

Trust Board Paper M

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

**DATE OF TRUST BOARD MEETING:** 2 April 2015

**COMMITTEE:** Quality Assurance Committee

**CHAIR:** Dr S Dauncey, Non-Executive Director

**DATE OF MEETING:** 26 March 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 7 May 2015.

**SPECIFIC RECOMMENDATIONS FOR THE TRUST BOARD:**

- None

**SPECIFIC DECISIONS:**

- None

**DISCUSSION AND ASSURANCE:**

- **Update on Puerperal Sepsis** – the process for clinical coding of sepsis going forward was expected to be more robust and independent of individual clinical case review with regular reporting through the Women's and Children's CMG dashboard. A further update on this would be provided to QAC in September 2015;
- **Interserve Estates and Facilities Contract Quality Performance Report** – due to the reporting cycles, the figures provided in the QAC report outlined performance for December 2014. Members raised some concerns in respect of cleaning and catering services. It was noted that a report on the recent audit of cleaning, catering and portering services would be presented to IFPIC in April 2015. An unannounced PLACE visit took place in March 2015 and an brief update on this was also provided;
- **National Care Certificate** – members noted the background and content of the National Care Certificate, a training and assessment programme for health and social care support workers in England which was launched nationally in February 2015 and due to commence in UHL in April 2015;
- **Revalidation for Nurses and Midwives** – members were advised that all registered nurses and midwives in clinical practice, education or management roles would need to comply with the requirements of revalidation to maintain registration. As of January 2015, revalidation was being piloted nationally across a range of healthcare and education providers including individuals, small groups of registrants and nursing agencies. Revalidation would replace the NMC post registration education and practice standards from April 2016;
- **Month 11 – Quality and Performance (Q&P) Update** – particular note was made in respect of improvement in C Diff, Maternity Friends and Family Test and Fractured Neck of Femur performance. The Acting Chief Nurse and the Director of Safety and Risk would be liaising outwith the meeting regarding a query raised in respect of discrepant SUI figures in the Q&P and the

Patient Safety report;

- **Nursing Acuity Report – overview regarding review findings and resource implications for the Trust** – in particular, the Surgical Assessment Unit in the CHUGGS CMG required additional resources and the CMG would be supported with additional investment;
- **Nursing Report** – an update on hard truths/safer staffing, real time staffing, vacancies, nurse to bed ratio, premium pay and recruitment was provided. Any wards put on “special measures” would be included within the quarterly nursing report;
- **Midwifery Staffing Report** – a 90:10 skill mix with midwives and band 3 maternity support workers/nursery nurses was achieved. Maternity staffing would further be reviewed in light of the recently published NICE guidance. There were higher than average sickness rates, maternity leave and attrition rates particularly on one hospital site;
- **Patient Experience Triangulation Report** – the paper detailed variety of patient feedback via formal complaints, verbal complaints, GP concerns, NHS Choices, Patient Opinion, Patient surveys (electronic and paper formats), Message to Matron, Message through a Volunteer and the feedback from staff in the Friends and Family Test surveys. This data had been formally triangulated, building from quarter one with the projection that comparisons from each quarter could occur formally from quarter three. In discussion on this data, it was noted that the Chairs of the Quality Assurance Committee, Integrated Finance Performance and Investment Committee and Audit Committee were scheduled to have a discussion in May 2015 re. the work programme for all these Committee and they would ensure that the themes from the triangulation would be included in the work programme, as appropriate.
- **Friends and Family Test Scores – January 2015** – received and noted;
- **Draft Quality Account** – members received and noted the contents of the Quality Account. Further to a detailed discussion on whether a section re. comments from Patient Advisers should be included within the Quality Account, it was agreed that a section describing the role of Patient Advisers should be included instead;
- **Quality Commitment** – members of the QAC were content with the proposals for the 2015-16 Quality Commitment, in principle. However, it was suggested that consideration be given to reviewing the ‘colours’ and ‘terminology’ used in the 2015-16 Quality Commitment;
- **CQUINs and Quality Schedule Monthly Report** – received and noted;
- **CQC Guidance – Regulations for Service Providers and Managers** – the new guidance published by the CQC would come into effect from 1 April 2015 and would replace the CQC’s guidance about ‘Compliance: Essential standards of quality and safety and its 28 outcomes’;
- **Safer Staffing performance Indicator Development** – a letter from the NHS TDA which benchmarked the Trust’s nurse staffing arrangements was received and noted;
- **Patient Safety Monthly Report** – issues relating to the functionality of the Nerve Centre Task Allocation system were reported, however, the Director of Safety and Risk had discussed this matter with the Deputy Medical Director and work was in progress to resolve the issues. The NHSLA had approved the Trust’s bid to support the safety work at UHL;
- **Statutory Duty of Candour** – received and noted;
- **Learning from Claims and Inquests** – the Director of Safety and Risk advised that most issues identified during the claims and inquests process had been incorporated within safety work streams of the Quality Commitment actions/KPIs. However, in respect of the emerging issues that had arisen through this process – the Acting Chief Nurse, Director of Clinical Quality, Director of Safety and Risk and the Medical Director would be discussing the workstreams that would need to be put in place to resolve the issues. An update on this would be provided to QAC in June 2015, and
- **Any other business – CQC Registration Update** – applications had been made to add 2 more locations to UHL’s CQC registration - firstly, the National Centre for Sports and Exercise Medicine and secondly, Syston Health Centre where surgical procedures would be undertaken as part of the Alliance contract. The members of the Trust Board were requested to note this.

**DATE OF NEXT COMMITTEE MEETING:** 30 April 2015

Dr S Dauncey – Committee Chair  
27 March 2015