

Public Trust Board paper K

Meeting title:	Trust Board
Date of the meeting:	12 October 2023
Title:	Escalation Report from the Quality Committee (QC): 28 September 2023
Report presented by:	Jeff Worrall, Non-Executive Director/Acting Chair (on behalf of QC Chair)
Report written by:	Hina Majeed, Corporate and Committee Services Officer

Action – this paper is for:	Decision/Approval		Assurance	x	Update	X
Where this report has been discussed previously	Not applicable					

To your knowledge, does the report provide assurance or mitigate any significant risks? If yes, please detail which

Yes. BAF risk within the remit of QC is listed below:

BAF Ref	Risk Cause	Risk Event
01-QC	Lack of Quality Governance and Assurance framework	Failure to maintain and improve patient safety, clinical effectiveness, and patient experience.

Impact assessment

N/A

Acronyms used:

- DFI – Doctor Foster Intelligence
- QC – Quality Committee
- ESM – Emergency and Specialist Medicine
- CMG – Clinical Management Group
- LLR – Leicester, Leicestershire, and Rutland
- M&M – Morbidity and Mortality
- MRC – Mortality Review Committee
- PRMs – Performance Review Meetings
- RCN – Royal College of Nursing
- TLT – Trust Leadership Team
- PHSO – Parliamentary and Health Service Ombudsman
- ED – Emergency Department
- ICB – Integrated Care Board
- NMAHPC – Nursing, Midwifery and Allied Health Professionals Committee
- OD – Organ Donation

1. Purpose of the Report

To provide assurance to the Trust Board on the work of the Trust’s Quality Committee, and escalate any issues as required.

2. Summary

The QC met on 28 September 2023 and was quorate. It considered the following items, and the discussion is summarised below:

3. Discussion Items

3.1 CT Colonography (CTC) service Audit, Actions and Outcome Summary

The Deputy Clinical Director, CSI attended the meeting and provided a detailed presentation on the findings from a CTC service audit and the lessons learnt that could be translated to other services. The Quality Committee were assured by the report and commended the collaborative working across disciplines to ensure the Trust was providing the best care for patients. The team had also committed to undertake this audit annually to ensure robust oversight of the programme. The Acting Chair thanked the team for their efforts and noted that it was a good example of creating an environment where colleagues felt able to reflect and develop.

The good practice mentioned above was highlighted to the Trust Board, for information.

3.2 Infection Prevention Annual Report 2022-23

The Head of Infection Prevention presented the 2022-23 infection prevention annual report and advised that it would be published on the public website once it had been approved by the Trust Board in October 2023. The inclusion of the infection prevention workstreams within the Harm Free Care Group and the establishment of a programme of surgical site infection surveillance once again within the Trust, were highlighted. Work was underway to develop and embed an antimicrobial stewardship programme. Despite the challenges, the Trust had a successful year in relation to the infection prevention workstream. Responding to a query, it was noted that the age of the estate/standard of the physical environment was the biggest concern in terms of infection prevention at UHL.

In relation to the Board Assurance Framework, there were two areas of non-compliance – (a) national cleaning standards, and (b) communications strategy for infection prevention. In terms of the former, a formal service review would be undertaken that would identify gaps and clear timescales for rectification. In respect of the latter, discussion was underway with the Director of Communications and Engagement to take forward the communications strategy. The Committee approved the report for review by the Trust Board.

This report constitutes a standalone agenda item on the public Trust Board agenda for 12 October 2023.

3.3 Emergency Preparedness, Resilience and Response (EPRR) Annual Report 2022-23

The QC received an update on the progress made with the Trust's EPRR arrangements for the period August 2022-August 2023. The EPRR Team had completed its annual self-assessment against NHS England's core standards for EPRR, which provisionally sees the Trust as being fully compliant against 56 of the 62 standards. This would provisionally make the overall compliance rating as being 'substantially compliant', an improvement from 'partially compliant' from the last report. The Integrated Care Board and NHS England were now reviewing the Trust's submission, and a confirm and challenge process would be undertaken at the end of October 2023.

The progress made against the EPRR work programme and the key priorities for the Trust in the next 12 months relating to EPRR was noted via the Emergency Preparedness, Resilience and Response (EPRR) Annual Report. The report was referred onto Trust Board and a stand-alone report on that item is included on the 12 October 2023 Trust Board agenda accordingly.

3.4 Update on Health Equality and Inclusion

The report provided an update and assurance on work to progress improvement in health inequalities in access, experience and outcomes for patients using UHL services. Increasingly, areas within health inequalities were starting to link into conversations about quality and patient safety. In addition to continued collaboration between partners and strengthening of relationships with communities and stakeholders, the work underway in the below areas was highlighted: -

- Interpretation and translation service procurement;
- Patient Information Service;
- Inaugural UHL Annual Prevention report;
- University of Leicester Centre for Population Health;
- UHL strategic framework;
- Accessible Information Standard, and
- Health Inequalities KPIs for reporting to board.

In response to a query, the Director of Health Equality and Inclusion undertook to present the report from AccessAble, following the survey they had undertaken of the three hospital sites in terms of access points (e.g., wheelchair friendly, disabled access and facilities), once this was available. The Committee noted the good work happening in this area and thanked the Director of Health Equality and Inclusion for her efforts in bringing focus to this workstream. *This report constitutes a standalone agenda item on the public Trust Board agenda for 12 October 2023.*

3.5 Quality and Safety Performance Report – August 2023

The QC considered the monthly patient safety and complaints performance report for July 2023, noting the falls per 1000 bed days remained below the national average. Although there was a slight increase in the number of falls in August 2023, the Trust-level falls resulting in moderate harm per 1000 bed days was at an all-time low over the past two months. 7 Serious Incidents (SI) had been escalated of which 2 were never events. The root cause analysis was in progress and the duty of candour had been completed. The report further advised that there had been an increase in the duty of candour evidence gaps and the number of overdue SI actions had increased this month due to a large cohort of actions that were due at the end of July 2023. Overall risk register performance indicated that 15% of open risks had an elapsed review date and/or actions passed their due date for the reporting period against a target of 10%. There had been 9 new risks entered on the risk register during the reporting period. An analysis of the new significant risks (rated 15 and above) showed that the 'environment' was a theme in this latest reporting period. The Committee requested that performance across these domains be addressed over the next month. Specific areas of focus in respect of medication safety, included support for the 'Get it on time' campaign for Parkinsons' medicines. UHL was in the early stages of some collaborative work with NUH regarding use of Nervecentre eMeds data and using it to drive clinical prioritisation and quality improvement. Outpatient FFT score had slightly reduced whilst the inpatient score had slightly improved. Performance for formal complaints had declined slightly compared to the previous month. The blood traceability compliance remained good. Overall, the Committee was assured by the report, noting the action to address responsiveness in the governance and risk domain.

3.6 Board Assurance Framework (BAF)

The QC reviewed strategic risk 1 on the BAF around a framework to maintain and improve patient safety, clinical effectiveness and patient experience which was aligned to the committee and its work plan. The Committee noted the updates in the month, including reference to the CQC Warning Notice issued to Maternity Services, assurance around the Infection Prevention and EPRR annual reports and the procurement of an electronic compliance oversight system. There were no changes proposed to risk scores this month: current rating is 20 (likelihood of almost certain x impact of major), target rating is 6 and tolerable rating is 12.

4. Reports from UHL Boards

Nursing, Midwifery and AHP Committee Summary Report

The Committee noted the contents of this report and the assurance it provided, specifically in relation to the actions linked to safer staffing, reducing patient harm, and improving patient and staff experience. The report highlighted the continuing reduction in registered nurse vacancies.

Maternity Assurance Committee (MAC) Escalation Report

The Committee noted the contents of this report which detailed the discussion of the MAC in August 2023. The workforce plan for Maternity & Neonatal Services was being developed. The Trust continued to make good progress to achieve full compliance with the immediate and essential actions from the Ockenden report. An update was provided on the work being undertaken to understand inequalities in Black mothers' perinatal health and initiatives to address these. The Chief Nurse advised that weekly meetings were in place to track progress of the CQC action plan.

5. Feedback from and escalation to LLR System Quality Board

It was agreed that the 'CT Colonography (CTC) service Audit, Actions and Outcome Summary' be presented to the October 2023 LLR System Quality Group.

6. Items for Noting

- Integrated Performance Report – Month 5 2023-24 – any feedback on the new metrics be provided to the Chief Operating Officer.

7. **Any Other Business**

None

Date of next meeting – 26 October 2023