

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**MINUTES OF THE QUALITY COMMITTEE (QC) MEETING****HELD ON THURSDAY 31 AUGUST 2023 AT 2:00 PM VIRTUAL MEETING VIA MICROSOFT TEAMS****Members Present:**

Ms V Bailey – Non-Executive Director (QC Chair)
 Dr R Abeyratne – Director of Health Equality and Inclusion
 Mr A Furlong – Medical Director
 Dr A Haynes – Non-Executive Director
 Ms J Hogg – Chief Nurse
 Mr J Melbourne – Chief Operating Officer
 Professor T Robinson – Non-Executive Director
 Mr J Worrall – Associate Non-Executive Director

In Attendance:

Ms S Bailey – ICB Representative
 Ms R Broughton – Head of Learning from Deaths (for Minutes 99/23/1 and 100/23/1)
 Mr N Brunskill – Director of Research and Innovation (for Minute 100/23/2)
 Ms S Burton – Deputy Chief Nurse
 Mr M Clayton – Head of Safeguarding (for Minute 101/23/2)
 Ms D Burnett – Director of Midwifery
 Ms C Ellwood – Chief Pharmacist
 Mrs H Majeed – Corporate and Committee Services Officer
 Mr R Manton – Head of Risk Assurance
 Ms C Rudkin – Head of Patient Safety (from Minute 100/23/3-100/23/5)
 Ms J Smith – Patient Partner
 Dr G Xu – Deputy Medical Director

	<u>RESOLVED ITEMS</u>	
94/23	APOLOGIES	
	Apologies were received from Ms B Cassidy, Director of Corporate and Legal Affairs Dr A Haynes, Non-Executive Director, Ms C Pheasant, Chief Allied Health Professional and Dr C Trevithick, ICB Representative.	
95/23	QUORUM	
	The meeting was confirmed to be quorate.	
96/23	DECLARATIONS OF INTERESTS	
	<u>Resolved</u> – that no additional declarations of interests were received.	
97/23	MINUTES	
	<u>Resolved</u> – that the Minutes of the Quality Committee meeting held on 27 July 2023 (paper A) be confirmed as a correct record.	
98/23	MATTERS ARISING	
	Paper B updated Quality Committee on progress against previous actions. Any updates now provided would be reflected in the next iteration of the log. All '5' rated actions would be removed after this meeting, and the QC Non-Executive Director Chair noted work underway to progress the remaining actions as a matter of urgency.	
	<u>Resolved</u> – that the discussion on the matters arising log (paper B) and any associated actions be updated accordingly.	CCSO
99/23	RECOMMENDED ITEMS	
99/23/1	<u>Mortality and Learning from Deaths Report</u>	

	<p>The Committee received the quarterly report on mortality rates and progress against the learning from deaths framework (paper C refers) which provided assurance in respect of both the national risk adjusted mortality measure (SHMI) and delivery of Death Certification, Medical Examiner (ME) Scrutiny and Case Record Review as per national statutory requirements. The following points were highlighted in particular:</p> <ol style="list-style-type: none"> i. the Summary Hospital Mortality Indicator (SHMI) had fallen to 104, and Hospital Standardised Mortality Ratio (HSMR) remained within the expected range at 98.4. Appropriate actions were being taken to monitor UHL’s crude and risk adjusted mortality rates. Detailed review was being undertaken of any patient or diagnostic groups which were ‘above expected’ or appeared to have increased over time; ii. ‘Septicaemia (except in Labour) was one diagnosis group with a higher SHMI value than expected in the latest SHMI data. More detailed analysis was presented by the DFI Consultant at relevant Committees, and the respective Leads would correlate this information with internal monitoring data. Following national changes, a relaunch of the sepsis care pathway was planned and ongoing improvement work on sepsis pathways was proposed as a priority for the Year 1 Patient Safety Incident Response Framework (PSIRF) work programme; iii. learning themes from Medical Examiner screening, bereaved relatives’ feedback and specialty reviews had been collated for consideration as part of UHL’s Year 1 PSIRF work programme. The themes included septicaemia, anticoagulation, and ward round reviews; iv. the national plans for rolling out the Medical Examiner process to cover all deaths in primary care had been postponed to April 2024, however, in the interim, UHL continued to engage with GP Practices. LOROS and LPT; v. during quarter 1 of 2023-24, reports were received from the Perinatal Mortality Review Group with details of analysis and improvement actions undertaken following the most recent MBRRACE publication which showed UHL’s neonatal mortality rate to be >5% higher than its peer group. The Committee noted the cases reviewed including the identified learning and agreed actions. Although external reviews had not identified any recurrent themes, the Trust continued to undertake individual and cluster reviews internally and would develop an on-going process for external input into the review process, and vi. three adult deaths during quarter 1 of 2023-24 had been more likely than not due to issues in care – the learning and actions being taken were noted by the Committee. <p>The Chief Nurse and Medical Director provided assurance that the Trust had reviewed the recent NHSE guidance following the verdict of the Lucy Letby Trial. This included current arrangements for freedom to speak up and listening to the concerns of patients, families, and staff. A report on this matter was scheduled to be presented to the Trust Board in September 2023.</p> <p>In summary, the Committee was assured with this update, noting that a number of actions were underway, and the Trust’s learning from deaths programme was supporting identification of learning to improve the outcomes of future patients and plans were in place to meet:</p> <ul style="list-style-type: none"> • anticipated statutory requirements in respect of the Medical Examiner process being implemented across LLR; • HM Senior Coroner’s request to refer all deaths which may be due to problems in care; • external reporting of neonatal deaths and stillbirths to the Mothers and Babies – Reducing Risk through Audit and Confidential Enquiries (MBRRACE), and • Safety Action 1 of the Maternity Incentive Scheme (MIS)/Clinical Negligence Scheme for Trusts (CNST). 	
	<p><u>Recommended</u> – that the report be endorsed and recommended to the Trust Board for approval.</p>	<p>MD</p>
<p>100/23</p>	<p>ITEMS FOR DISCUSSION AND ASSURANCE</p>	
<p>100/23/ 1</p>	<p><u>Retrospective Reporting to the HM Coroner of Deaths considered to be more likely than not due to Problems in Care</u></p>	

	Members were advised that there had been recent discussions with the HM Senior Coroner about reporting to her office where medical examiner screening identified potential care issues which may have affected patient outcome (report appended to paper C refers). It was also agreed that there should be a retrospective referral to the HM Coroner for 16 cases where death was considered to be more likely than not due to problems in care (following Specialty M&M reviews and MRC discussion) but there had not been a referral made to the Coroner as part of the Medical Examiner process. The 16 cases spanned a 5-year period (the earliest being in 2018). Once the reviews were completed, an update be presented to the Quality Committee as part of the quarterly LfD report if there was nothing significant to highlight from the findings.	MD/HoLfD
	Resolved – that (A) the contents of the report be received and noted, and (B) following Specialty M&M reviews and discussion at Mortality Review Committee, retrospective referral be made to the HM Coroner for 16 cases where death was considered to be more likely than not due to problems in care - once the reviews were completed, an update be presented to the Quality Committee as part of the quarterly LfD report if there was nothing significant to highlight from the findings.	MD/HoLfD
100/23/ 2	<u>Report from the Director of Research and Innovation</u>	
	Resolved – that this Minute be classed as confidential and taken in private accordingly.	
100/23/ 3	<u>Quality and Safety Performance Report – July 2023</u>	
	The QC considered the monthly patient safety and complaints performance report for July 2023 (paper E refers), noting the slight improvement in position in respect of VTE compliance in ED and actions being taken due to the increase in number of Hospital Acquired Pressure Ulcers (HAPUs) in that month. The falls per 1000 bed days had decreased in July 2023 making it a three consecutive month reduction. 6 Serious Incidents (SI) had been escalated and there had been a decrease in overdue SI actions. The report further advised that there had been an increase in the duty of candour evidence gaps. Overall risk register performance indicated that 20% of open risks had an elapsed review date and/or actions passed their due date for the reporting period against a target of 10%. The medicines management team continued to collaborate with teams to drive improvement in medicines safety indicators. There was continued focus on better understanding missed dose data particularly differentiating between medicines refused by patients (and the reasons for this) and other reasons for medicines being missed. Outpatient FFT had reduced slightly to 93.9% in May 2023 but had increased slightly to 94.7% in June 2023. From a complaints' perspective, formal complaints performance had improved and percentage of open complaints past due date had decreased again for the third consecutive month. In discussion on the NHS Resolution (NHSR) Claims scorecard, it was noted that work was underway to triangulate complaints, serious incidents and claims using the scorecard to consider areas for a targeted quality improvement focus for the reduction of clinical and non-clinical claims.	
100/23/ 4	<u>Report from the Chief Nurse</u>	
	Resolved – that this Minute be classed as confidential and taken in private accordingly.	
100/23/ 5	<u>Complaints Review – Briefing Report</u>	
	An external review of the complaints process had been undertaken to improve the position in terms of complaints performance and to support the PILS team and complaint process for the Trust (paper G refers). The Head of Patient Safety advised that the recommendations from this review had been considered and the following six areas for further action had been developed as a result of this: - <ol style="list-style-type: none"> 1. purchase of the PALS specific module for the Datix system to improve recording of early resolution concerns; 2. recruitment of a dedicated complaints and PILS Lead to provide a single point of management oversight of the team (recruitment had been undertaken with the post holder due to start in November 2023); 3. complaint/PILS and Early Resolution Service (ERS) staff to undertake the new PHSO training modules; 4. continue with the ERS pilot from which the learning be used to inform future service requirements; 	

	<p>5. the new Head of Patient Experience post holder would commence in early October 2023. This would be an opportunity for the post holder to review the processes, team structure, job descriptions, roles etc., and</p> <p>6. development of a Complaints Strategy for 2024/25 in line with the new PHSO Complaint Standards which would form part of a wider Patient Experience Strategy.</p>	
	<p>Resolved – that (A) the contents of the report be received and noted, and (B) the discussion on this report be highlighted to the Trust Board, for information.</p>	QC Chair
100/23/6	<u>Board Assurance Framework (BAF)</u>	
	<p>The QC reviewed strategic risk 1 on the BAF (paper H refers) around a framework to maintain and improve patient safety, clinical effectiveness and patient experience which was aligned to the committee and its work plan. The Committee noted the updates in the month in red text, including reference to the CQC inspection of Maternity Services and the key next steps to improve policy and procedure management. There are no matters of concern from the strategic risk to be escalated or significant changes proposed to the content or risk scores. Current rating is 20 (likelihood of almost certain x impact of major), target rating is 6 and tolerable rating is 12.</p>	
	Resolved – that the contents of the report be received and noted.	
101/23	REPORTS FROM UHL BOARDS	
101/23/1	<u>Patient Safety Committee Report</u>	
	<p>Members were advised that the Patient Safety Committee met on 15 August 2023 and the following reports were discussed at that meeting (paper I refers): -</p> <ul style="list-style-type: none"> • Quality and Safety performance report; • NHS Patient Safety Strategy and PSIRF Update Report; • Mortality Review Group and Learning from Deaths, and • 2 reports from Quality and Safety boards – CHUGGS and ITAPS. <p>There were no matters to escalate to the Quality Committee, however, the discussion on the following were highlighted in particular: - NHS Patient Safety Strategy /PSIRF update report and reports from Quality and Safety Boards from CHUGGS and ITAPS CMGs.</p>	
	Resolved – that the contents of the report be received and noted.	
101/23/2	<u>Safeguarding Assurance Committee</u>	
	<p>The Head of Safeguarding provided an update on key safeguarding activity and developments (paper J refers) highlighting the areas where further assurance work was required in maternity and safeguarding training compliance. The areas of high service demand and how risks were being managed and reduced was noted.</p>	
	Resolved – that the contents of the report be received and noted.	
101/23/3	<u>Infection Prevention and Assurance Committee</u>	
	<p>The Committee noted the infection prevention key performance indicators report for quarter 1 of 2023/24 (paper K refers). A deep-dive of carbapenem-resistant organisms (CRO) was due to be undertaken and would be included in this report in future. Internal Audit would be undertaking a review of the 2023 Infection Prevention Board Assurance Framework.</p>	
	Resolved – that the contents of the report be received and noted.	
102/23	LLR QUALITY BOARD	
102/23/1	<u>Feedback from and escalation to LLR System Quality Board</u>	

	UHL had presented a report following a deep dive of maternity services. For the next 4 months, an update from UHL on each theme following the East Kent maternity and neonatal services report would be provided to the LLR System Quality Board.	
	Resolved – the verbal update be noted.	
103/23	ITEMS FOR NOTING	
	The following items were received and noted. <ul style="list-style-type: none"> Integrated Performance Report – Month 4 2023-24 (paper L), and NIPAG Annual Report 2022-23 (paper M). 	
	Resolved – that the contents of papers K-M be received and noted.	
104/23	ANY OTHER BUSINESS	
	There were no items of any other business.	
105/23	IDENTIFICATION OF ANY KEY ISSUES FOR THE ATTENTION OF THE TRUST BOARD	
	Resolved – that the following update be brought to the attention of the Trust Board: - <ul style="list-style-type: none"> the discussion of the Complaints Review – Briefing Report (Minute 100/23/5 above refers) be highlighted to the September 2023 Trust Board, for information. 	QC Chair
106/23	ITEMS NOT RECEIVED IN LINE WITH THE WORK PLAN FOR THIS MONTH	
	It was noted that the following report had not been received in line with the Committee’s work plan: <ul style="list-style-type: none"> CIP QIA Quarterly Report – deferred to September 2023 QC, and 104+ Cancer Quality Standard Report (Previously called Cancer Harms report) – deferred to September 2023 QC. <p>The following reports would be covered in the Patient Safety Committee report unless a specific escalation to QC is required.</p> <ul style="list-style-type: none"> DAPB Learning Disability and Autism Mortality and Learning from Deaths 	
107/23	DATE OF THE NEXT MEETING	
	Resolved – that the next meeting of the Quality Committee be held on Thursday 28 September 2023 from 2pm via Microsoft Teams.	

The meeting closed at 3:46 pm

Hina Majeed – Corporate and Committee Services Officer

Cumulative Record of Members’ Attendance (2023-24 to date).

Present

<i>Name</i>	<i>Possible</i>	<i>Actual</i>	<i>% Attendance</i>
<i>V Bailey (Chair)</i>	5	5	100
<i>R Abeyratne</i>	5	4	80
<i>A Furlong</i>	5	4	80
<i>A Haynes</i>	5	3	60
<i>J Hogg</i>	5	3	60
<i>J Melbourne</i>	5	5	100
<i>G Sharma (until 30.4.23)</i>	1	0	0
<i>T Robinson</i>	5	2	40
<i>J Worrall</i>	5	5	100

In attendance

<i>Name</i>	<i>Possible</i>	<i>Actual</i>	<i>% Attendance</i>
<i>D Burnett</i>	<i>5</i>	<i>4</i>	<i>80</i>
<i>S Burton (from May 2023)</i>	<i>4</i>	<i>3</i>	<i>75</i>
<i>B Cassidy</i>	<i>5</i>	<i>2</i>	<i>40</i>
<i>G Collins-Punter</i>	<i>4</i>	<i>0</i>	<i>0</i>
<i>C Ellwood (from May 2023)</i>	<i>4</i>	<i>3</i>	<i>75</i>
<i>S Harris</i>	<i>5</i>	<i>0</i>	<i>0</i>
<i>J McDonald</i>	<i>5</i>	<i>0</i>	<i>0</i>
<i>R Manton</i>	<i>5</i>	<i>5</i>	<i>100</i>
<i>R Mitchell</i>	<i>5</i>	<i>0</i>	<i>0</i>
<i>B Patel</i>	<i>5</i>	<i>0</i>	<i>0</i>
<i>C Pheasant (from July 2023)</i>	<i>2</i>	<i>1</i>	<i>50</i>
<i>C Rudkin</i>	<i>5</i>	<i>5</i>	<i>100</i>
<i>J Smith (PP)</i>	<i>5</i>	<i>2</i>	<i>40</i>
<i>M Williams</i>	<i>5</i>	<i>0</i>	<i>0</i>
<i>Gang Xu (from May 2023)</i>	<i>4</i>	<i>2</i>	<i>50</i>
<i>ICB Representative</i>	<i>5</i>	<i>5</i>	<i>100</i>