

Trust Board Paper N

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 1 October 2015

COMMITTEE: Quality Assurance Committee

CHAIR: Dr S Dauncey, Non-Executive Director (Chair)

DATE OF MEETING: 24 September 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 5 November 2015.

SPECIFIC RECOMMENDATIONS FOR THE TRUST BOARD:

- None

SPECIFIC DECISIONS/ITEMS OF NOTE:

- **Receipt and approval of the Local Supervising Authority Annual Review 2014 (received June 2015).** Midwifery representatives attended for this item. The Committee noted the positive outcome of this statutorily-required annual review of the supervision of midwives, and the actions put in place to progress the 6 recommendations. The Committee commented on the time delay in UHL receiving the report from the June 2014 visit. Members also noted that the supervision requirement was being removed from the NMC's statutory requirements, although the timeframe for this was uncertain. In light of this coming change, QAC requested a further update on transition planning in March/April 2016, in addition to an action plan for any issues arising from the 2015 LSA visit (once that report was received by UHL).
- **Notification of a reported never event, currently under investigation.** On behalf of the Acting Medical Director, Mr J Jameson, Acting Deputy Medical Director notified QAC verbally of a never event which was currently under investigation. Further details would come to QAC in the usual way following an appropriate investigation process.

DISCUSSION AND ASSURANCE:

- **Puerperal sepsis.** The Head of Midwifery provided a verbal update, advising that the planned audit had now begun.
- **Estates and Facilities quarterly report on Interserve FM contract performance (May – July 2015).** The Estates and Facilities Head of Performance and Quality Assurance considered that catering issues were currently of greater concern than cleaning issues, and also outlined the current position re: portering issues. QAC queried the audit standards being used in respect of cleanliness, and reiterated the Committee's continuing concern related to estates and facilities issues that affect the quality of patients' experiences.
- **Update on Homecare.** The Chief Pharmacist attended for this item, advising that although the situation relating to Homecare external services had improved concerns remained in place over pharmacy capacity related to Homecare internal services. Further discussions on this issue were also being held through UHL's Integrated Finance, Performance and Investment Committee. QAC requested a further assurance report in early 2016.
- **TTO prescribing accuracy.** The Chief Pharmacist attended to update members on the progress of actions in response to the December 2014 report on this issue. In discussion, QAC discussed how to address the relatively-low level of UHL pharmacists trained as prescribers, and queried the type of medication errors which were occurring. Good practice lessons were also being taken from the Chief Nurse's previous Trust, although these were recognised not to be cost-neutral. QAC

also agreed that the red-rated entry on the action plan should be updated to reflect the current position. QAC requested a further update on TTO prescribing issues in early 2016 (to coincide with the Homecare update), reflecting the action plan from the planned October 2015 reaudit.

- **Month 5 quality and performance update.** QAC noted an increase in the number of Clostridium difficile cases, although UHL remained on trajectory for the year-end target. Members discussed the need for a process to flag any patient harm as a result of the endoscopy waiting list issue, and agreed also to feed queries on the quality of cancer referrals back to the new CCG representative on the Committee. The QAC Patient Partners representative suggested that more communication was needed to staff of the winter plan for operational pressures. In further discussion, QAC particularly welcomed the achievement of the fractured neck of femur standard for the first time since July 2014.
- **Nursing and Midwifery report including ward performance dashboard.** The Chief Nurse advised that the format of the report would change going forward, to provide more assurance to the Committee. QAC particularly discussed how the Trust could seek to retain and recruit nursing and healthcare assistant staff, noting the need to be more flexible in meeting the work-pattern needs of staff/potential staff. The various initiatives underway would be covered within the new-style report from October 2015.
- **Friends and Family Test scores (July 2015).** The Chief Nurse highlighted the need to increase FFT coverage.
- **Schedule of external and forthcoming visits.** QAC discussed the JAG accreditation visit to the Alliance and also noted the nature of a forthcoming joint OFSTED/CQC pilot visit (involving Leicestershire County Council and its partners and focusing on child sexual exploitation work). In terms of the Trust Board responsibility for safeguarding, it was noted that UHL's Safeguarding Annual Report was received by the Trust Board. The Director of Clinical Quality also briefed QAC on the likely outcome of the transplant laboratory CPA accreditation review from September 2015.
- **CQC action plan re: compliance actions.** The remaining 'open' action related to the recovery of patients post-dental extraction, and a report on potential solutions would be discussed at UHL's Capital Monitoring and Investment Committee in October 2015. QAC was also briefed on the Internal Audit review of progress on the CQC actions, which had been presented to the 17 September 2015 Audit Committee. In response to a query, the Chief Nurse outlined the role of the new CQC Steering Group in assessing whether the measures taken had served to deliver the CQC actions, and also confirmed the role of the Director of Clinical Quality's team in identifying potential future CQC 'hot issues'. QAC requested a further assurance report on this wider work.
- **Out of hospital SHMI and readmissions reviews.** The Head of Outcome and Effectiveness presented the report on these 2 reviews, which was also being discussed by the Executive Quality Board and Urgent Care Board. QAC welcomed this work, which needed to be appropriately cascaded out, given the significant system-wide cultural change needed in managing patients with longterm conditions or end of life care needs. Community-wide sign-up to a shared care plan was also vital. The Trust Chairman agreed to discuss a summary of the report with his LLR Chair colleagues in November 2015.
- **7-day services.** QAC noted the update on progress re: 7-day services against the 10 clinical standards, with UHL having volunteered (through the urgent and emergency care vanguard) to be an early implementer of the next phase.
- **Patient safety report August 2015.** QAC noted the low number of calls received on the 3636 staff concerns line, and suggested that future reports should also capture the other mechanisms used by staff to report concerns, including (eg) the intranet 'staff room' forum. QAC was also advised of a never event which was currently under investigation (see "specific decisions/items of note" section above); further detail on this would be presented to QAC following investigation.
- **Complaints performance August 2015.** Waiting times and communication were key themes in August 2015. QAC also agreed the proposal that the Complaints Review Panel presentation scheduled for November 2015 Trust Board should cover general themes from all 15 complaints reviewed, rather than just one case.
- **10 x insulin medication error – root cause analysis.** QAC accepted this root cause analysis subject to the caveat that the actual cause was multi-factorial in nature rather than focusing on one nursing element (as currently presented). QAC also discussed the benefits of an electronic prescribing system in reducing mistakes, although it could not completely negate human error.
- **Triangulation of patient feedback report (Q1 report for 2015-16).** The report would now include patient diary feedback, and noted the role of the 'you said we did' mechanism in informing staff of initiatives. QAC also welcomed the fall in negative feedback on nursing care within the report.

- **Reports/minutes for information and noting:-**
 - (i) *Thrombosis Prevention Committee Annual Report***
 - (ii) *Duty of Candour update*** (QAC noted the need for better communication with staff on this terminology)
 - (iii) *Safety walkabouts update*** (QAC suggested that more safety walkabouts should be done in outpatient areas)
 - (iv) *NHSLA safety improvement plan update***
 - (v) *items for QAC attention from the 4.8.15 and 1.9.15 Executive Quality Boards***
 - (vi) *25.8.15 Executive Performance Board minutes***
 - (vii) *QAC calendar of business***

DATE OF NEXT COMMITTEE MEETING: 29 October 2015

Dr S Dauncey – Non-Executive Director and QAC Chair
25 September 2015