

Trust Board Paper N

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

**DATE OF TRUST BOARD MEETING:** 4 August 2016

**COMMITTEE:** Quality Assurance Committee

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

**DATE OF MEETING:** 28 July 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 1 September 2016.

**SPECIFIC RECOMMENDATIONS FOR THE TRUST BOARD:**

- None

**SPECIFIC DECISIONS:**

- None

**DISCUSSION AND ASSURANCE:**

- **Management of Fractured Neck of Femur Patients** – the Medical Director made reference to the contract performance note issued to the Trust in respect of Fractured Neck of Femur performance targets, which remains a challenge. Members were advised that there were significant capacity and longstanding issues in the Service and the intention was to develop a well-structured, efficient and clinically effective Fragility Fracture Service (FFS). It was noted that this was a longer term piece of work; however, actions were in-train to take this forward. An action plan on this workstream would be presented to QAC in September 2016.
- **Report on Compliance with CQC Enforcement Notice** – in respect of time to assessment (the 15 minute standard), the target was being achieved and consistent delivery of 90% remained an on-going focus and a challenge during periods of high demand. The target was being achieved in respect of ED staffing. In relation to sepsis performance, the screening tool target was being achieved the majority of the time, but it had not been possible to deliver the level of required performance for IV antibiotics. Analysis indicated that the majority of delay in administering IV antibiotics within 1 hour related to process and flow issues within ED, rather than to staff knowledge of the sepsis pathway as evidenced by use of the screening tool. A weekly clinically led meeting and targeted action plan would remain in place until the required performance had been evidenced and sustained in respect of sepsis management. Information on sepsis performance on the assessment units is being captured using paper based audits. Once electronic observations and the sepsis clinical escalation tool (using Nerve Centre) is rolled out to all clinical areas, the Trust would be in a much better position to monitor real-time performance.

- **CQC Inspection Update** – further to the CQC inspection (week commencing 20 June 2016), further unannounced visits and inspection of the three Critical Care Units had taken place. A letter from the CQC requesting additional information had been received on 11 July 2016, which the Trust responded to by the deadline of 12 July 2016. Verbal feedback had been received following the inspection of the Critical Care Units, which was very positive. Members highlighted that the Trust had put in a lot of effort in preparing for the CQC inspection and noted the need for rigour to address workstreams that had been put in place to tackle issues identified.
- **Reports from the Director of Safety and Risk:**
- **Patient Safety Report – June 2016** – the report detailed patient safety data for UHL for June 2016. The number of incidents being reported had decreased over the past six months and CMG Leads had been requested to encourage staff to report incidents on Datix. There had been an increase in the number of prevented patient safety incidents reported (near misses) which reflected a good safety culture. 100% compliance with CAS alerts had been achieved. There was one SUI in June 2016 and one never event will be reported in July 2016.
- **Complaints Performance Report – June 2016** – there has been a further deterioration in complaints performance for 10 day complaints, but there had been a reduction in reopened complaints for June 2016. Work was in progress to address the volume of CCG concerns being received. A Freedom to Speak Up session had been hosted with Capsticks on 8 July 2016 to plan the consultation required ahead of the appointment of a UHL Freedom to Speak up Guardian. All Trusts were required to develop plans for this new post by September 2016 and have appointed a Guardian by March 2017. In a comprehensive discussion on discharge processes within the Trust, it was noted that although there was huge focus on this workstream in some CMGs there were still many issues that were not being addressed. It was suggested that Ms S Leak, Director of Emergency Care and Ms J Dixon, Senior Site Manager be invited to attend the QAC meeting in September 2016 to provide granular detail on the discharge workstreams across the Trust.
- **Patient Experience**
- **Results of National 2015 Inpatient Survey** – the report detailed the results of the National Adult In-Patient Survey for 2015, the contents of which were received and noted by members. As the number of patients included in this survey was small and the experience was not specific to a particular ward or area it was difficult to set an action plan around these results. Therefore CMGs / wards would continue to base their improvement plans for patient experience around the weekly feedback received locally as it was more area-specific and of a significantly higher volume. Particular issues identified through the national survey included cleanliness, food and clinical staff speaking in front of patients as if they were not present.
- **Friends and Family Test (FFT) Scores – May 2016** – the 59.5% coverage in Maternity was considered impressive. Response rates in the Emergency Department had decreased, the clinical team were working to improve the uptake and achieve the nationally expected coverage of 20%. Outpatient areas had shown a slight improvement and a report detailing actions to improve coverage in outpatient areas would be presented to EQB in August 2016. The peer analysis for the Inpatient FFT data in April 2016 had ranked UHL in fourth position and second position for A&E FFT data.
- **Quality**
- **Nursing and Midwifery Safe Staffing Report – May 2016** – Overall 90% fill rate had been achieved against planned staffing levels for Registered Nurses. Progress had been made in respect of recruitment and retention initiatives for Registered Nurses and Health Care Assistants. The Leicester City CCG representative advised that NHS England had provided positive feedback on the recruitment and retention initiatives in progress within the Trust.
- **Month 3 – Quality and Performance Update** – the Committee received a briefing on quality and performance for June 2016. Members were advised that there had been a never event. In respect of the ‘Stroke – Access to TIA Clinic within 24 hours’ indicator, there had been a dip in

performance, however, the Stroke Service had put appropriate actions in place to address the issues. There was a slight increase in grade 2 pressure ulcers and decrease in grade 3 pressure ulcers. There had been 2 same sex accommodation breaches with 4 persons being affected – the reason for this was due to timeliness of stepping down patients from level 2 care to level 1 care. It was noted that CCG colleagues had been pragmatic about the SSA breaches and devised a criteria and requested to report such cases only by exception.

**DATE OF NEXT COMMITTEE MEETING:** 25 August 2016

Colonel (Retired) Ian Crowe  
28 July 2016