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**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**

**REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD**

**DATE OF TRUST BOARD MEETING: 1 July 2021**

**COMMITTEE: Quality and Outcomes Committee (QOC)**

**CHAIR: Ms V Bailey, Non-Executive Director and QOC Chair**

**DATE OF COMMITTEE MEETING: 27 May 2021**

**RECOMMENDATIONS MADE BY THE COMMITTEE FOR PUBLIC CONSIDERATION BY THE TRUST BOARD:**

- **Mortality and Learning from Deaths Report 2020-21 Quarter 4**

**OTHER KEY ISSUES IDENTIFIED BY THE COMMITTEE FOR NOTING BY THE PUBLIC TRUST BOARD:**

- **Quality Impact Assessment Process for CIP** – to note that this process was fundamental to ensure appropriate governance on CIP schemes (Minute 44/21/6 refers);
- **Infection Prevention – Board Assurance Framework (BAF)** (Minute 45/21/3 above refers);
- **Safeguarding Annual Report 2020** (Minute 45/21/4 refers), and
- **Care of Patients with a Learning Disability at UHL – Annual Report 2020** (Minute 45/21/5 refers).

**DATE OF NEXT COMMITTEE MEETING: 24 June 2021**

**Ms V Bailey, Non-Executive Director and QOC Chair**

## UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

### MINUTES OF THE QUALITY OUTCOMES COMMITTEE (QOC) MEETING HELD ON THURSDAY 27 MAY 2021 AT 2:00PM VIRTUAL MEETING VIA MICROSOFT TEAMS

#### **Voting Members Present:**

Ms V Bailey - Non-Executive Director (Chair)  
Professor P Baker - Non-Executive Director (Deputy Chair)  
Ms C Fox - Chief Nurse  
Mr A Furlong – Medical Director  
Mr B Patel - Non-Executive Director

#### **In Attendance:**

Mr P Aldwinckle – Patient Partner  
Dr H Brooks – Chair of the Cancer Board (for Minute 44/21/3)  
Ms L Cowan – Head of Operations, MSS (for Minute 44/21/1)  
Miss M Durbridge – Director of Quality Transformation & Efficiency Improvement  
Mr A Haynes – Adviser to the Trust Board  
Ms S Leak – Director of Operational Improvement (for Minute 44/21/3)  
Ms F Lennon – Deputy Chief Operating Officer (for Minute 44/21/3)  
Ms H Majeed – Corporate and Committee Services Officer  
Mr K Mayes – Head of Patient and Community Engagement (for Minute 44/21/4)  
Ms K Musson – Assistant Information Manager (for Minute 44/21/2)  
Ms B O'Brien – Director of Quality Governance  
Mr I Orrell – Associate Non-Executive Director  
Mr T Palser – Consultant Surgeon/ Associate Medical Director for Quality Assured Services (for Minute 44/21/2)  
Mr Z Sentance – General Manager, Ophthalmology (for Minute 44/21/1)  
Ms J Smith – Patient Partner  
Ms C West – CCG Representative

### RECOMMENDED ITEMS

#### **39/21** Mortality and Learning from Deaths Report 2020-21 Quarter 4

The Medical Director presented the latest quarterly report (paper I refers) – Quarter 4: January to March 2021 - relating to learning from deaths, the contents of which were received and noted and recommended onto the Trust Board for its approval. A summary of UHL's mortality rates, both risk adjusted and crude was presented and discussed. Members were reminded that the Trust had commissioned Dr Foster Intelligence (DFI) Consultant to undertake a deep-dive analysis of UHL's HSMR data, which had highlighted 6 diagnosis groups that warranted further review. It was noted that reviews had been completed for 3 (Septicaemia, Acute Bronchitis and Senility and organic mental disorders) of these diagnosis groups. The Medical Director advised that UHL's Summary Hospital Mortality Indicator (SHMI) for 2020, was still within expected range but was now above 100 at 103. The latest Hospital Standard Mortality Ratio (HSMR) between February 2020 and January 2021 was 115 and continued to be above expected. All Covid-19 activity and deaths had been excluded from the SHMI (around 2.8% of admissions) but some Covid-19 activity had been included in the HSMR where Covid-19 had been a secondary code. UHL's crude mortality for 2020-21 was 1.9%, which reflected both the reduced activity and increased number of deaths resulting from the Covid-19 pandemic. The DFI Consultant had also highlighted the need for a review of the Trust's palliative care coding. The review indicated that due to remote working, coders had not been able to review patients' medical records and therefore were not always aware of palliative medicine input. Retrospective re-coding had now been completed and re-submitted, the impact of these changes would be seen at the end of May 2021. In relation to the step-wise change in the 'Pneumonia' diagnosis group, the Respiratory team would be reviewing the relative risk to ascertain if there had been any changes in the pneumonia pathway. The number of Covid-19 admissions and deaths had been reviewed and UHL's crude mortality for the Covid-19 diagnosis group 'Viral Infection' was below the average of all Acute Trusts. One of the main developments in Quarter 4 of 2020-21

included the Paediatric Medical Examiner (ME) secondment, it was noted that discussion was underway with the Children's Hospital and Paediatric Emergency Department about next steps. Following the successful pilot of providing a ME service to LOROS and the limited pilot within Primary Care, the Trust had been notified of plans to extend the ME process to cover all deaths in all health care sectors and for Acute Trusts to act as 'host ME offices'. A proposed approach to phased implementation of the ME service within LLR was discussed. The Quarterly Perinatal Mortality Report was set out in appendix 7 and members were advised that the perinatal mortality rate for the first 3 months of 2021 was approximately in line with previous years. In conclusion, it was noted that the 3 deep-dive reviews undertaken so far into sepsis, acute bronchitis and delirium had not identified major issues with clinical pathways but had identified some learning points in a number of cases.

**Recommended – that the Mortality and Learning from Deaths Report 2020-21 Quarter 4 be recommended onto the Trust Board for its approval, and**

**MD**

### **RESOLVED ITEMS**

#### **40/21 APOLOGIES AND WELCOME**

No apologies for absence were received. The Committee Chair welcomed Mr A Haynes, Adviser to the Trust Board to his first Quality and Outcomes Committee meeting.

#### **41/21 DECLARATIONS OF INTERESTS**

**Resolved – that it be noted that no declarations of interest were made at this meeting of the Quality and Outcomes Committee.**

#### **42/21 MINUTES**

**Resolved – that the public and private Minutes of the Quality Outcomes Committee (QOC) meeting held on 29 April 2021 (papers A1 & A2 refer) and the QOC Summary from the same meeting (papers A3 & A4 refer), as submitted to the Trust Board on 6 May 2021 be confirmed as a correct record.**

#### **43/21 MATTERS ARISING**

**Resolved – that the Matters Arising Log (paper B refers) be noted.**

#### **44/21 ITEMS FOR DISCUSSION AND ASSURANCE**

##### **44/21/1 Ophthalmology Long Term Follow-Up Update**

The Head of Operations, MSS and General Manager, Ophthalmology attended the meeting to present paper C, which provided an update on the current position with ophthalmology long term follow-up. Members noted that systems and processes had been put into place to mitigate further risk. A process had been put in place to clinically assess patients to ensure that patients who were waiting were not coming to harm. The LTFU waiting list was being tracked and monitored and patients were being risk stratified through locally agreed criteria due to the absence of nationally defined risk stratification for outpatients. A Task and Finish Group had been established to focus on short-term mitigating actions, the action plan from this Group had been appended to the report. The longer-term work regarding restoration and recovery/system planning would come under the LLR Ophthalmology Steering Group. Work was underway with System colleagues to access cost effective in-sourcing and out-sourcing capacity. Members noted that significant activity had been transferred from UHL to a community setting in order to create additional capacity for follow-up patients who needed to be seen in a secondary care setting. The Leicester, Leicestershire & Rutland Community Eye Service (LLRCES) scheme had been established to support the care of emergency patients in the community and reduce attendance at the Emergency Department. This service had been funded via Covid-19 funding and was currently funded until September 2021. A longer-term funding source was needed and the Clinical Commissioning Groups were exploring options. Further to a detailed discussion, it was noted that progress had been made and there was System ownership in respect of this matter. However, there remained partial assurance in terms of

the achievement of a reduction in the backlog particularly due to workforce challenges. In conclusion, it was agreed that a further update be provided to QOC in September 2021 and an update on the following also be included - long term funding for the LLRCES scheme, any issues in relation to health inequalities and management of new follow-up patients.

HoO, MSS

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

**(B) the Head of Operations, MSS be requested to provide a further update on this matter to QOC in September 2021 including an update on the following - long term funding for the LLRCES scheme, any issues in relation to health inequalities and management of new follow-up patients.**

HoO, MSS

44/21/2

Integrated Quality Assurance System (IQAS)

Mr T Palser, Consultant Surgeon/ Associate Medical Director for Quality Assured Services attended the meeting to present paper D, an update on the Integrated Quality Assurance System (IQAS). This system brought together multiple data sources to provide business intelligence and drive improvement. There was potential for the system to be further developed in order that there was one central source of data, however, this was subject to availability of resources and integration of the Trust's different IT systems. The system would be piloted across Vascular Services, General Surgery and Urology in June 2021 and across surgical specialities in October 2021, with full rollout expected by the end of March 2022. The plan was to include finance and equity metrics during the course of the year and specialty-specific metrics in future. The system was based on the QlikSense platform. Mr Palser gave a demonstration of the system displaying the dashboard and breakdown of metrics by CMG, data relating to clinical audit and the GMC survey had been included. Members commended the system noting that it was a comprehensive clinical performance system. It was agreed that an update on next steps/resources required would be provided to QOC, further to discussion at EQB once the rollout to the pilot specialities had been completed. The CCG Representative also highlighted the opportunities this system was likely to provide and suggested that a presentation be given to the System Quality and Performance meeting, when UHL colleagues thought it was appropriate.

AMD  
(QAS)

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

**(B) the Associate Medical Director for Quality Assured Services be requested to provide an update on next steps/resources required, further to discussion at EQB once the rollout to the pilot specialities had been completed.**

AMD  
(QAS)

44/21/3

Cancer Performance Recovery

The Director of Operational Improvement and the Chair of the Cancer Board attended the meeting to present paper E. Members were advised that 6 of the cancer-related performance targets had been achieved in March 2021. The biggest challenge remained the 31-day surgery waits due to decreased theatre capacity and the growing 104-day backlog. There had been a significant increase in 2-week wait referrals, which would have subsequent challenge to the 31-day and 62-day performance depending on conversion numbers. A decrease in staff uptake of waiting list initiatives in ENT and Skin Services would have an impact on the 2-week wait performance, however, it was noted that some actions were being put in place to resolve this matter. The Director of Operational Improvement was optimistic that there would be a sustained recovery of 31-day backlogs with the increased theatre capacity. Feedback from the CQC visit in respect of a review of management of cancer pathways during Covid-19 was expected to be provided in June 2021. The Chair of the Cancer Board reiterated that capacity was being managed based on clinical need. In response to a suggestion from Ms J Smith, Patient partner, the Director of Operational Improvement undertook to contact colleagues in Barts Health NHS Trust to source ideas on improving UHL's cancer performance position. The Medical Director advised that this report had been discussed in-depth at the Executive Finance and Performance Board in May 2021 and the performance on the trajectory would be monitored through the CMG Performance Review Meetings. In response to a comment from Mr A Haynes, Adviser to the Trust Board in respect of health inequalities and impacts, the Director of Operational Improvement advised that work was underway with Public Health England in relation to colorectal cancer survival rates at UHL. Although QOC was assured on the harm review

DOI

process, it noted the current performance position was challenging. In a brief discussion on demand/capacity, the Medical Director advised that the H2 planning guidance for 2021-22 had indicated that plans should be based on capacity and not demand. The contents of this report were received and noted.

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

**(B) the Director of Operational Improvement be requested to contact colleagues in Barts Health NHS Trust to source ideas on improving UHL's cancer performance position.**

DOI

44/21/4

Patient Engagement Update

The Head of Patient and Community Engagement attended the meeting to present paper F, an update on patient engagement activity undertaken over the last six months. Since the onset of the Covid-19 pandemic, all face-to-face engagement had been suspended and virtual engagement activity had been put in place instead. Although Covid-19 had challenged the implementation of the 2019 Patient and Public Involvement (PPI) Strategy, it had also presented new opportunities to approach PPI. In discussion on the Trust Board's support for a 'co-production' approach to PPI, Mr B Patel, Non-Executive Director suggested a 'fresh eyes' approach be taken given that patients, carers and families who used the Trust's services would be more informed and could make a difference if they worked in partnership with Clinicians and Managers. In response to a query from Ms J Smith, Patient Partner in respect of re-commencing face-to-face engagement, the Committee Chair suggested that this be discussed outwith the meeting. The contents of the report were received and noted and a further update was requested to be provided in November 2021.

HP&CE

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

**(B) the Head of Patient and Community Engagement be requested to provide a further update to QOC in six months' time.**

HP&CE

44/21/5

Quality Transformation Update

The Director of Quality Transformation and Efficiency Improvement presented paper G, an update on the role and functions of the Transformation Team. The aim of the Transformation Team was to deliver true transformation internally and across the system by providing better value for money and improved outcomes for patients. The Transformation Team strategy report, structure and proposed improvement road map were received and noted. In discussion on a dosing schedule/model, it was agreed that the Mr A Haynes, Adviser to the Trust Board and the Director of Quality Transformation and Efficiency Improvement should have a discussion outwith the meeting.

DQTEI

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

**(B) the Director of Quality Transformation and Efficiency Improvement be requested to liaise with Mr A Haynes, Adviser to the Trust Board outwith the meeting in respect of a dosing schedule/model.**

DQTEI

44/21/6

Quality Impact Assessment (QIA) Process for CIP

The Director of Quality Transformation and Efficiency Improvement presented paper H, which set out some of the lessons learned from the 2020-21 QIA process, the proposed changes for 2021-22 and next steps. A revised CIP Project Initiation Document (PID) would be introduced. The CMG CIP trackers would be reviewed to identify those schemes, which did not need a QIA. It was hoped that the new process would be streamlined and that QIAs would be easier to complete and review. Quarterly updates on the 2021-22 CIP scheme QIA process would be presented to EQB and QOC. The QOC Chair suggested that (a) in due course, a review of the revised approach to quality impact assess CIP schemes be undertaken to ensure that the required outputs from this process were being achieved, and (b) in future, consideration be given to whether the new process had had an impact and if it had brought about a transformative change.

DQTEI

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

**(B) the Director of Quality Transformation and Efficiency Improvement be requested to take forward the following:-**

**(a) in due course, a review of the revised approach to quality impact assess CIP schemes be undertaken to ensure that the required outputs from this process were being achieved, and (b) in future, consideration be given to whether the new process had had an impact and if it had brought about a transformative change.**

44/21/7 2021-22 Quality and Performance (Q&P) Report Month 1

The Medical Director and Chief Nurse presented the Month 1 Quality and Performance report (paper J refers), which provided a high-level summary of the Trust's performance against the key quality and performance metrics and complemented the full Quality and Performance report. The Chief Nurse and Medical Director highlighted the following in particular:- (a) 8 C Difficile cases in-month, although this was below trajectory, it would be reviewed at the Infection Prevention Committee; (b) reduction in nosocomial infections in respect of Covid-19; (c) SMS text messaging service had now commenced in ED, which had led to an improvement in the Friends and Family Test indicator; (d) one never event reported in April 2021; (e) deterioration in performance in respect of Fractured Neck of Femur and Stroke TIA indicators – it was noted that the respective Services had been requested to provide further reports to the Executive Finance and Performance Board in July 2021, and (f) improvement had started to be seen in the turnaround times of clinic letters due to actions taken by CMGs locally. The Committee received and noted the contents of this report.

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

44/21/8 Patient Safety Highlight Report

The Director of Quality Governance presented paper K which detailed the monthly update on patient safety, including complaints data. Specific points of note highlighted in this month's report included: (1) update from the Parliamentary and Health Service Ombudsman (PHSO) on changes to their service in relation to complaints process and the impact that this might have on UHL referrals; (2) new learning resource from NHS Resolution (NHSR) about retained foreign objects post-procedure. In response to a query from Ms J Smith, Patient Partner, the Medical Director provided a brief update on the Safer Surgery workstream in place within the Trust; (3) actions required by the Patient Safety Specialists to commence work to align UHL to the NHS Patient Safety Strategy, and (4) the risk and actions being taken in relation to the Patient Safety Team staffing. The contents of this report were received and noted.

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

44/21/9 Covid-19 Position

The Medical Director and Chief Nurse reported orally and briefed the Committee on key issues in relation to the COVID-19 pandemic, highlighting the following matters in particular: (a) the number of Covid-19 patients being treated currently within the Trust remained low; (b) surge testing and vaccination update, and (c) visiting arrangements and meeting arrangements within the organisation would be kept under review.

**Resolved – that the verbal update be received and noted.**

45/21 **ITEMS FOR NOTING**

45/21/1 Organ Donation at UHL - Update

**Resolved – that the contents of this report (paper L) be received and noted.**

45/21/2 Deteriorating Patient, Resuscitation and End of Life and Palliative Care Quarterly Report

**Resolved – that the contents of this report (paper M) be received and noted.**

- 45/21/3 Infection Prevention – Board Assurance Framework (BAF)  
Members were advised that the BAF had been reviewed and updated in line with the recommendations of NHSE/I.  
**Resolved – that the contents of this report (paper N) be received and noted.**
- 45/21/4 Safeguarding Annual Report 2020  
**Resolved – that the contents of this report (paper O) be received and noted.**
- 45/21/5 Care of Patients with a Learning Disability at UHL – Annual Report 2020  
**Resolved – that the contents of this report (paper P) be received and noted.**
- 45/21/6 NIPAG Annual Report  
**Resolved – that the contents of this report (paper Q) be received and noted.**
- 45/21/7 Data Quality and Clinical Coding Report  
**Resolved – that the contents of this report (paper R) be received and noted.**
- 45/21/8 EQB Minutes – 13 April 2021  
**Resolved – that the EQB Minutes from 13 April 2021 (paper S) be received and noted.**
- 46/21 ANY OTHER BUSINESS**
- 46/21/1 Oral and Maxillofacial Surgery (OMFS)  
The Medical Director reported on an emerging issue in relation to workforce challenges in the OMFS team.  
**Resolved – that the verbal update be received and noted.**
- 46/21/2 Procurement Process for new catering provision  
Ms J Smith, Patient Partner requested that the Estates and Facilities team presented an update to QOC in relation to the procurement process for the new catering provision. In response, the Committee Chair requested the Patient Partner to email her with an update providing the reason for this request. **PP(JS)**  
**Resolved – that the Patient Partner be requested to email the QOC Chair re. the background for this request.** **PP(JS)**
- 47/21 IDENTIFICATION OF ANY KEY ISSUES FOR THE ATTENTION OF THE TRUST BOARD**  
**Resolved – that (A) the following items be highlighted to the 3 June 2021 public Trust Board via the summary of this Committee meeting for information:** **QOC Chair**
- **Quality Impact Assessment Process for CIP** – to note that this process was fundamental to ensure appropriate governance on CIP schemes (Minute 44/21/6 above refers);
  - **Infection Prevention – Board Assurance Framework (BAF)** (Minute 45/21/3 above refers);
  - **Safeguarding Annual Report 2020** (Minute 45/21/4 above refers), and
  - **Care of Patients with a Learning Disability at UHL – Annual Report 2020** (Minute 45/21/5 above refers).
- 48/21 DATE OF THE NEXT MEETING**  
**Resolved – that the next meeting of the Quality Outcomes Committee be held on Thursday 24 June 2021 from 2pm via Microsoft Teams.**

The meeting closed at 4.05pm

Hina Majeed - Corporate and Committee Services Officer

**Cumulative Record of Members' Attendance (2021-22 to date):**

***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)	2	2	100	A Furlong	2	2	100
P Baker	2	2	100	B Patel	2	2	100
C Fox	2	2	100				

***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)	2	2	100	J Smith	2	1	50
I Orrell	2	2	100	C Trevithick/C West/ H Hutchinson (CCG Representative)	2	2	100