarding the following entries:-

- item 9 (Minute 85/21/2 of 30 September 2021 refers) – the Medical Director advised that a business case for an Integrated Quality System had been submitted for the next business planning round. He suggested that this item be closed on the matters arising report, confirming that the Committee would receive reports on the IQS when it was possible to do so, and
- item 12 (Minute 66/21/2 of 29 July 2021) – the Non-Executive Director QC Chair confirmed that she had held preliminary discussions regarding the future shape and content of the Quality Committee, but this work was currently being aligned with the Board Development Programme being facilitated by Deloitte. It was agreed that this item would now be closed on the matters arising report.

**QC NED
CHAIR**

Resolved – that (A) the Matters Arising report be received and noted as paper B, and

(B) the Non-Executive Director QC Chair be requested to undertake a review of the matters arising log (outside the meeting).

**QC NED
CHAIR**

5/22 ITEMS FOR DISCUSSION AND ASSURANCE

5/22/1 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 insourced 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.

The Acting Chief Nurse was not present for this section of the meeting, but the Committee acknowledged the significant nurse staff pressures arising from high levels of staff sickness (and absence of staff who were isolating due to Covid-19) and the 71 additional capacity beds that were open currently at UHL. The Non-Executive Director QC Chair observed that the nursing vacancy data was starting to show some improvement and that the People and Culture Committee would continue to monitor progress in this area.

Particular discussion took place regarding the deterioration in 2 week wait performance for breast cancer with a focus on the enhanced arrangements for detecting any patient harm arising from any delays in diagnosis, the importance of communicating with patients, and the action plan to recover this performance by the end of March 2022 using additional insourced staffing and an extra ultrasound room to clear the backlog. Discussion on this subject had also been held at the previous day's meeting of the Operations and Performance Committee (OPC) and a progress report was being scheduled for the February 2022 OPC agenda.

Resolved – that (A) the position with pertinent safety issues be noted, and

5/22/2 Integrated Performance Report Month 9 2021/22

Paper C provided the Integrated Performance Report for month 9 (December 2021). 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. However, she also noted that significant numbers of Health Care Assistants were leaving the NHS as they returned to other jobs in retail and hospitality. Mandatory staff vaccination was also a

contributory factor and the Trust was planning to use some creative recruitment strategies with the aim of over-recruiting to vacant HCA posts.

A short discussion also 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.

Resolved – that (A) the contents of the Month 9 Integrated Performance Report be received and noted, and

(B) the Medical Director be requested to discuss the telephony issue (meaning that outgoing calls showed up as an '0870' number) with the Chief Information Officer outside the meeting.

MD

5/22/3

Patient Safety Report

Ms B O'Brien, 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 Alliance Urology Service). In response to a query from Ms J Smith, Patient Partner, it was noted that the 'failure to follow up' incidents in Urology had been detected as part of the data quality checking process and that each of these patients had now been contacted and none had suffered any clinical harm as a result of their treatment delay. Responding to a query raised by Mr M Williams, Non-Executive Director, 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.

Resolved – that the contents of the patient safety report be received and noted as paper D.

5/22/4

Patient Experience Report

Ms N Green, Deputy Chief Nurse introduced paper E providing an overview of progress with the 5 Patient Feedback Driving Excellence Priorities and a review of feedback from the National Inpatient Survey. Particular 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. In response to a query from the Non-Executive Director QC Chair, it was noted that UHL's Patient Involvement, Patient Experience Assurance Committee (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.

Resolved – that the quarterly update on patient experience be received and noted as paper E.

5/22/5

Falls Report Quarters 1 and 2 2021/22

Ms N Green, Deputy Chief Nurse introduced paper F providing 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 was acknowledged that it would never be possible to eliminate all patient falls (without confining them to bed), 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. The Deputy Chief Nurse also highlighted an initiative which used yellow anti-slip socks on the wards to help staff to identify those patients who had been risk assessed as being at a high risk of falls.

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 the difference that physical changes to the ward environment could make in reducing falls (eg improved floor coverings, improved lighting, use of bed-rails, low beds and 'crash mats'. It was noted that 'crash mats' could sometimes cause a trip hazard in their own right.

Resolved – that the falls report for quarters 1 and 2 be received and noted as paper F.

5/22/6 Pressure Ulcers Report Quarters 1 and 2 2021/22

The Deputy Chief Nurse introduced paper G, providing 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. The Trust was now moving away from using the terms 'avoidable' and 'unavoidable' pressure ulcers, with an increased focus on appropriate use of equipment and patent risk assessments. An e-learning package had been launched, but staff were being 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.

Resolved – that the Pressure Ulcers Report for quarters 1 and 2 be received and noted as paper G.

5/22/7 Covid-19 Position

The Medical Director provided an overview of the current impact of Covid-19 upon the Trust, noting 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 vaccination. Quality Committee members expressed their concerns about the potential impact upon already depleted workforce numbers if it did become necessary to redeploy key members of the unvaccinated workforce. However, it was clarified that there would be no pay protection for staff who were being redeployed to other (non-patient facing) 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 might become necessary to close some of the additional capacity beds under a worst case scenario.

Resolved – that the position be noted.

6/22 **ITEMS FOR NOTING**

6/22/1 Thrombosis Committee Report

Paper H provided the latest update from the UHL Thrombosis Committee (covering quarter 4 of

2020/21 and quarters 1 and 2 of 2021/22). The report was predominantly for noting, but Professor T Robinson, Non-Executive Director raised a query regarding the arrangements for undertaking VTE assessments in the Emergency Department. In response, the Medical Director briefed the Committee on the alternative arrangements for undertaking VTE assessments on arrival to the admitting ward. The Care Quality Commission (CQC) had been invited to provide evidence of best practice which supported VTE assessments in ED. UHL's audit data demonstrated that the risk surrounding VTE risk assessments 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. A short discussion took place regarding the way that the action plan had been completed, but the Medical Director provided assurance that the Thrombosis Committee had been requested to complete the action plan in the Trust-approved format, going forwards.

Resolved – that (A) the contents of the Thrombosis Committee report (paper H refers) be received and noted as paper H, and

(B) a further update from the Thrombosis Committee be presented to the Quality Committee in March 2022, using the Trust-approved format for the action plan.

MD

7/22 **ANY OTHER BUSINESS**

7/22/1 Process for Exiting Financial Special Measures Programme

The Director of Quality Transformation and Efficiency Improvement advised the Committee that a Board to Board meeting was being convened in March 2022 to consider the arrangements for UHL to exit the Financial Special Measures Programme (now called the Recovery Support Programme). It was expected that the Trust would be required to respond to a strong line of questioning in respect of quality assurance processes and the Director of Quality Transformation and Efficiency Improvement undertook to liaise with the Non-Executive Director QC Chair regarding the type of evidence that would be presented to this Board to Board meeting.

DQTEI

Resolved – that the Director of Quality Transformation and Efficiency Improvement be requested to liaise with the Non-Executive Director QC Chair regarding the quality assurance evidence that would be presented to the Board to Board meeting in March 2022.

DQTEI

8/22 **IDENTIFICATION OF ANY KEY ISSUES FOR THE ATTENTION OF THE TRUST BOARD**

Resolved – that there were no items to be highlighted to the 3 February 2022 public Trust Board via the summary of this Committee meeting for information.

9/22 **DATE OF THE NEXT MEETING**

Resolved – that the next meeting of the Quality Committee be held on Thursday 24 February 2022 from 2pm via Microsoft Teams.

The meeting closed at 3.41pm

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)	9	8	89	E Meldrum (from Jan 22)	2	2	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)	4	4	100
A Furlong	9	7	78	M Williams (from 29.7.21)	6	5	83

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)	6	6	100	J Smith (PP)	9	6	67
K Gillatt (from 29.7.21)	6	5	83	C Trevithick/C West/ H Hutchinson (CCG Representative)	9	8	89
A Haynes (from 27.5.21)	7	7	100				