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UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 3 December 2015

COMMITTEE: Quality Assurance Committee

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

DATE OF MEETING: 26 November 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 January 2016.

SPECIFIC RECOMMENDATIONS FOR THE TRUST BOARD:

- None

SPECIFIC DECISIONS:

- None

DISCUSSION AND ASSURANCE:

- **Update on Electronic Blood Project Update** – a brief update on the issues (technical and IT) causing delay in implementing the electronic blood tracking system was provided. It was noted that a discussion would need to take place at EQB on resource requirements for training 4000 staff on the BloodTrack system and the ability to release clinical staff for training. Responding to a query on other statutory requirements that the Trust was not currently achieving, the Chief Executive requested the Director of Safety and Risk to consider all areas that the Trust should be statutorily compliant and whether/not the Trust was achieving this compliance. The Director of Safety and Risk undertook to take forward this work with assistance from the Director of Clinical Quality and provide an update to QAC in February 2016. Further to this report being presented to QAC, if it was identified that the Trust was non-compliant in a significant number of areas, then a report would need to be submitted to the Audit Committee.
- **Patient Safety Report** – the Director of Safety and Risk reported the top five themes of all incidents by 'stage of care' in October 2015. QAC members were advised that the stages of care had been separated onto Statistical Process Control (SPC) charts to display data and this was reported on a weekly basis – members welcomed the new style reporting through SPC charts. In the safety plan within the Quality Commitment for 2015-16, the Trust had committed to reduce harm events (moderate and above) by 5% and progress was on-track to achieve this. A brief update on the three serious incidents escalated in October 2015 was also provided. Responding to a query on the areas that would need to be monitored to provide internal and external assurance that quality of care was not being compromised over the winter period, the Director of Safety and Risk listed 7 indicators that would be monitored and reported within the patient safety report to EQB and QAC.

- **NHSLA Scorecard** – the Director of Safety and Risk highlighted that the NHSLA scorecard provided an analysis of the Trust’s clinical claims together with the specialty, type and cost of these claims. From the total of 161 claims reviewed, 38 claims were related to one or more of the Trust’s Quality Commitment priorities. The score card broken down by Specialty had been sent to CMG colleagues for review. It was noted that the high cost claims were usually in relation to maternity.
- **Radiology Discrepancies Review** – the Director of Safety and Risk reported that further to an identified possible trend of missed cancers on X-rays, a review had been undertaken to explore causative factors and additional actions that could be implemented outwith those already defined in the action plans for those incidents. The review had identified a number of findings including environmental factors, such as the quantity of light, having a negative effect on the radiologist’s performance. Distractions and interruptions were also significant contributory factors and a multifaceted approach was being taken to resolve this issue. The Director of Quality, Leicester City CCG noted the need for pace in addressing the issues and also highlighting the need for assurance that monitoring was continued and the action plan was leading to the correct outcome. It was agreed that the Clinical Director, CSI should be invited to attend QAC in February 2016 to present a RAG rated action plan.
- **Update on Health and Safety Executive (HSE) Improvement Notice re. Sharps** – the HSE inspection in relation to ‘sharps’ safety compliance at UHL on 21 September 2015, had identified contraventions to Health & Safety law and the Trust had consequently been served with an ‘improvement notice’. There would be a significant cost associated with providing ‘safer sharps’ across UHL and it was recognised that the timescale (March 2016) for implementation was short and would have significant challenges. The Chief Executive suggested that a discussion be held outwith the meeting in respect of the realistic deadline by which compliance could be achieved and that an extension be requested from the HSE before end of December 2015.
- **Freedom to Speak Up Update Report** – the Director of Safety and Risk advised that the recommendations made by Sir Robert Francis and the DoH had been reviewed and further to a gap analysis, actions had been identified for the Trust re: the Government’s response to the Francis “Freedom to Speak Up” report. She advised that a pulse check would be undertaken in January/February 2016, to test staff confidence in using the various routes for raising a concern. In response to a query, it was confirmed that ‘freedom to speak up’ work was appropriately aligned to existing whistleblowing arrangements within UHL. It was agreed that a further update should be provided to QAC once the appointment of the national Freedom to Speak Up Guardian was made.
- **Quality Sign Off and Assurance Process – Cost Improvement Programme 2015-16** – the Director of CIP and Future Operating Model advised that the new CIP programme quality assurance process approved by QAC had been launched retrospectively against indicators at the end of quarter 2 of 2015-16. There were 2 themed indicators that required a more in-depth investigation. The impact increased theatre productivity was having on ‘on the day cancelled operations’ had been off-set by the significant operational pressures which were currently being experienced. The impact of bed reductions on emergency pressures was being monitored closely, but evidence suggested that currently it was not a single root cause. In response to a query, it was noted that discussions were on-going with a Patient Partner in respect of patient and public involvement in the CIP assurance process. The IFPIC Chair requested that the CIP cross cutting theme reports to IFPIC included an update on key risks related to performance, safety and quality.
- **Quarterly Update on Cancer Performance** – the Lead Nurse, Cancer Centre provided a brief update on the Trust’s performance in relation to cancer 2 week wait, 32 day and 62 day standards. She highlighted that all referrals were processed within 24 hours of receipt. Any patients who were waiting more than 100 days from referral to treatment were reviewed on a fortnightly basis to identify any harms. Responding to a query, the Lead Nurse, Cancer Centre undertook to develop a quality dashboard for cancer standards and present this at the next quarterly update to QAC in February 2016.
- **Quality Commitment Quarter 2 (2015-16) Performance Report** – the Director of Clinical Quality

advised that performance had been met for the overall Key Performance Indicators for reducing preventable mortality, reducing the risk of error and adverse events and improving patients and their carer's experience of care. There were some areas where performance had not been met against specific actions and these included some aspects of Sepsis and FFT scores in outpatients and maternity. It was noted that the change in metrics in respect of Sepsis might have contributed to the apparent deterioration in performance.

- **Month 7 – Quality and Performance Update** – the Committee received a briefing on quality and performance for October 2015. Many of the quality indicators were on target for improving including diagnostics, MRSA and CDifficile rates, pressure ulcers, appraisals and FFT in inpatients. Fractured Neck of Femur performance was disappointing during October 2015. The following was also discussed:-
 - Food – in response to a query from the Patient Adviser, it was noted that the first meeting of the Nutrition and Hydration Committee had taken place with representation from Interserve and appropriate actions would be taken to oversee all Trust activity relating to nutrition and hydration;
 - Waiting Times in Outpatient Clinics – Responding to a further query from the Patient Adviser, the Chief Executive advised that this information was not routinely collected and therefore it had not been included in the Q&P Report. This data would need to be manually collected and a pilot project to improve waiting times in Ophthalmology was being taken forward;
 - FFT Score – members stressed the need for improving outpatient coverage;
 - Emergency Readmission within 30 days – the Chief Executive advised that the Acting Medical Director had undertaken a deep dive of the reasons for the increase in UHL's readmission rate in 2015-16 and noted that a report was expected to be presented to CQRG. The Director of Clinical Quality undertook to check whether this report had been submitted to CQRG.
- **Nursing and Midwifery Safe Staffing Report** – the Deputy Chief Nurse advised that the report provided the current nursing and midwifery staffing position within UHL for September 2015. The change to weekly pay for bank staff had improved the bank nurse fill rate. An update on recruitment activity and electronic rostering was also provided. In discussion on the need for a similar report on the medical staffing position, it was agreed that the Acting Medical Director should liaise with Dr C Free, Associate Medical Director in respect of collating medical staffing data from CMGs and producing a meaningful report for submission to QAC on a regular basis (i.e. at least two times a year). The Director of Clinical Quality, Leicester City CCG highlighted that the nursing and midwifery report provided a one-dimensional view and it needed to include an update on other staffing groups (i.e. Allied Health Professionals) in order to know the real situation.
- **Friends and Family Test Scores – September 2015** – the Deputy Chief Nurse highlighted that Maternity Services had achieved 49.9% and postnatal wards had achieved a coverage of 56.9% which was outstanding. The Alliance had achieved a coverage of 20% further to focussed work by clinical staff. Eye Casualty, who contributed to the Emergency Department score, had also, achieved the expected coverage of 20% after some focused work to improve coverage. Adult inpatients, had not achieved the required 30% coverage but had achieved 29% and improvement plans were in place to achieve the target in October 2015.
- **2015-16 CQUIN and Quality Schedule – Quarter 2** – the Director of Clinical Quality highlighted that the National 'Sepsis Screening' CQUIN Scheme had been rated 'red' due to deterioration in percentage of eligible patients screened. Amber RAGs were anticipated for end of year performance for 2 of the National CQUIN schemes (AKI and Sepsis) due to the high thresholds set (90%) plus the Local CHC Assessment CQUIN (95%). QAC supported the actions being taken to mitigate anticipated Amber or Red RAGs in Quarter 2 and to improve performance to achieve end of year thresholds.
- **2014-15 Resuscitation Committee Annual Report** – Members were advised that the Resuscitation Committee had been reconstituted, had a clear work programme and now met on a monthly basis. It was noted that there had been significant progress since April 2014 in resuscitation procedures, policies, training, equipment, audit, benchmarking, and monitoring relating to cardiac arrests. Cardiac arrest outcomes were within the expected range when benchmarked nationally in the National Cardiac Arrest Audit.

- **2014-15 End of Life Care Committee Annual Report** – it was noted that progress was required particularly with policy and training around DNA CPR. The End of Life and Palliative Care Committee now had patient representation from Healthwatch, Leicester.
- **Any Other Business – Industrial Action** – the Deputy Chief Nurse advised that the government had agreed to meet ACAS and the BMA in an effort to resolve the junior doctors' dispute. However, the strikes had not yet been called off by the BMA. Plans were in place to maintain a safe level of patient services in the event of industrial action.
- **Any Other Business – CQC EMAS Inspection** – the Chief Executive advised that the CQC had recently inspected EMAS and attended UHL's ED and had identified ambulance handover delays. There was a possibility that the CQC might be following-up this with an inspection of a part of ED.

DATE OF NEXT COMMITTEE MEETING: 17 December 2015

Dr S Dauncey – Non-Executive Director and QAC Chair
27 November 2015