

Updated Trust Board Paper M

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 1 December 2016

COMMITTEE: Quality Assurance Committee

CHAIR: Colonel (Retired) Ian Crowe, Non-Executive Director

DATE OF MEETING: 24 November 2016

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 January 2017.

SPECIFIC RECOMMENDATIONS FOR THE TRUST BOARD:

- This item was identified during discussion of the Facilities Paper H - the effects on flow and communications on the closure of the Balmoral Entrance in March 2017.

SPECIFIC DECISIONS:

- None noted.

DISCUSSION AND ASSURANCE:

- **Reducing Agency Spend – Sign Off NHSI Checklist** - this paper had already been discussed at IFPIC and there had been a Trust Board Thinking Day to discuss agency spend, but it was included here to identify any quality or safety issues. NHS Improvement (NHSI) had introduced agency rules over 12 months ago, which applied to all Trusts. Strategies and actions to reduce agency spend were strictly monitored through NHSI. The purpose of the paper was to provide an overview of the current agency spend position within UHL and to summarise the additional NHSI requirements, including sign off of a checklist to be returned to NHSI by 30 November 2016. No safety or quality concerns were noted by the Committee in relation to the report.
- **Cancer Performance Q1 – Harm Review Findings** – Multi-Disciplinary Team leads had completed 104+ day clinical harm reviews and in Quarter One no cases of patient harm due to waits over 104+ days had been identified. There were two remaining clinical harm reviews in progress. Assurances were provided that there was a robust process in place for monitoring of 104+ day clinical harm reviews (endorsed by the Cancer Board) and additional safety mechanisms which triangulated harm were noted.
- **Month 7 - Quality and Performance Update** - the Committee received a briefing on quality and performance for October 2016. The following points were highlighted in particular:-
 - a) *Mortality* – the latest published SHMI (covering the period April 2015 to March 2016) was 99 – within the Trust's Quality Commitment of 99;
 - b) *Cancer Referral to Treatment 52+ week waits* - the Trust remained on target to be at zero

by the end of January 2017;

- c) *Cancer Two Week Wait* - was achieved in September 2016 for the third consecutive month and was expected to remain compliant despite increased referrals;
 - d) *Reported delayed transfers of care* remained within the tolerance with an improved position for the past two months;
 - e) *MRSA and C Diff* - there had been no reported cases of MRSA which was the third consecutive month and 5 C DIFF cases were reported in October 2016 (which was below that months trajectory) but in terms of year to date this was 1 case above trajectory;
 - f) No Grade 4 *Pressure Ulcers* had been reported this year and Grade 3 pressure ulcers remained within trajectory;
 - g) *Diagnostic 6 week wait* performance had improved in October 2016;
 - h) The *ED 4 hour wait* October 2016 performance and the ambulance handover performance had deteriorated, which was reflective of seasonal pressures within emergency care;
 - i) *RTT and cancelled operations* worsened in October 2016, owing to operational pressures;
 - j) *Cancer Standards 62 day treatment* target remained non-compliant, although on a positive note there have been continued improvements in backlog numbers, and
 - k) A fractured neck of femur action plan had been produced to address pressures, and work was underway to improve this, further detail would be provided at the January 2017 QAC.
- **Facilities Update** - the first of a proposed Estates and Facilities performance data report (as at September 2016) provided assurance of the provision of services across UHL following in-sourcing of the service. Recommendations were made at EQB and QAC to broaden the report and specific areas were identified for inclusion. There were also general discussions around smoking, cleanliness of toilets in public areas, CCTV, the new protocol in place for security and patient management and disabled car parking.
 - **Patient Safety Report – October 2016** – although there had been an increase in harms against Q2 the Trust was still on trajectory to see an overall end of year reduction in harm. There continued to be 100% compliance with the Central Alerting System.
 - **Complaints Performance Report – October 2016** – it was pleasing that for a fourth month in a row there remained a low percentage of re-opened complaints, despite complaints activity remaining high. Communication now featured in the top 5 primary subjects of formal complaints. UHL had been asked to buddy with three other Trusts around complaints management to share UHL best practice.
 - **Executive Safety Walkabouts Report** – whilst the number of walkabouts had dropped the value of doing them was noted, and assurance was given that they would be increased for Quarter Three Themes had been identified and were being progressed.
 - **Safety Improvement at UHL - Presentation** – the presentation discussed progress on Patient Safety and Quality Improvement. It identified a number of positive projects which the Trust was involved with, including but not limited to: safety huddles, Human Factors E-learning Programme, and the QEYE project. The Trust was collaborating with a number of partners to achieve this work. The team had won a number of awards in the last few years and was beginning to develop a national reputation. Potential future safety improvement projects were discussed: a safety, improvement and innovation lab, social integration and reduction in readmissions, and human factors in care/nursing homes to reduce ED attendances. The Chair requested reflective feedback on the presentation to the Director of Safety and Risk.
 - **Quarterly Mortality Report** - crude and risk adjusted UHL's mortality rates were discussed. The Trust published SHMI had remained below 100 since 2014. There had been several actions undertaken to reduce mortality as part of the Trust Quality Commitment over the past 3 years and implementation of the Pneumonia Care Bundle appeared to have had a positive impact on the Trust SHMI. No correlation could be found between long waits in ED and increased mortality, which some other Trusts had found. Further work on Myocardial Infarction was taking place.
 - **Friends and Family Test Scores** – an overview of the FFT scores for September 2016 was provided. Trends were similar to last month with Maternity services continuing to maintain a strong

coverage. Whilst ED had shown another slight improvement in coverage, the recommended score had decreased and this was believed to be largely due to operational pressures. There had been an increase in the overall Friends and Family Test score for Inpatient areas for September 2016. The Outpatients submission level continued to be low, and further work was underway to improve this.

- **Nursing and Midwifery Quality and Safe Staffing Report – September 2016** – 3 Wards had triggered as a Level 3 concern, all three areas had received corporate support and had been subsequently de-escalated. It was noted that further work was required in relation to infection control, in particular in relation to hand hygiene. Healthcare Assistant recruitment had progressed well, with over 300 applicants in the last round of recruitment. The Nursing Associate role was progressing well.
- **Clinical Quality** – there was discussion around achievement of the Q2 Quality Schedule, and the costs associated with not achieving, and of the 2016-17 CQUIN and Quality Schedule. Whistleblowing data and themes from triangulated data were discussed. When discussing the Schedule of External Visits it was noted that action plans remained open for twenty-four visits, three of which were RAG rated red.
- QAC received and noted paper O on **Learning from Claims and Inquests**.
- **Patient Outliers** – the practice of outlying was discussed. Whilst it was noted that at the time of EQB there had been some outliers on specific wards it was noted that there were currently no outliers.

DATE OF NEXT COMMITTEE MEETING: 22 December 2016

Colonel (Retired) Ian Crowe – Non-Executive Director and QAC Chair
28 November 2016