

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST****MINUTES OF THE QUALITY COMMITTEE (QC) MEETING  
HELD ON THURSDAY 23 FEBRUARY 2023 AT 2:00 PM 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  
 Mr J Melbourne – Chief Operating Officer  
 Dr G Sharma – Non-Executive Director  
 Mr J Worrall - Associate Non-Executive Director (non-voting)

**In Attendance:**

Ms S Bailey– ICB Representative  
 Ms S Burton - Deputy Chief Nurse Nursing Midwifery Excellence  
 Ms B Cassidy – Director of Corporate and Legal Affairs  
 Mr M Clayton - Head Of Safeguarding (for Minute 19/23/1)  
 Mr R Manton – Head of Risk Assurance  
 Ms A Moss – Corporate and Committee Services Officer  
 Ms P McParland - Consultant Obstetrician (for Minute 13/23)  
 Ms C Rudkin – Head of Patient Safety

	<b><u>RECOMMENDED ITEMS</u></b>	
<b>13/23</b>	<b>Mortality and Learning from Deaths Quarterly Report</b>	
	<p>The Committee received the quarterly report on mortality rates and progress against the learning from deaths programme (paper C refers).</p> <p>The Medical Director reported that the Trust's Summary Hospital Mortality Indicator (SHMI) was at 104 and the latest Hospital Standardised Mortality Ratio (HSMR) was 100; which were within the expected range. There had been an increase in the crude mortality rate over winter which was largely attributable to respiratory infections and reflected the national picture.</p> <p>There had been progress in extending the Medical Examiner Service. There had been uptake for Leicestershire Partnership Trust hospitals but less so for primary care. The Service was working with the Integrated Care Board Medical Directorate to encourage take up from General Practices. There had been a delay in confirming the statutory requirements. However, recruitment was on-going to create the required infrastructure. The service now had a presence at Glenfield Hospital which was a positive development.</p> <p>It was reported that there had been vacancies in the bereavement service which created challenges in meeting the Bereavement Nurses' standard of making verbal contact with all Bereaved families in Quarter 2. However, two additional bereavement nurses had been recruited and an improvement against the standard was anticipated in Quarter 3. Charitable funds had enabled a room at Leicester Royal Infirmary to be refurbished for bereaved families to use.</p> <p>It was noted that the backlog of Structure Judgment Reviews (SJRs) for 2021/22 had been cleared. However, there remained a backlog for 2022/23. These had been triaged and the high-risk cases escalated. The learning identified from SJRs was tracked through existing workstreams or if necessary specific workstreams commissioned.</p> <p>In Quarter 3 of 2022/23 the Mortality Review Committee had noted three deaths which were considered to be, more likely than not, due to problems in care. These had been reviewed by the Patient Safety Team and two deaths investigated as a Serious Incident with actions taken forward.</p> <p>Ms P McParland, Consultant Obstetrician, presented the on neonatal mortality data. The Perinatal Mortality Review Group had undertaken a thematic review of neonatal deaths in 2020 to</p>	

	<p>understand why the mortality rate was higher than the peer group average. It was concluded that none of the deaths were avoidable, however, learning had been identified from the review.</p> <p>There had been a further increase in the number of stillbirths and neonatal deaths in 2021. The report of Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK (MBRRACE-UK) with comparable data would be available in March 2023 (earlier than in previous years). However, in the interim the Trust was meeting with the Perinatal Programme Lead at MBRRACE-UK (Prof Draper) for advice and input regarding further analysis of data and cases. In addition, there would be a Peer Group Neonatal Mortality Review meeting with Leeds Teaching Hospitals NHS Trust.</p> <p>The Committee discussed the potential reasons why the Trust was seeing a higher mortality rate than its peers. The Quality Committee Non-Executive Director Chair asked whether the peer group reflected the same population base and/or offered the same services (including tertiary services). Ms McParland noted that the peer group included providers of tertiary services and should reflect a similar case mix. She noted that UHL was unique in providing ECMO (Extracorporeal Membrane Oxygenation) and hosting the East Midlands Congenital Heart Centre. However, these services were more likely to deal with patients with congenital abnormalities and the mortality rates had been adjusted to account for this group and excluded babies born less than 24 weeks into the pregnancy.</p> <p>The Chief Nurse observed that the number of cases was small and that a slight increase created a great variance. It was noted that whilst the mortality rate fluctuated it was of concern that the Trust was fairing worse than its peer group. Despite considerable analysis it was difficult to explain. The Medical Director noted that further work was planned to better understand the rates.</p> <p>The Committee took overall assurance from the report, noting the Learning from deaths methodology and the process to review prenatal deaths. It noted that a further report would be made in May 2023.</p>	
	<b>Resolved</b> – that the Mortality and Learning from Deaths Quarterly Report <b>be reported to the Trust Board.</b>	<b>QC NED Chair</b>
	<b><u>RESOLVED ITEMS</u></b>	
<b>14/23</b>	<b>APOLOGIES</b>	
	Apologies were received from Ms Gaynor Collins-Punter, Associate Non-Executive Director, Ms C Trevithick, Ms C West and Ms H Hutchinson, ICB Representatives, Dr R Abeyratne, Director of Health Equality and Inclusion and Ms J Smith, Patient Partner.	
<b>15/23</b>	<b>QUORUM</b>	
	The meeting was confirmed to be quorate.	
<b>16/23</b>	<b>DECLARATIONS OF INTERESTS</b>	
	<b>Resolved</b> – that no additional declarations of interests were received.	
<b>17/23</b>	<b>MINUTES</b>	
	<b>Resolved</b> – that the Minutes of the Quality Committee meeting held on 26 January 2022 (paper A) be confirmed as a correct record.	
<b>18/23</b>	<b>MATTERS ARISING</b>	
	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.	

	<b><u>Resolved</u> – that the discussion on the matters arising log (paper B) and any associated actions be updated accordingly.</b>	
<b>19/23</b>	<b>ITEMS FOR DISCUSSION AND ASSURANCE</b>	
19/23/1	<u>Safeguarding Update Report</u>	
	<p>The Committee received a report summarising the current position of safeguarding practice within UHL, together with key developments that would inform future safeguarding practice (paper D refers).</p> <p>Mr M Clayton, Head of Safeguarding, reported that a joint inspection from Care Quality Commission Ofsted and the Ministry of justice for Leicester City safeguarding was expected before April 2023. The respective services were preparing for that inspection.</p> <p>The midwifery safeguarding independent review was complete and an action plan drawn up. The Chief Nurse added that the report would be considered by the Executive the following week and submitted to the Committee in March 2023.</p> <p>There had been further delays in the publication of the Liberty Protection Code of Practice and the Government’s response to its review of child protection services. Both reports were due to be published in December 2022.</p> <p>The Head of Safeguarding noted the delay in multi-agency reviews of domestic homicide cases, with some taking up to three years.</p> <p>It was reported that funding had been allocated to Leicestershire County Council for additional child residential care. This would assist in supporting children abandoned in Emergency Department.</p> <p>The Committee took assurance from the report.</p>	
	<b><u>Resolved</u> – that the contents of the report be received and noted.</b>	
19/23/2	<u>Patient Safety Report – January 2023</u>	
	<p>The Committee received the monthly report on patient safety (paper E refers).</p> <p>The Head of Patient Safety reported on the six serious Incidents escalated in January 2023: one was identified as a Never Event and related to a misplaced Naso-gastric tube. Five Serious Investigations had been closed in January 2023.</p> <p>The number of moderate and above harm incidents had increased from December 2022 into January 2023. In relation to maternity, moderate and above validated harms, these had risen consistently across September, dropping in December 2022 and peaking in January 2023. The incidents were awaiting grading validation so the position could change.</p> <p>There had been a decrease in the rate of reported Patient Safety Incidents of 2.4%. Nurse staffing incidents were 50% lower than last month and a third of the number for the same month last year.</p> <p>The evidence gaps for Duty of Candour had been raised as an issue at the Executive Quality Board and Clinical Management Groups tasked with providing the evidence or justification why the actions were obsolete.</p> <p>Dr A Haynes, Non-Executive Director, asked about the overdue Serious Incident reports and whether there was an understanding of the respective risks. The Head of Patient Safety assured the Committee of the process to prioritise reviews based on risk and that the overdue actions were reviewed by the Adverse Events Panel. The Quality Committee Non-Executive Director Chair asked how risks were triangulated with other data. The Chief Nurse advised that the Serious Incidents were reviewed by the Clinical Management Groups’ (CMG) Safety Boards and the</p>	

	<p>overdue actions reviewed at their Performance Boards. The Medical Director confirmed the Performance Review Meeting for the CMGs triangulated the data and held them accountable.</p> <p>The Committee took assurance that the reporting format was being revised to provide a dashboard. It noted that a revised staffing structure for the Patient Safety Team would address some workload issues and give greater focus to the patient safety. The description of the risk-based approach to investigations provided further assurance.</p>	
	<b><u>Resolved</u> – that the contents of the report be received and noted.</b>	
19/23/3	<u>Actions Taken to Improve the Management of Complaints In UHL</u>	
	<p>The Committee received an update on the actions to improve the management of complaints. (Paper F).</p> <p>The Head of Patient Safety reported that two interim agency staff had been in post since August 2022; that the timeframe for complex complaints had been extended in line with the practice of other NHS providers; and an informal resolution team approach (which most trusts called PALS) would be trialed for six months. There was an external review of the end-to-end complaint process. The Independent Complaints Review Panel had been reinstated. The Team was working with the Professor of Empathic Healthcare at University of Leicester to provide empathetic responses to complainants.</p> <p>The Head of Patient Safety noted the delay in Royal Voluntary Service vacating the café area in the Leicester Royal Infirmary which was required for the complaints team. The delay had been escalated to the Executive.</p> <p>It was reported that the latest monthly formal complaint performance was 83% for 10 days, 46% for 25 days and 73% for 60 days. Mr J Worrall, Non-Executive Director, asked whether there were common themes for complaints not responded to in 60 days and what the longest wait was.</p> <p>The Chief Nurse noted that considerable work had been undertaken and that the Trust was keen to learn about best practice and improve.</p>	
	<b><u>Resolved</u> – that the contents of the report be received and noted.</b>	
19/23/4	<u>Terms of Reference for the establishment of a Trust Infection Prevention Operational Group</u>	
	The Committee received a report seeking endorsement for the establishment of a Trust Infection Prevention Operational Group as a subgroup of the Trust Infection Prevention Assurance Committee (paper G refers).	
	<b><u>Resolved</u> – that the establishment of the Trust Infection Prevention Operational Group be endorsed.</b>	
19/23/5	<u>Board Assurance Framework (BAF) Report</u>	
	<p>The Head of Risk Assurance presented the report (paper H refers). The Committee reviewed strategic risk 1 on the BAF around 'failure to maintain and improve patient safety, clinical effectiveness and patient experience' which was aligned to its remit. There were no matters of concern from the strategic risk or significant changes proposed to the content this month.</p> <p>The Quality Committee Non-Executive Director Chair noted the recent death of Dr Andrew Baker, a Maxillofacial Surgeon, and that the service had longstanding staffing issues which were being monitored by the Committee. The Medical Director reported that mutual aid was being provided and there were weekly meetings with NHSE/I. It was agreed to request a report to the April meeting.</p> <p>Dr A Haynes, Non-Executive Director referenced the Clinical Audit Programme Quarterly Report (Paper K) and gaps in assurance. He asked whether this would impact on the BAF Risk. He noted</p>	<b>MD</b>

	that the Trust had not submitted data for the National Ophthalmology Database Audit for the last four years. The Medical Director noted that the gaps in evidence related, in the main, to local audits. The priority was for the nationally mandated audits. However, actions from the audits were addressed in the Performance Review Meetings for the CMGs. The Medical Director agreed to discuss the point made with the Head of Risk Assurance outside of the meeting. The Quality Committee, Non-Executive Director, Chair noted that in reviewing the effectiveness of the Audit Committee, members were asked whether clinical audits were effectively tracked.	MD
	<b><u>Resolved</u> – that (A) the contents of the report be received and noted</b> <b>(B) a report of the Maxillofacial service be presented to the April meeting, and</b> <b>(C) that the Medical Director discuss with the Head of Risk assurance, whether the gaps in evidence for clinical audits should be reflected on the BAF.</b>	MD MD
20/23	<b>REPORTS FROM UHL BOARDS</b>	
20/23/1	<u>Update from the Trust Infection Prevention Committee</u>	
	<p>The Committee received an update on the infection prevention activity discussed at the Trust Infection Prevention Assurance Committee for quarter 3 2022/23. The Chief Nurse reported that there was nothing of concern to be escalated to the Committee.</p> <p>The Chief Nurse reported that there had been a breach of the MRSA as there had been one case, which although it was community acquired counted against the Trust's target. She noted that although the Trust had breached the C-diff trajectory it benchmarked well against other trusts. There were cases of E-Coli which were being reviewed and it was queried whether nutrition and hydration was contributing to patient harm.</p> <p>The Quality Committee, Non-Executive Director, Chair noted that antibiotic use continued to be above the target set out in the NHS Standard Contract. The Medical Director noted that there had been increased use due to the high number of streptococcal infections. He noted that the guidance on Sepsis was due to be reviewed which should result in reduced antibiotic use. The issue was reviewed by the Antimicrobials Action Group and the E-prescribing module in NerveCentre would help to monitor use. The Chief Nurse added that there was a new medical antimicrobial lead who would bring a new perspective.</p> <p>Dr A Haynes, Non-Executive Director, referenced the audit of the management of vascular cannulae noting the compliance rating of 77% and associated risks. The Chief Nurse noted that there was an issue about where the scores were recorded. She hoped the establishment of the Infection Prevention Operational Group, renewed quality rounds from matrons and weekly peer review would drive improvement.</p> <p>The Chief Nurse reported that there would be an infection prevention and control campaign in March 2023.</p> <p>The Committee took assurance from the report.</p>	
	<b><u>Resolved</u> – that the report be received and noted.</b>	
21/23	<b>LLR QUALITY BOARD</b>	
21/23/1	<u>Feedback from and escalation to LLR System Quality Board</u>	
	It was agreed to share the Mortality and Learning from Deaths report, as submitted to the Trust Board, with the LLR System Quality Board following presentation at the Local Maternity System.	
22/23	<b>ITEMS FOR NOTING</b>	
	<p>The following items were received and noted.</p> <ul style="list-style-type: none"> <li>• CIP QIAs 2022-23 Quarter 3 Review (Paper J)</li> </ul>	

	<ul style="list-style-type: none"> <li>• Clinical Audit Programme Quarterly Report: End of Quarter 3 2022-23 (Paper K)</li> <li>• 2022-23 CQUIN Schemes Quarter 2 Report (Paper L)</li> <li>• 2023-24 CQUIN Schemes &amp; Quality Schedule (Paper M)</li> <li>• Learning Disability and Autism Services - Service provision (Paper N)</li> <li>• Integrated Performance Report – Month 10 2022/23 (Paper O)</li> </ul>	
	<b>Resolved – that the contents of papers J-O be received and noted.</b>	
<b>23/23</b>	<b>ANY OTHER BUSINESS</b>	
	There was no other business.	
<b>24/23</b>	<b>IDENTIFICATION OF ANY KEY ISSUES FOR THE ATTENTION OF THE TRUST BOARD</b>	
	<b>Resolved – that the Mortality and Learning from Deaths Quarterly Report be presented to the Trust Board as a stand-alone report.</b>	
<b>25/23</b>	<b>ITEMS NOT RECEIVED IN LINE WITH THE WORK PLAN FOR THIS MONTH</b>	
	<ul style="list-style-type: none"> <li>•</li> </ul> <p>It was noted that the following reports had not been received in line with the Committee's work plan:</p> <ul style="list-style-type: none"> <li>• Deteriorating Patient Board, Resuscitation Committee, and the End-of-Life Steering Group Update</li> <li>• Thrombosis Prevention Safety Update</li> <li>• Safer Surgery Update</li> </ul>	
<b>26/23</b>	<b>DATE OF THE NEXT MEETING</b>	
	<b>Resolved – that the next meeting of the Quality Committee be held on Thursday 30 March 2023 from 2 pm via Microsoft Teams.</b>	

The meeting closed at 3.17 pm

Alison Moss – Corporate and Committee Services Officer

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

**Present**

Name	Possible	Actual	% attendance
V Bailey (Chair)	10	10	100
R Abeyratne (from December 2022)	2	1	50
A Furlong	10	9	90
A Haynes	10	9	90
J Hogg (from May 2022)	9	7	78
J Melbourne (from December 2022)	2	2	100
E Meldrum (until May 2022)	1	0	0
G Sharma (from December 2022) **	2	2	100
T Robinson	10	5	50
J Worrall (from December 2022) **	2	2	100

\*\* Changed from attendee to member

**In attendance**

Name	Possible	Actual	% Attendance
B O'Brien (until December 2022)	8	6	75
B Cassidy (from December 2022)	2	2	100
M Durbridge (until December 2022)	8	8	100
G Collins-Punter (until May 2022 and from December 2022)	4	1	25
S Harris (from December 2022)	2	0	0
J McDonald (from December 2022)	2	0	0
R Manton (from December 2022)	2	2	100
R Mitchell (from December 2022)	2	0	0
B Patel (from December 2022)	2	0	0
C Rudkin (from December 2022)	2	2	100
G Sharma (until December 2022)	8	6	75
J Smith (PP)	10	5	50
Mike Williams (from December 2022)	2	0	0
J Worrall (until December 2022)	8	8	100
ICB Representative	10	6	60