

Trust Board Paper J

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 4 February 2016

COMMITTEE: Quality Assurance Committee

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

DATE OF MEETING: 28 January 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 3 March 2016.

SPECIFIC RECOMMENDATIONS FOR THE TRUST BOARD:

- None

SPECIFIC DECISIONS:

- None

DISCUSSION AND ASSURANCE:

- **LLR Winter Plan** – the Chief Operating Officer advised that the plan to deliver improved quality and operational performance on the emergency care pathway both this winter and into summer 2016 had been developed by UHL with input from across the health system and external partners and reports (TDA, NHSE and Sturgess report). UHL monitored progress through the fortnightly Emergency Quality Steering Group with additional meetings focussing on ED, AMU, Geriatrics, Discharges and CDU and the wider inflow and discharge actions were monitored through the fortnightly LLR Urgent Care Board. Responding to a query on whether a 'plan B' was in place, it was noted that the current plan had all of the actions that the Trust would expect to be taking and improvements could be evidenced against individual lines. However, increasing numbers of admissions and attendances and an increase in acuity had negated many of the benefits that were expected this winter.
- **Outpatients Cancellation Update** – the Director of Performance and Information advised the Committee of the number of outpatient appointment cancellations that occurred during the period October – December 2015. There were multiple reasons for the cancellations, some of which had no direct impact on patient care. There were no identified issues of harm associated with cancelling outpatient appointments and there were proportionately few complaints. Members highlighted that no harm reported on the Trust's Datix system might not necessarily mean that there was no harm to the patient. In discussion on this matter, the Director of Performance and Information undertook to ensure that the case notes of 25 outpatient cancellations in the top 5 Specialties were reviewed to understand in detail the reason for the cancellation and to identify any possible patient harm. He undertook to present a report to QAC in April 2016.
- **Paediatric Elective Cancellations** – the Head of Nursing, Women's and Children's advised that

the three factors which contributed to the high number of paediatric elective cancellations were recent high non-elective activity, high acuity and staff shortages resulting in bed closures. The Children's Hospital had implemented a Priority Scoring System for elective admissions during the winter of 2014-15 which was designed to help the management team make informed decisions on patient suitability for cancellation. Recovery actions were being put in place and these would involve a combination of actions, including use of the Independent Sector where it was clinically safe to do so, use of waiting list initiatives at the weekend, and more effective use of resources in week. The Committee Chair requested that the percentage of patients cancelled in each priority score be provided to members outwith the meeting.

- **Report on compliance with CQC Enforcement Notice including Emergency Department Dashboard** – the Medical Director updated the Committee on progress with actions put in place following the CQC unannounced inspection of the Emergency Department (ED) at the LRI on 30 November 2015. The Committee considered and discussed a number of issues including:-
 - (a) the Trust's recent performance in relation to time to initial clinical assessment, staffing levels and skill mix of staff on duty within ED and effective sepsis management;
 - (b) the comments made by the Medical Director, Chief Nurse and Emergency and Specialist Medicine Clinical Management Group (CMG) Management Team, present at the meeting, about actions taken and planned to mitigate risk and sustain and improve performance;
 - (c) the forthcoming CQC Risk Summit to be held on 1 February 2016 – a copy of the Trust's presentation was appended to paper F;
 - (d) a recent request by EMAS for the Trust to take further actions to reduce ambulance handover times, currently under consideration;
 - (e) the significant emergency care pressures presently faced by the Trust (which were reflected in a new risk opened on the risk register with a rating of 25 – extreme – concerning the ability to provide safe, appropriate and timely care to all patients attending the ED at all times);
 - (f) the lack of assurance available at present to be satisfied that the Trust was able to mitigate this risk satisfactorily at all times;
 - (g) concerns expressed to the Chief Executive by ED Clinical staff about the current situation, and the Chief Executive's response, details of which had also been communicated to Trust Board members;
 - (h) the need for effective capacity planning for winter 2016 to try to avoid a recurrence of the present situation;
 - (i) the actions to be taken internally and externally to improve timely access to beds;
 - (j) the significant increase in hospital attendances and admissions in 2015-16 compared to 2014-15;
 - (k) how best to ensure all stakeholders were appropriately informed of the significant emergency care pressures facing the Trust at the present time;
 - (l) what further actions might be taken to support ED staff, recognizing the significant pressures they were experiencing;
 - (m) the possibility of developing a new emergency care strategy, and
 - (n) the need to remain cognisant of the significant pressures being experienced by the Clinical Decisions Unit at Glenfield Hospital, too.

The Committee paid tribute to the efforts of the CMG Management Team and ED Clinical Staff and noted that further discussion on Emergency Care were scheduled to take place at the Public Trust Board meeting on 4 February 2016.

- **CQC Project Plan** – members noted the project plan for a comprehensive CQC visit. The first round of quality visits had taken place and 135 members of staff had been trained, with all areas allocated dates for reviews and an additional 5 training sessions had also been planned.
- **CQC Assurance Report – Preparation for next CQC Inspection** – the report provided an outline of the Trust's approach to preparation for a full comprehensive CQC inspection and its revised approach to Trust wide quality assurance. The resources (staffing and system support) were being scoped to support implementation of the workplan in respect of the next CQC inspection. In response to a suggestion, the Director of Clinical Quality highlighted that 'first impressions' was on the checklist for the quality visits being undertaken.
- **External Schedule of Visits** – the report detailed a schedule with two parts - the first noting

completed visits to the Trust by external bodies along with a RAG rating describing progress against resulting actions and the second schedule detailing forthcoming visits. The Medical Director and Director of Safety and Risk provided a brief update on the recent Cervical Cytology Screening programme revisit and CQC IRMER visit.

- **Items to be highlighted to QAC from EQB meetings on 5 and 19 January 2016** – the Medical Director advised that a letter had been received from NHS England in respect of how Trusts should structure the Mortality Review Committees. A gap analysis was being undertaken and a report on the self-assessment of the Trust's avoidable mortality would be presented to EQB and QAC in February 2016.
- **Medical Staffing Report** – the Workforce Development Manager provided an update on the work undertaken to reduce medical workforce gaps which arose from both junior doctor unfilled training posts and local Trust grade posts. The 'Developing a Medical Workforce Workstream Group' chaired by the Associate Medical Director had undertaken considerable work to ensure proactive and innovative approaches to recruitment were adopted in order to improve safety and ensure less dependency on the non-contracted workforce. A new approach involved 12 month appointments of Trust grade doctors to clusters of specialities to enable management of gaps over a 12 month period. QAC supported the Trust's participation in the British Council Recruitment Event in Greece which is to include nursing and AHP recruitment. A brief discussion took place on the need to assess any risks due to Consultant vacancies in particular Specialities.
- **Nursing and Midwifery Report** – the Chief Nurse highlighted that the actual Registered Nurse staffing levels were 96.9% against establishment in the Emergency Department. A full review of the nurse staffing roles was being undertaken. The percentage of bank fill versus agency had shifted and was now a 65/35 split, in favour of bank. 23 newly qualified Midwives had been appointed in December 2015. The notice periods for nurses and midwives in Band 6 and above roles had now been reviewed and aligned with those of other NHS organisations.
- **Interserve Estates and Facilities Contract Quality Performance Quarterly Report** – members received and noted the contents of the reports. The Chief Nurse advised that the PLACE audits were expected to commence on 7 March 2016.
- **Whistleblowing Report** – the contents of the report were received and noted. The National Freedom to Speak Up Guardian had been appointed. Consideration would now be given on next steps and a report would be presented to EQB and QAC in March 2016.
- **Proposals for Quality Commitment 2016-17** – Members received and noted the contents of the draft Quality Commitment for 2016-17 with its three overarching goals of improving patient outcomes, avoiding harm and delivering patient centred care. In discussion on the target set for UHL's SHMI, it was noted that the national SHMI target was not a static target but a continually improving target, therefore it would be appropriate that UHL's SHMI was set <99. The Chief Nurse suggested the need for improvement in formatting of the document. Responding to a query, it was noted that current focus would be given to reducing "in clinic" waiting times only in Ophthalmology. The learning from this would then be rolled out to other departments, as appropriate. The Director of Clinical Quality was requested to submit an updated version of the 2016-17 Quality Commitment proposals to the QAC meeting in February 2016 incorporating the relevant amendments described.
- **Month 9 – Quality and Performance Update** – the Committee received a briefing on quality and performance for December 2015. The main issue highlighted was in respect of ambulance handover delays. Fractured Neck of Femur performance was disappointing, a review was being undertaken and the results would be presented to QAC in due course. VTE Risk assessment target had not been achieved in CDU and focussed work would be taken to resolve any issues.
- **Patient Experience Triangulation Report – Quarter 2 (2015-16)** – the Chief Nurse advised that waiting times and integrated care/discharge were the top themes from patient feedback in quarter 2 of 2015-16. The theme that had decreased over the last four/five quarters was staff attitude, which was very positive. Responding to a query, it was noted that as the volume of discharge was

increasing, there was a delay in issuing TTOs. Members thanked the authors of the report highlighting that it was a very useful insight into patient experience.

- **Friends and Family Test Scores – November 2015** – the Chief Nurse highlighted that labour wards had achieved a coverage of 57.7% which was outstanding. The Alliance had also achieved a significant improvement in coverage. UHL's ED ranked second in October 2015 in the peer analysis of A&E FFT data.
- **Patient Safety Report** – the Director of Safety and Risk highlighted the following in particular: - the lack of effectiveness of the CMG Quality and Safety Board meetings, management of patient safety incident reporting, feedback and learning and robustness of out-patient processes.
- **Root Cause Analysis (RCA) Report (Fall from Height (window) Incident)** – this report had been discussed at the Executive Quality Board on 5 January 2016 and also, separately with Commissioners. It was agreed that a good RCA had been undertaken but that the report was too heavily focused on the health and safety aspects of this incident and perhaps not sufficiently on the clinical aspects of the case. These points were accepted and a revision of the report would be undertaken specifically examining these matters. The amended version of the report would be resubmitted to EQB and QAC for approval.

DATE OF NEXT COMMITTEE MEETING: 25 February 2016

Dr S Dauncey
29 January 2016