

Cover report to the Trust Board meeting to be held on 7 April 2022

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| | Trust Board paper E3 |
| Report Title: | Quality Committee – Committee Chair’s Report |
| Author: | Ms K Rayns – Corporate and Committee Services Officer |

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| Reporting Committee: | Quality Committee (QC) |
| Chaired by: | Ms V Bailey – Non-Executive Director |
| Lead Executive Director(s): | Mr J Jameson – Deputy Medical Director Ms E Meldrum – Acting Chief Nurse Mr J Melbourne – Chief Operating Officer |
| Date of meeting: | 24 February 2022 |

Summary of key public matters considered by the Committee:

This report provides a summary of the key issues considered at the Quality Committee meeting on 24 February 2022. This was a shortened meeting due to operational pressures:- *(involving Ms V Bailey, Quality Committee Non-Executive Director Chair; Dr A Haynes, Adviser to the Trust Board; Mr J Jameson, Deputy Medical Director; Ms E Meldrum, Acting Chief Nurse; Mr J Melbourne, Chief Operating Officer; Miss M Durbridge, Director of Quality, Transformation and Efficiency Improvement, and Ms H Hutchinson, Leicester City CCG. (Mr R Bell, Consultant, Ms H Busby-Earle, Clinical Director, Ms P Vaughan, Deputy COO, and Ms B O’Brien, Director of Quality Governance attended to present their respective items).*

- **Pertinent Safety Issues** – the Acting Chief Nurse and the Chief Operating Officer briefed the Committee on the following pertinent safety issues:-
 - (a) increasing numbers of looked after children being presented at the Emergency Department (including some decisions taken by their original care homes not to accept them back) and the lengthening delays in finding them suitable alternative accommodation. This matter was being escalated to the LLR System Quality Executive on 10 March 2022 and proposals for improving the care pathways for looked after children would be presented to the Executive Quality Board, and
 - (b) the impact of delayed discharges on patient flow and the Trust’s ability to treat some 110,000 patients on the planned care waiting list. The Committee discussed the processes in place to manage and mitigate the risk of patient harm arising from extended waiting times for elective care and ambulance handover delays.
- **Integrated Performance Report Month 10 2021/22** – particular discussion took place regarding the following themes:-
 - (a) clostridium difficile (cdiff) infections and the potential links between the increased incidence and antibiotic prescribing practices alongside a high cdiff colonisation rate in the community, and
 - (b) a recent increase in the incidence of third and fourth degree perineal tears (4.6% in January 2022 compared with year to date performance of 2.9% and a locally agreed target of 3.5%) and the ongoing analysis work to establish the likely causational factors.
- **Outpatients Potentially Lost to Follow Up – Interim Report** – the Deputy Chief Operating Officer attended the meeting to introduce paper E, providing an update on the historic changes to data quality reporting and process that had contributed to a significant number of patients (circa 28,000) potentially being lost to follow up since 2016. As at the end of January 2022, retrospective validation had been completed for 62% of patients who were awaiting reports and 71% of patients who were awaiting a further appointment. The validation process was expected to be completed on target by the end of April 2022, at which point a final report would be presented to the Quality Committee. Two serious untoward incidents had originally been identified as potentially relating to this issue, but no further patients had been identified as coming to harm during the validation process to date. A further report would be presented to the Committee in May 2022 upon completion of the validation work. That report would include the arrangements for establishing a programme of specialty level audits and the timescale for implementation of the longer term solution to deliver a new Patient Administration System (PAS).
- **Breast Two Week Wait Update** – Ms H Busby-Earle, Clinical Director Musculo-Skeletal and Specialist Surgery attended the meeting to present paper F, providing an update on symptomatic breast cancer clinic capacity and the impact of increasing referrals upon performance against the two week wait standard. Assurance was provided that all patients were being reviewed by a GP prior to referral, appropriate arrangements were in place for communicating with patients and that the service had not noted any increase in the conversion rates between diagnostic referrals and cancer pathways. A vigilant approach was being taken to detecting any patient harm

arising from a short delay in diagnosis and if any clinician felt that a patient had suffered potential harm, then this would be escalated via the MDT discussion and reported accordingly. The recovery action plan included the introduction of a fourth ultrasound room, super weekend clinics, recruitment of an Associate Specialist for the Breast service, increasing the footprint of the clinic and extending the use of the insourced independent sector provision. Discussion took place regarding the future arrangements for achieving sustainable performance against the symptomatic two week wait breast cancer standard and whether this should be monitored through the Quality Committee or the Operations and Performance Committee.

- **Learning from Deaths** – paper G, provided the quarterly update on mortality rates, progress against the learning from deaths programme, perinatal mortality, and the medical examiner process. The latest rolling 12 month risk adjusted HMSR mortality indicator stood at 102 (which was within the expected range) and the latest SHMI stood at 104 (also within the expected range). He also provided an overview of the perinatal mortality review process, noting that the annual reports provided by MBRRACE-UK were almost two years out of date. Consequently, the Perinatal Mortality Overview Group (PMOG) aimed to analyse perinatal mortality data prospectively in order to identify any concerning trends or themes. The maternity incentive scheme (which was suspended during December 2021 due to the Covid-19 pandemic) was now coming back on-line and a schedule had been developed to deliver this programme by the end of June 2022.
- **Bi-Annual Organ Donation Report** – Mr R Bell, Intensive Care and Renal Consultant attended the virtual meeting to present paper H, providing an overview of organ donation and transplantation arising from a local audit. The national data for the financial year 2021/22 had not yet been published. For the period April 2021 to January 2022, the Trust had so far had 13 deceased solid organ donors, resulting in 31 patients receiving a transplant. This level of activity signalled an encouraging return to pre-pandemic levels. The Deputy Medical Director acknowledged the good work of the organ donation team and the Acting Committee Chair queried whether there was anything the Trust could do differently to support the efforts of the service. In response, Mr Bell commented upon the value of publicity and education, as well as Corporate oversight and he queried the scope to reconvene the UHL Organ Donation Committee, which was previously chaired by Mr B Patel, Non-Executive Director.
- **Quality Transformation/Quality Improvement Plans – Quarterly Update** – paper J provided the quarterly update on the work of the Improvement Collaborative. The wave 1 activities had been completed in the Vascular and Endoscopy services and wave 2 workstreams were underway in Haematology, fractured neck of femur, and Cardiology. Sections 3 and 4 of the report provided a reflection on the benefits of the approach and areas for future improvement/development. A refined Quality Improvement Strategy was also being developed which would incorporate the lessons learned and support a wider ambition of continuous improvement across the organisation using benchmarking data and recognised improvement methodology.
- **Cost Improvement Plan: Quality Impact Assessments 2021/22 – Quarter 3 review** – paper K provided an overview of the third quarterly review of the Quality Impact Assessments (QIA) for the 2021/22 Cost Improvement Programme, advising that 361 CIP schemes were registered on the tracker as requiring a QIA and that 272 assessments had been submitted. To date, the Chief Nurse and the Medical Director had rejected 3 of these assessments (which related to staffing) and returned 2 to the CMGs for additional information. The programme was overseen by Ms H Harrison, Transformation Programme Manager and it was aimed to ensure that the Project Initiation Document (PID) and QIA processes were as meaningful and ‘light touch’ as possible. Since the report had been written the number of outstanding QIAs had reduced from 60 to 40, but further schemes were being added to the tracker. The QIA process was a key focus of UHL’s plans for exiting the Recovery Support Programme, as it was important to evidence that the efficiency savings planned would not affect upon patient quality and safety.
- **Covid-19 Position** – the Deputy Medical Director and the Chief Operating Officer provided a short overview of the Covid-19 activity, confirming that the numbers were continuing to reduce. Many of the positive cases being detected were being picked up through incidental screening, rather than because the patients were displaying Covid symptoms. Changes in the pre-operative assessment process were due to be implemented, which would involve using lateral flow testing instead of PCR testing.
- **Any Other Business** – there were no items of additional business.

The following reports were noted: -

- **Safeguarding Assurance Report, and**
- **Project plan for developing the Quality Account 2021/22.**

Public matters requiring Trust Board consideration and/or approval:

Recommendations for approval

- none.

Items highlighted to the Trust Board for information:

- Pertinent safety issues relating to the care of 'looked after' children in an acute setting, and
- the recent positive trend in respect of organ donation activity at the Trust.

Matters deferred or referred to other Committees: none.

Date of next QC meeting:

Thursday 31 March 2022

Ms V Bailey – Non-Executive Director and Quality Committee Chair