

Trust Board public paper I

Meeting title:	Trust Board
Date of the meeting:	8 February 2024
Title:	Escalation Report from the Quality Committee (QC): 25 January 2024
Report presented by:	Dr Andy Haynes, Non-Executive Director/ 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:
 QC – Quality Committee
 ED – Emergency Department
 CMGs – Clinical Management Groups
 FFT – Friends and Family Test
 LLR – Leicester, Leicestershire, and Rutland
 VTE - Venous thromboembolism

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 25 January 2024 and was quorate. It considered the following items, and the discussion is summarised below:

3. Discussion Items

3.1 Endoscopy Surveillance Recovery – Further Update
 The Committee were assured with the actions being taken to manage the overdue endoscopy surveillance backlog. There was now a process in place to address the issues that had led to delays with the booking process within the Endoscopy department. Additional staffing arrangements had also been made to address the capacity issues in the endoscopy units. In respect of waiting lists across other CMGs, work was on-going to ensure planned/surveillance patients were managed in accordance with national guidance. An update would be presented to QC in February 2024 clarifying the position on surveillance patients for each modality, validation best practice and how performance was reported nationally.
This update was highlighted to the Trust Board, for information.

3.2 Quality and Safety Performance Report – December 2023
 The QC considered the monthly patient safety and complaints performance report for December 2023. The report provided a focus on key performance indicators for quality and safety particularly in respect of: - VTE risk assessment in ESM, HAPUs, falls, serious incidents, medicines safety, FFT, complaints, NPSA, and blood traceability. In respect of the medicines safety metrics, members noted the variability across CMGs in the percentage of patients who had missed more than one dose of an anticonvulsant due to drug unavailability. The Associate Chief Pharmacist advised

that the reasons for this were multi-factorial but undertook to present a report identifying the reasons and the actions being taken. The Committee were assured with the update provided by the Chief Nurse and Medical Director noting the good progress in several areas.

3.3 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. UHL was the first Acute Trust to publish an annual prevention report in January 2024. A brief discussion took place on the NHSE Learning Disabilities reasonable adjustment digital flag which was being mandated in 2024.

3.4 Cost Improvement Programme (CIP) Quality Impact Assessments (QIAs): 2023/24 Quarter 3 review

The Committee noted the 2023-24 quarter 3 position for QIAs of CIP schemes and were assured by the controls that were in place.

3.5 Board Assurance Framework

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 key next steps relating to the CQC inspection of Maternity Services in January 2024 (outcome of which was awaited), mitigation in place further to an issue with the mattresses used for pressure care, national clinical audit non-compliance was being addressed through CMG PRMs. 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 QC Sub-Committees

- **Safeguarding Assurance Committee Report**

The Chief Nurse provided an update on key safeguarding activity and developments highlighting the areas where further assurance work was required in safeguarding training compliance. The areas of high service demand and how risks were being managed and reduced was noted. The Trust had maintained its PREVENT training performance against NHS England contractual requirements. An internal audit review of safeguarding performance was underway.

- **Nursing, Midwifery and AHP Committee (NMAHPC)**

The Committee noted the contents of this report which detailed the discussion of the NMAHPC in January 2024. It provided assurance on the actions in place to support safer staffing, reduce patient harm and improve patient and staff experience. Good progress in respect of the nutrition and hydration workstream and medicines management safety was noted. A programme of work for Nursing and Midwifery E-Rostering had been approved to improve compliance with national standards.

Evidence was being collated for Glenfield Hospital's 'pathway to excellence designation' and would be submitted on 1 February 2024 – *This update was highlighted to the Trust Board, for information.*

5. Feedback from and escalation to LLR System Quality Board (SQB)

The ICB representative recognised the hard work of staff during increased winter demands, industrial action, and the recent critical incident.

6. Items for Noting

Integrated Performance Report – Month 9 2023-24

7. Any Other Business

None

Date of next meeting – 29 February 2024