

Trust Board Paper N1

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 5 March 2015

COMMITTEE: Quality Assurance Committee

CHAIR: Dr S Dauncey, Non-Executive Director

DATE OF MEETING: 26 February 2015

This report is provided for the Trust Board's information in the absence of the formal Minutes, which will be submitted to the Trust Board on 2 April 2015.

SPECIFIC RECOMMENDATIONS FOR THE TRUST BOARD:

- None

SPECIFIC DECISIONS:

- None

DISCUSSION AND ASSURANCE:

- **Patient Safety Report** – particularly noted internal safety information and data for January 2015. An update on external safety news and developments including Leicestershire Improvement, Innovation and Patient Safety Unit (LIIPS) and East Midlands Patient Safety Collaborative was provided. A brief discussion took place in respect of the themes arising from safety walkabouts, 3636 staff concerns reporting line and SUIs/never events;
- **Statutory Duty of Candour** – a brief verbal update on implications for UHL following the CQC's recent publication on 'Regulation 20: Duty of Candour' was provided. A written update on this matter would be presented to QAC in March 2015 and any exception reports would be provided to future QAC meetings;
- **Safety Improvement Plan and NHSLA Bid to Support the Safety Work at UHL** – members noted that the safety improvement plan and NHSLA bid to support the safety work at UHL was submitted to NHS England on 19 January 2015. A response to the bid was expected before end of March 2015. It was noted that the safety improvement plan was not separate from the Quality Commitment and was part of the "safety domain" within the Quality Commitment;
- **Nursing Acuity Report** – it was now a national requirement that Trusts were sighted to a bi-annual detailed review of staffing using evidence based tools to ensure appropriate deployment of staff etc. The first of these reviews was presented to QAC for assurance and noting of recommendations and actions;
- **Nursing Report** – a brief update on real time staffing, vacancies, premium pay and nursing clinical dashboard was provided. An update on midwifery staffing would be included in future iterations of this report;
- **Month 10 Quality and Performance Report** – particular note was made in respect of improvement in C Diff and safety thermometer performance, and deterioration in #NOF time to

theatre performance. In respect of the exception reports relating to 'research', it was noted that consideration needed to be given to the role of UHL and not just the East Midlands Network. Concern was expressed in respect of the co-ordination of the LiA workstream re. 'same day cancellation of operations', however, further to discussion it was noted that the appropriate leads had been informed and this would be monitored by the LiA Sponsor Group;

- **Quality Impact Assessment of CIP Schemes** – it was noted that there had been no significant identified harm to patients from the CIP programme at end of quarter 3 and there were a minimal number of risks identified which were being monitored. QAC members were re-assured by this.
- **CQUINs and Quality Schedule Monthly Report** – members were advised that '#NOF' and 'stroke' indicators had now been rated 'red'. A LiA workstream was now underway to resolve the #NOF performance. In respect of the 'stroke' indicator, the CMG was aware of the issues and a new model was being developed to create more capacity and flexibility around ring-fencing of beds for stroke patients;
- **External Visit Schedule** – a brief update on the external visits including the 'Trauma Peer Review' visit and the re-visit to review the cytology screening programme. It was suggested that the presentation of the report be improved to highlight imminent visits and ones of greater significance.
- **Patient Safety Annual Report and Complaints Annual Report** – received and noted;
- **Quality Commitment Report** – quarter 3 performance was noted and it was agreed that this report be scheduled as a substantive agenda item rather than an 'item for information';
- **Dementia Implementation Plan Update** – an update was provided on the Dementia Implementation Plan for quarter 3 of 2014-15 against the key performance indicators aligned to each of the eight work streams. It was noted that the majority of the 60 KPIs had been significantly completed. It was agreed that this report should also feature as a substantive agenda item rather than an 'item for information', and
- **Friends and Family Test Scores – December 2014** – the scores were as follows: - Inpatient – 72.1, Emergency Department – 72.8 and Maternity – 63.8.

DATE OF NEXT COMMITTEE MEETING: 26 March 2015

Dr S Dauncey – Committee Chair
27 February 2015