UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

MINUTES OF THE QUALITY COMMITTEE (QC) MEETING HELD ON THURSDAY 26 MAY 2022 AT 2:00PM VIRTUAL MEETING VIA MICROSOFT TEAMS

Members Present:
Ms V Bailey - Non-Executive Director QC Chair
Mr A Furlong - Medical Director
Dr A Haynes - Non-Executive Director
Ms J Hogg - Chief Nurse
Ms H Hutchinson- CCG Representative (non-voting)
Ms J Smith - Patient Partner (non-voting)
Prof T Robinson - Non-Executive Director
Mr J Worrall - Associate Non-Executive Director (non-voting)

In Attendance:
Mr I Scudamore - Clinical Director, Women's and Children's (for Minute 38/22)
Ms P McParland - Consultant Obstetrician (for Minute 38/22)
Ms B O'Brien - Deputy Director of Quality Governance (for Minutes 44/22/2; 44/22/7; and 44/22/8)
Ms E Broughton - Head of Midwifery (for Minute 44/22/3)
Mr J Jameson - Deputy Medical Director (for Minute 44/22/4)
Ms P Vaughan - Deputy Chief Operating Officer (for Minutes 44/22/5 and 44/22/6)
Mr M Clayton - Head of Safeguarding (for Minute 44/22/9)
Miss M Durbridge - Director of Quality Transformation and Efficiency Improvement (for Minute 44/22/8)
Ms B Cassidy - Director of Legal and Corporate Affairs (for Minute 46/22/1)
Ms A Moss - Corporate and Committee Services Officer

RECOMMENDED ITEMS **ACTION**

38/22 Mortality and Learning from Deaths Quarterly Report (including perinatal mortality)

The Medical Director presented the quarterly report on mortality rates, progress against the learning from deaths programme, perinatal mortality, and the medical examiner process (paper E).

The latest rolling 12-month risk adjusted Hospital Standardised Mortality Ratio (HSMR) had been below 100 for the past three reporting periods (which was within the expected range), and the latest Summary Hospital-Level Mortality Indicator (SHMI) stood at 104 (also within the expected range). There were diagnosis groups with a higher or above expected relative risk and these would be reviewed.

The report noted the target for completing the death certificate within three days of death (where not reported to the coroner). Performance for the target had been good. However, this had dropped in April 2022. It was thought that this was due to the rescinding of the Coronavirus Emergency Legislation (which allowed doctors to complete the certificate on behalf of the treating doctor).

The role of the Medical Examiner was being extended to primary care and progress to date had been slow. Discussions were being held with the Integrated Care System's Medical Director, Dr Nil Sanganee, and it was anticipated, since it would become a statutory duty in 2023, that momentum would increase.

In the last year 97% of bereaved relatives had had conversations with the Medical Examiner or a Bereavement Nurse. The main areas of learning related to communication. The Clinical Management Groups were struggling to meet the targets for Structured Judgement Review due to clinical pressures.

Ms P McParland, Consultant Obstetrician and Mr I Scudamore, Clinical Director, Women and Childrens, presented the update on perinatal mortality and the interim findings of an internal review. It was noted that 2021 had seen a higher rate of stillbirths. All the cases had been reviewed using the Perinatal Mortality Review Tool with external participation and themes identified. Further work was being undertaken to understand the contributory causes.

Feedback from the Health Safety Investigation Branch indicated that the Trust had a low number of cases which had met the referral criteria and that no consistent themes had emerged. There was evidence of the Trust learning from the issues identified.

Dr A Haynes, Non-Executive Director, asked about the Maternity Assessment Unit (MAU) as there were issues highlighted relating to communication and triage. Ms McParland noted that the MAU was no longer undertaking the triage and Mr Scudamore noted that there was an increased medical/consultant presence at the Unit and these changes had improved the function. Mr Scudamore agreed to consider how the performance of the unit could be reflected on the dashboard. It was reported that the Trust held a discussion with Leeds Teaching Hospital NHS Trust to provide an external review of cases and processes. **CD, W&Cs**

Mr J Worrall, Associate Non-Executive Director asked about the variable mortality rates across the three hospital sites. The Medical Director reported that the variation was due to the type of activity undertaken at the respective sites.

Dr A Haynes, Non-Executive Director, asked about the three deaths where the findings indicated that the care could have been better. He asked whether they should have been considered as a Serious Incident. The Medical Director explained the process, noting that the Head of Patient Safety was a member of the Mortality Review Committee and that the cases were assessed by the Safety Team to see if they met the criteria for a Serious Incident.

The Committee took some assurance from the report pertaining to perinatal mortality (pending the final report), noted improvements in processes, and the proposed partnership with Leeds Teaching Hospital NHS Trust to provide an external review.

Recommended: That (A) the report be approved by the Trust Board, and

(B) consideration be given as to how the performance of the Maternity Assessment Unit could be reported on the dashboard. **CD, W&Cs**

RESOLVED ITEMS

39/22 WELCOME AND APOLOGIES

Ms V Bailey, Non-Executive Director QC Chair welcomed everyone to the meeting including Ms Julie Hogg, newly appointed Chief Nurse. Apologies were received from Ms G Collins-Punter, Associate Non-Executive Director, Dr G Sharma, Associate Non-Executive Director, and Mr J Melbourne, Chief Operating Officer.

40/22 DECLARATIONS OF INTERESTS

Resolved – that no additional declarations of interests were received.

41/22 MINUTES

Resolved – that the Minutes of the Quality Committee meeting held on 28 April 2022 (paper A) be confirmed as a correct record.

43/22 MATTERS ARISING

Paper B provided the Quality Committee matters arising progress report.

Resolved – that the Matters Arising report be noted.

44/22 ITEMS FOR DISCUSSION AND ASSURANCE

44/22/1 Pertinent Safety Issues

The Medical Director and the Chief Nurse briefed the Committee on the following pertinent safety issues:

- Monkeypox – it was noted that three cases had been suspected in LLR with one confirmed. A Standard Operating Procedure would be approved imminently, and the Trust had been asked to plan for the Infectious Diseases Unit to operate at Level Three. Additional funding for the uplift in nurse staffing had been agreed.
- CQC Draft Report - it was noted that, following the recent inspection of Urgent and Emergency Care, the draft CQC report would be received the following week. The Trust would be allowed to make representations regarding factual accuracy. There was a plan in place to address the findings and the enhanced medical presence in the Emergency Department had been achieved. It was anticipated that there would be an inspection in August 2022, to assess against the 'well-led' standard with further visits to core services.
- Nurse staffing – it was noted that an establishment review of all wards would be undertaken supported by an external expert in safe staffing

Resolved – that the pertinent safety issues highlighted be noted.

44/22/2 Patient Safety Report

The Deputy Director of Quality Governance presented paper C which reported on Trust-wide patient safety data for April 2022. The report noted that five Serious Incidents had been escalated in that month. Investigations into nine Serious Incidents had been closed which included a Never Event. There had been a decrease in the number of moderate and above harm incidents reported,

Ms H Hutchinson, CCG Representative, asked how the Trust could be sure that agency and bank staff were aware of the policies and processes to follow. The Chief Nurse noted that there was an onboarding scheme for bank staff and ward staff provided the induction for agency staff. She added that agency staff often had regular placements and had a degree of familiarity with the Trust.

Ms V Bailey, Non-Executive Director QC Chair, referenced the gaps in evidence for Duty of Candour, noting that it had been raised before and performance was deteriorating.

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

44/22/3 Maternity Safety Report (Q4)

The Committee received paper D, presented by the Chief Nurse, which provided a progress report on the Maternity Safety agenda, including the Healthcare Safety Investigation Branch reports, Serious Incidents and 72 hours reports for 2021/22 Quarter 4.

The Committee welcomed the new format for the report which was still in development. The Medical Director asked for any national metrics to be added together with a key for the Red, Amber and Green (RAG) rating. Ms V Bailey, Non-Executive Director QC Chair, asked for further detail when compliance was low and for greater specificity around the actions to be taken. **CN**

This report would be presented as a stand-alone report to the Trust Board in line with the Ockenden review requirements.

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

(B) the future reports add national metrics; a key for the RAG rating; further detail when compliance was low; and greater specificity around the actions to be taken. **CN**

44/22/4 Deteriorating Patient, Resuscitation and End of Life and Palliative Care Quarterly Update Report

The Committee received paper F, presented by Mr J Jameson, Deputy Medical Director detailing the work of the Deteriorating Patient Board, Resuscitation Committee and End of Life Steering Group.

The Deteriorating Patient Board was developing a dashboard and considering which metrics were most useful. It noted that performance in Sepsis had been good, although there was room for

improvement for the delivery of anti-biotics within 1 hour in the Emergency Department. The Intensive Care National Audit and Research Centre Quarterly Quality Report dashboards, for adult intensive care units, showed all quality metrics comfortably within control limits. There had been a fall since July 2020 for repeat observations; this had been reviewed and the issue had been the lack of recording.

The need to improve compliance for diabetes training was noted. Prof T Robinson, Non-Executive Director, commented on the training, noting that it was quite long and onerous. The Medical Director agreed and that there was scope to review the programme. The Deputy Medical Director added that there could be the option to go straight to the assessment without having to undertake refresher training.

Dr A Haynes, Non-Executive Director, asked whether it was known, if the delays in administering antibiotics in the Emergency Department had an adverse effect on health outcomes. The Deputy Medical Director reported that the harm reviews undertaken showed no link to the ultimate outcome. He anticipated that the blanket approach, promoted by the Surviving Sepsis Campaign, might change. The approach had been discussed with the Care Quality Commission and it was considered that the administering of antibiotics within one hour was an arbitrary measure. However, the evidence was much clearer for the 3-hour target. It was agreed that the harm reviews would be undertaken for those patients where the three-hour target was missed.

The report from the Resuscitation Committee noted that in April 2021 the Trust had invested £500,000 in defibrillators only for the manufacturer to state that the model would no longer be supported. There was a plan was in place to find an alternative defibrillator to integrate into the existing fleet was noted.

The End-of-Life Steering Group report noted the progress to improve staffing levels. However, the Trust was still not able to provide 24-hour palliative care on all sites, which was a requirement of the National Institute for Health and Care Excellence (NICE). Work to close the gap was noted. There were issues relating to administration and checks of syringe drivers. Work was planned with the nurse education and medical physics teams to make improvements in this area

Prof T Robinson, Non-Executive Director, highlighted the issue of bleeps not activating in response to cardiac arrest alerts. Assurance was provided that this was in response to tests rather than actual calls. The Committee noted that back-up arrangements were in place and that the issue was being addressed.

Resolved – that the contents be received and noted.

44/22/5 Out-patients Lost to Follow-Up

The Committee received paper G, presented by Ms P Vaughan, Deputy Chief Operating Officer. The report set out the progress made, since the last report in February 2022, regarding patients potentially lost to follow up.

As a result of two Serious Incidents in 2021, data quality issues had been identified dating back to 2016. This necessitated a validation process for approximately 28,000 patients who could have been lost to follow up. The aim had been to complete the process by the end of March 2022. However, there had been some delay and approximately 6,000 records still needed to be validated. The delays were largely down to competing demands for time and the need for speciality-based administrators to undertake a high proportion of the validation. The Elective Recovery Fund had been used to deploy external validators, but it had taken time to train the administrative staff. The revised target date was the end of June 2022.

Whilst no further incident indicating patient harm had been identified, the Deputy Chief Operating Officer considered that the risk to patient safety was the growing waiting list. The Deputy Chief Operating Officer highlighted aspects of the outpatient transformation plan, including the promotion of Patient Initiated Follow-up, standardisation of pathways and processes which would mitigate the risk.

Ms J Smith, Patient Partner, asked what communication there had been with those patients on the waiting list. The Deputy Chief Operating Officer noted that it would depend what pathway the

patient was on. Those patients having waited over 104 weeks had had been in active dialogue. Further communications would be had with different cohorts.

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

44/22/6 Cancelled Operations

The Committee received paper H, presented by Ms P Vaughan, Deputy Chief Operating Officer. The report addressed the on-the-day cancelled rate for elective operations. It was noted that the rate referenced in the Integrated Performance Report referred to a wider cohort of patients, including those attending for outpatients and clinical trials.

Whilst the on-the-day cancelled rate for elective operations was down to 10%, it had been as high as 14% in mid-winter. This led to a poor patient experience and poor theatre utilisation. The internal audit undertaken identified the main reasons for cancellation were patients being medically unfit and the availability of beds. With respect to the first reason, it was noted that considerable work was being undertaken to standardise the preoperative assessment process. This would ensure that patients listed were medically fit. With regard to the second reason, ring fencing of beds was being considered. The Elective Recovery Fund would be used to trial ring fencing eight beds, in a surgical ward, to improve postoperative capacity.

Ms J Smith, Patient Partner, asked what communication there was with patients facing cancellation. The Deputy Chief Operating Officer outlined the process for reviewing the list and potential cancellations. She noted that patients were contacted at the beginning of the day and given a choice about whether to stay given the lack of certainty. She added that the number of times a patient's procedure had been cancelled was taken into account.

The Committee took limited assurance from the report, expressed concern about the 10% cancellation rate, and noted that the Operations and Performance Committee would oversee the planned improvements and refer to the Quality Committee any concerns about patient safety.

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

44/22/7 Quality Account

The Deputy Director of Quality Governance presented paper I, the draft Quality Account 2021/22, which was the annual report from providers of healthcare about the quality of services delivered. The final report would be submitted at the end of June 2022. The Committee provided comments on the content and asked that consideration be given to how the report could be used for public and patient engagement.

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

(B) consideration be given as to how the report could be used for public and patient engagement.

44/22/8 72 Hour Reports for Never Events

The Deputy Director of Quality Governance presented paper J, which summarised three Never Events escalated in May 2022. The Committee noting the theme of patient identification, were informed of the actions taken to highlight the issue and ensure best practice. The Committee requested to see a tracker of Never Events to understand progress.

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

(B) that a tracker be added to future reports.

44/22/9 Safeguarding & Learning Disability Annual Reports

The Chief Nurse and Mr M Clayton, Head of Safeguarding, presented paper K, which set out the draft Safeguarding Annual Report and Learning Disability Annual Report for 2021/22. The reports set out the activity taken in the last year and noted priorities for the forthcoming year.

It was reported that activity in safeguarding and learning disability services had increased, and in particular the number of complex cases. The impact of Covid-19 and reduction in community services able to offer face to face support had a profound impact on vulnerable people. This has meant more individuals experiencing crisis situations, and an increase in multiagency Serious Incidents. This was reflected in the findings of multiagency reviews where an individual had died or been seriously harmed.

Dr A Haynes, Non-Executive Director, asked about the Trust's joint working with system partners. The Head of Safeguarding noted that it was much improved and that the work on the Learning Disability Register had led to closer working with the Leicestershire Partnership NHS Trust. As patients with learning disability were identified it was possible to provide support prior to admission and during a hospital stay.

Resolved – that the report be received and noted.

44/22/10 Cost Improvement Programme Quality Impact Assessments Q4 21/22 and End of Year

Due to time constraints the report was deferred. The Director of Quality Transformation and Efficiency Improvement noted the need to evidence consideration of the report as part of the process of exiting Financial Special Measures.

CCSO

Resolved – that the report be deferred and be received at the Quality Committee on 30 June 2022 (at the beginning)

44/22/11 Covid-19 Position

The Medical Director advised that he had no issues to draw to the Committee's attention.

Resolved – that the position be noted.

45/22 ITEMS FOR NOTING

45/22/1 Integrated Performance Report Month 1 2022/23

Paper M provided the detailed Integrated Performance Report for April 2022.

Resolved – that the contents be received and noted.

45/22/2 Clinical Audit Committee Report

Paper N noted the proposal to re-start the Clinical Audit Committee meetings which had been agreed.

Resolved – that the report be received and noted.

46/22 ANY OTHER BUSINESS

46/22/1 Freedom 2 Speak Up

The Committee received a verbal briefing, from the Director of Corporate and Legal Affairs, on the Annual Report of the Freedom to Speak Up Guardian. It was noted that 231 concerns had been raised in 2021/22 and the themes were: communication; staff attitudes/behaviours; and staffing numbers.

It was noted that the Freedom to Speak Up strategy would be finalised shortly. Ms V Bailey, Non-Executive Director, QC Chair, noted that consideration was being given to how the safety issues identified would be reported to the Quality Committee.

The report had been circulated separately and comments invited prior to submission to the Trust Board on 9 June 2022.

47/22 IDENTIFICATION OF ANY KEY ISSUES FOR THE ATTENTION OF THE TRUST BOARD

There were no issues to be highlighted for information to the public Trust Board on 9 June 2022.

48/22 DATE OF THE NEXT MEETING

Resolved – that the next meeting of the Quality Committee be held on Thursday 30 June 2022 from 2pm via Microsoft Teams.

The meeting closed at 4.00pm

Alison Moss – Corporate and Committee Services Officer

Cumulative Record of Members' Attendance (2022-23 to date).

Voting Members

Name	*Possible*	*Actual*	*% Attendance*
V Bailey (Chair)	2	2	100
J Melbourne	2	1	50
A Furlong	2	2	100
A Haynes	2	2	100
J Hogg (from May 2022)	1	1	100
E Meldrum (until April 2022)	1	1	100
T Robinson	2	2	100

Non-voting members

Name	*Possible*	*Actual*	*% Attendance*
J Smith (PP)	2	1	50
M Durbridge	2	2	100
G Collins-Punter	2	1	50
G Sharma	2	1	50
J Worrall	2	2	100
C Trevithick/C West/ H Hutchinson (CCG Representative)	2	2	100