

Trust Board Paper P

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

**DATE OF TRUST BOARD MEETING:** 2 March 2017

**COMMITTEE:** Quality Assurance Committee

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

**DATE OF MEETING:** 23 February 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 6 April 2017.

**SPECIFIC RECOMMENDATIONS FOR THE TRUST BOARD:**

- following advice from Mr M Wightman, Director of Communication, Integration and Engagement and Mr S Ward, Director of Corporate and Legal Affairs, the Committee recommend that in future the quarterly PPI Engagement report to the Trust Board includes as an appendix a quarterly strategic paper from the patient partners (paper G), and
- the Committee formally supports and recommends to the Trust Board for endorsement: (a) support of the proposal to extend the Medical Examiner process to the LGH and Glenfield sites and (b) support for continuation of the Bereavement Support Service (paper I).

**SPECIFIC DECISIONS:**

- None noted.

**DISCUSSION AND ASSURANCE:**

- **Contradictory Imperatives** – this item related to an action from the Executive Quality Board (EQB) to flag for the attention of the Committee around the conflicting priorities, discussions and decisions currently underway in the Trust.
- **Month 10 Quality and Performance Update for discussion on patient experience and quality issues** – the Committee received a briefing on quality and performance for January 2017. The following points were highlighted in particular:-
  - (a) *C Diff* – 5 cases were reported for the month but the Trust remained within its year to date trajectory (narrative around quality of care will be included in subsequent reports);
  - (b) *Falls per 1000 bed stays for patients >65 years* – reduced to 3.8 against a threshold of 5.5;
  - (c) *Pressure Ulcers* – there were no Grade 4 pressure ulcers reported this month and Grade 3 pressure ulcers remained within the month and year to date trajectories;
  - (d) *Diagnostic 6 Week Wait* - remained compliant;
  - (e) *Single Sex Accommodation Breaches* – there was a reduction in breaches (6 breaches in January 2017) from the previous month when 14 breaches were reported;
  - (f) *Mortality* – the latest published SHMI is 101;
  - (g) *Fractured Neck of Femur* – the target had not been achieved during January 2017, and
  - (h) *Cancelled operations not offered a date within 28 days of the cancellation* – continued to be non-compliant due to emergency pressures.
- **CQC Action Plan** – the Committee received a report on the CQC action plan developed in

response to the Trust inspection report, following a CQC inspection in June 2016. The Committee noted that this was submitted to the CQC last week following discussion at EQB. The Committee received assurances that a large number of the actions had already been completed. A Quality Summit with the CQC would take place on 28 March 2017.

- **Assurance Report for EWS and Sepsis** – 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. A sepsis team had been appointed in the Emergency Department. The Committee acknowledged the significant progress made to-date, whilst recognising the areas which required further improvement.
- **Patient Partner 3 Monthly Summary Report** – members received a summary report of Patient Partner activities within the last 3 months, future plans and current concerns affecting patients. In consideration of this item, it was noted that the Patient Partner team would increase from thirteen to twenty-one in a month's time. A strategic framework (purpose, mission and vision), a support structure for all Patient Partners, training and the Patient Partner role were discussed. In discussion of this item a recommendation to the Trust Board around future reporting of strategic Patient Partner issues was agreed. It was also agreed that the Patient Partner terms of reference should be reviewed in light of the issues discussed.
- **Friends and Family Test Scores (December 2016)** – received and noted. No specific discussion took place due to time constraints.
- **CQC Learning Candour and Accountability** – members received a summary report which detailed the Secretary of State requirements for all NHS Trusts and Foundation Trusts around the collection of specific information relating to deaths that were potentially avoidable and serious incidents. In response to this the Trust had identified four recommendations which required Committee support. The Committee agreed to support recommendations one and two and recommends these for further endorsement at the Trust Board (see above), whilst noting that there would be a likely cost implication.
- **Nursing and Midwifery Quality and Safe Staffing Report (December 2016)** – received and noted. Due to time constraints only limited discussion took place. Particular note was again made of the continued significant progress being made with HCA recruitment. The new non-medical education facility at Glenfield Hospital (the Centre for Clinical Practice) was proving very effective and was due to be officially opened on 10 March 2017. The Trust Chairman encouraged fellow Non-Executive Directors to visit the new facility.
- **Reports from the Director of Clinical Quality including (1) Schedule of external visits, (2) Quality Commitment 2016/17 quarter 3 performance, (3) 2016/17 Quality Schedule and CQUIN schemes quarter 3 performance, (4) update on progress being made with the review of UHL policies and guidelines, and (5) NICE guidance** – received and noted. Due to time constraints only limited discussion took place. In discussion of the item on the Schedule of External Visits, it was noted that of the twenty-four action plans which remained open, three were RAG rated red. Following discussion of this item, it was agreed that an update would be brought back to the next meeting. Proposed reporting of the 2017/18 Quality Commitment was discussed.
- **The following reports were received and noted by the Committee for information:**
  - Report on Claims and Inquests
  - Summary of key points of the Trust Infection, Prevention and Assurance Committee
  - Internal Audit Report 2016/17 Governance and Risk Management Review
  - Organ Donation
  - Quality Account 2016/17

**DATE OF NEXT COMMITTEE MEETING:** 30 March 2017

Colonel (Retired) Ian Crowe – Non-Executive Director and QAC Chair  
23 February 2017