

Trust Board Paper M

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 3 September 2015

COMMITTEE: Quality Assurance Committee

CHAIR: Col (Retd) I Crowe, Non-Executive Director (Acting Chair)

DATE OF MEETING: 27 August 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 1 October 2015.

SPECIFIC RECOMMENDATIONS FOR THE TRUST BOARD:

- None

SPECIFIC DECISIONS:

- None

DISCUSSION AND ASSURANCE:

- **Matters Arising** – members were advised that a robust process had been put in place to ensure that the Executive Quality Board (EQB) and the Quality Assurance Committee (QAC) were sighted to Regulation 28 letters and actions arising from these were appropriately monitored.
- **Orthodontics Waiting List Issue – Update re. impact on patients** – it was noted that the SUI report in respect of the planned waiting list issue within the Orthodontics service was expected to be completed by 20 September 2015. This report would inform the root cause analysis (RCA) report and the RCA report would be submitted to the EQB and QAC in October 2015. It was expected that every patient on the waiting list would be requested to attend a review appointment and a summary report of any harms identified would be reported to QAC. The Director of Performance and Information was requested to submit an update on the ongoing service provision of Orthodontics to QAC in October 2015.
- **Patient Led Assessment of the Care Environment (PLACE) 2015 Results** – Overall, the results achieved in the PLACE audits were disappointing. At Trust level, all aspects except Privacy, Dignity and Wellbeing had deteriorated since 2014 and the Trust was below national averages in all aspects. Particular concern was expressed in respect of cleanliness and food. The Chief Nurse and Deputy Chief Nurse undertook to review the position and develop an action plan particularly to improve the PLACE scores in respect of 'food' and provide an update to QAC in October 2015. A review of the 'Food and Nutrition Strategy' was also suggested. Further to this, it was suggested that consideration should be given to undertaking a PLACE 'light' audit in respect of catering services to patients. The Chief Executive undertook to liaise with the Chief Nurse and Director of Estates and Facilities on the best method of measuring performance in this area.
- **Quality Commitment 2015-16 – Quarter 1 Report** – Members were advised that the report had been presented to EQB. It was agreed that a high level report should be provided to QAC in future, indicating progress to annual targets and addressing issues requiring particular attention.

- **Month 4 – Quality and Performance Update** – MRSA and avoidable grade 4 pressure ulcers remained at zero. However, although there had been an increase in C Difficile figures in comparison to previous months, performance was still within trajectory. There had been an increase in readmissions and an update on this was scheduled to be presented to EQB and QAC in September 2015. In discussion on whether there was any scope to further reduce pressure ulcer incidence, the Chief Nurse suggested that there might be an opportunity to consider 'moisture lesions' and undertook to liaise with the Tissue Viability team to take this work forward. In discussion on ambulance turnaround times, the Chief Nurse and Quality Officer, ELR CCG undertook to liaise with the Director of Performance and Information to ascertain the actions that had been agreed further to some joint work previously being undertaken by UHL and EMAS.
- **Nursing and Midwifery Report** – the report provided the nursing position within UHL for June 2015. The Chief Nurse advised that she was in discussion with the Director of Workforce and Organisational Development regarding the recruitment and retention strategies that could be put in place, including reduction in agency usage and improvement in bank activity. An update on these matters would be included within future Nursing and Midwifery reports. In discussion on the Trust Board thinking day session to be held in September 2015 where there would be a focus on workforce issues, the Chief Executive sought clarity on the scope of this discussion – a brief update on this was provided. It was noted that the midwifery staffing position had improved. The Chief Nurse also noted the need to review the recruitment process, particularly for healthcare assistants. The Deputy Chief Nurse reported that Health Education England (HEE) would be increasing the number of nurses trained in the region.
- **Friends and Family Test Scores – June 2015** – received and noted. Members stressed the need for improving outpatient coverage. The Chief Nurse undertook to ensure that an email was sent to appropriate colleagues to take this action forward.
- **CQUIN and Quality Schedule Update – Quarter 1 Performance** – the Director of Clinical Quality advised that this report had been presented to EQB on 4 August 2015. She provided a brief verbal update on the changes to the RAG ratings further to the Clinical Quality Review Group on 20 August 2015. In discussion on the 'red' rating regarding the requirement for discharge letters to include details of Acute Kidney Injury, the Acting Medical Director advised members of the challenges in taking this forward noting that it was not entirely in UHL's 'gift' to complete this action. The Chief Nurse and Quality Officer, ELR CCG undertook to discuss this matter with colleagues and provide an update to the Acting Medical Director regarding the way forward in respect of this indicator.
- **Patient Safety Report** – the Director of Safety and Risk advised that there had been a reduction in incidents reported that resulted in harm. A brief update on the SUIs reported in July 2015 and the investigation reports signed off by the Trust was provided. The Director of Safety and Risk and the Acting Medical Director commended the new policy and guidelines library that was available via the Trust's intranet system. Responding to a query, the Acting Medical Director undertook to follow-up whether an electronic blood management system was now in place within the Trust. In response to a query on assurance in respect of incidents that fell outside the remit of CMGs, it was noted that these were mainly in relation to Interserve and it was suggested that any issues should be reported to the Director of Estates and Facilities/Mr M Hotson, Business Manager.
- **Ophthalmology Waiting List Incident – Root Cause Analysis Report** – a brief update on the incident was provided. Members were assured that all necessary actions had now been put in place and capacity issues in ophthalmology had been resolved. It was suggested that a brief update on this incident should be included within the Chief Executive's staff briefing in September 2015. Responding to a query in relation to use of the comment field on the Patient Centre system, the Director of Performance and Information undertook to liaise with the Head of Performance Improvement and provide an update to the Acting Committee Chair outwith the meeting.
- **Health and Safety Quarter 1 Report 2015-16** – members received and noted the contents of this report. A brief update on RIDDORs, manual handling and conflict resolution training was provided.
- **Medicines Optimisation Committee Annual Report** – an update on the on-going concerns with Homecare would be provided to EQB in September 2015. A review of the revised medicine code policy was being undertaken. A self-assessment against CQC pharmacy requirements was expected to commence imminently.
- **Medical Equipment Executive Annual Report 2014-15** – further to discussion at EQB on 4 August 2015, the scope of the Medical Equipment Executive had been widened to include medical devices. The Acting Chair highlighted the importance for medical devices, many of which had digital outputs, to be linked with the Trust's incoming Electronic Patient Record system. The Chief

Executive undertook to flag this to the Director of Estates and Facilities and Chief Information Officer.

- **Any Other Business** – the Committee noted that a Health and Safety Executive Inspection focussing on sharps safety was expected on 21 September 2015.

DATE OF NEXT COMMITTEE MEETING: 24 September 2015

Col (Retd) I Crowe
27 August 2015