

Trust Board Paper M

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 2 February 2017

COMMITTEE: Quality Assurance Committee

CHAIR: Colonel (Retired) Ian Crowe, Non-Executive Director

DATE OF MEETING: 26 January 2017

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 March 2017.

SPECIFIC RECOMMENDATIONS FOR THE TRUST BOARD:

- The Board to note that the Secretary of State for Health had requested all Trusts report mortality data from April 2017. It is proposed that a quarterly Mortality Report be appended to the public minutes of the Trust Board, to fulfil this request. It is recommended that the Medical Director be nominated as the executive lead and Colonel (Retired) Ian Crowe as the non-executive lead for mortality.

SPECIFIC DECISIONS:

- None noted.

DISCUSSION AND ASSURANCE:

- **Outcome of Trust Board Thinking Day on Patient and Public Involvement** – the Committee received a verbal update on progress with patient group meetings, following discussion and issues around patient and public involvement which were raised at the Trust Board Thinking Day session held on 11 August 2016. It was agreed that in the Trust Chairman's absence, the Chief Executive would write to patient groups to invite them to meet with the Trust Chairman on 13 March 2017. It was proposed by the Deputy Chief Nurse that issues raised could be discussed at the UHL Patient Involvement, Patient Experience and Equality Assurance Committee (PIPEEAC), prior to reporting at EQB and the Trust Board. In addition to this item, it was reported that there had been a positive response at a recent Trust Open Day for patient partner recruitment and interviews were due imminently.
- **Pharmacy Storage Update** – in addition to the updates provided by the Chief Pharmacist in the action log, the Committee received verbal assurances that all actions allocated to the Director of Estates and Facilities had now been completed. The capital allocation had not yet been confirmed for next year, but extension of pharmacy storage facilities remained an item.
- **Month 9 Quality and Performance Update for discussion on patient experience and quality issues** – the Committee received a briefing on quality and performance for December 2016. The following points were highlighted in particular:-

- (a) *C Diff* – no cases were reported for the month and the Trust was back within its year to date trajectory;
 - (b) *Ambulance Handover 60+ minutes* – although December 2016 performance had deteriorated in line with December 2015 performance, there had since been an improvement;
 - (c) *Friends and Family Patient Satisfaction Scores* – the target of 97% had been maintained for Inpatient and Day Cases, and there had been improvement to 91% in the Emergency Department in December 2016, although it was noted that coverage was low;
 - (d) *Single Sex Accommodation Breaches* – there were 14 breaches in December 2016. The Ophthalmology Suite continued to be highlighted as a risk although work was being undertaken to make improvements in this area;
 - (e) *Diagnostic 6 Week Wait* - remained compliant;
 - (f) *Fractured Neck of Femur* – the target had not been achieved during December 2016. Work was underway to quantify capacity issues, and
 - (g) *Cancelled operations not offered a date within 28 days of the cancellation* – there had been further deterioration during December 2016, and it was agreed that further work was required.
- **CQC Formal Consultation on the Next Phase of Regulation** – the Committee received a report on the CQC consultation for implementing their 5-year strategy, set out in 'Our next phase of regulation: A more targeted, responsive and collaborative approach'. QAC was assured that the information being requested by the CQC had all been reported through Trust committees. In addition, it was noted that the Trust inspection report, following a CQC inspection in June 2016, was to be published today and that action plans were required by 16 February 2017. A related summit is planned for March 2017.
 - **Assurance Report for EWS and Sepsis** – following a presentation at the last Committee meeting, members received an update on the work programme being undertaken to improve the care of patients with a deteriorating Early Warning Score (EWS) and Red Flag Sepsis trust-wide. Additional sepsis nurses had been appointed in the Emergency Department and would support this work further. The Committee acknowledged the significant progress made to-date. The Trust had submitted a nomination to the National Patient Safety Awards for this work. It was agreed to provide an update in the Chief Executives briefing to staff around progress with EWS and Sepsis.
 - **Safeguarding Assurance Report** – the Committee received a summary of the current position regarding safeguarding practice within UHL, and the developments that had taken place in the last month in relation to safeguarding practice. A meeting had taken place with NHS England regarding PREVENT training. National guidance remained unclear as to whether trusts could continue with an eLearning model in the future or whether face to face training was required, further guidance was expected later this year.
 - **Friends and Family Test Scores (November 2016)** – the Trust achieved expected coverage within Inpatients, Day Case and Maternity. Improved coverage was required in the Emergency Department and Out-patients. There continued to be low levels of patient satisfaction reported in adult ED. Almost 20,000 SMS texts had been sent and 5,000 responses received, which had had a positive impact on December 2016 data, which would be reported next month.
 - **Nursing and Midwifery Quality and Safe Staffing Report** – particular note was made of the continued significant progress being made with HCA recruitment, and only 12 WTE posts now remained vacant as at January 2017. Registered nurse vacancies had also decreased, and 8 Nurse Associates had commenced in post this week.
 - **Clinical Audit Quarterly Report Q2 2016/17** – an internal audit review of clinical audit had been undertaken and provided assurances. An action plan had been developed in response to the audit.
 - **Medical Equipment Committee including Point of Care Testing Committee** – it was agreed that the Chief Executive would write to Clinical Management Groups to encourage attendance at this Committee.

DATE OF NEXT COMMITTEE MEETING: 23 February 2017

Colonel (Retired) Ian Crowe – Non-Executive Director and QAC Chair

27 January 2017