

Trust Board Paper M

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

**DATE OF TRUST BOARD MEETING:** 5 November 2015

**COMMITTEE:** Quality Assurance Committee

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

**DATE OF MEETING:** 29 October 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 3 December 2015.

**SPECIFIC RECOMMENDATIONS FOR THE TRUST BOARD:**

- None

**SPECIFIC DECISIONS:**

- None

**DISCUSSION AND ASSURANCE:**

- **SUI Report – Planned Waiting Lists and RTT Reporting** – this report provided a summary of a Serious Incident (and the Trust's response) in relation to the management of planned waiting lists and referral to treatment clocks within the Orthodontic service. The report also considered the management of planned waiting lists within the Endoscopy service. In both cases, the Trust found a number of patients who should have been on active waiting lists, instead had inappropriately remained on planned waiting lists with consequential RTT data inaccuracy. The cause was multifactorial, including a delay in escalation of the issues when the errors were first noticed. A comprehensive update on the root causes and lessons learned was provided. QAC members were assured appropriate actions had been put in place to address the current position and reduce on-going risk not only within these specialties but across the Trust.
- **Mental Health Update** – the Integrated Services Programme Lead provided a brief update on the mental health review at UHL and the multiagency mental health policies. Further to a discussion at the Executive Strategy Board in September 2015, it had been agreed that a Mental Health Board be established. This Board would be chaired by the Director of Strategy and the first meeting was scheduled to take place on 4 November 2015. A job description was being drafted for a Clinical Mental Health Lead. In respect of the recommendation that UHL took responsibility for commissioning Liaison Psychiatry services, it was noted that further discussion on this was scheduled for the first meeting of the Mental Health Board. The remit of the Emergency Care Vanguard proposal had been broadened to include a sub project aimed at the integration of all age Mental Health related crisis interventions to reduce presentations to ED, and accelerate passage to appropriate interventions and this was welcomed.

- **Patient Safety Report** – the Director of Safety and Risk highlighted that this report was the new style patient safety data report incorporating Statistical Process Control (SPC) charts to display data. There had been a focus on ‘near miss’ reporting and this was supported as being valuable data in its own right as well as contributing to an open and transparent culture. A brief update on the fall from height incident which took place in September 2015 was provided. A root cause analysis investigation of this incident was currently in-train. An update on the human factors review undertaken on ward 17 was provided – its aim was to understand human contributory factors that affect patient safety. QAC supported this new initiative.
- **Update on UHL’s action plan in response to the external review of the East Midlands Congenital Heart Centre** – the Acting Medical Director highlighted that the Assurance Oversight Group had noted that significant progress had been made against actions following the external review of the EMCHC. A list of evidence to support the agreed closure of actions would be sent to NHS England. Subject to review of this evidence, it was expected that NHS England would write to UHL to confirm that they were content for UHL to internally monitor progress of the remaining actions, most of which were more long-term and linked to site reconfiguration and the Midlands Congenital Heart Network bid. The Acting Medical Director advised that this letter (once received) and the action plan would be circulated to members of the QAC outwith the meeting.
- **CQC Compliance and PwC Feedback** – there had been a recent internal audit review of progress against the action plan for compliance with CQC regulations. Members felt that this audit was worthwhile as it strengthened further the preparation for the forthcoming CQC inspection. The Chief Nurse advised that the CQC had recently published a consultation document re. ‘Building on strong foundations: shaping the future of health and care quality regulation’ – this document was the basis for developing the new CQC strategy, which would commence in April 2016.
- **Month 6 – Quality and Performance Update** – the Committee received a briefing on the following issues:
  - C Diff figures were above monthly trajectory but within year to date trajectory;
  - Pressure ulcers - the overall numbers were within the trajectory collectively as the trend was down for grade 3 pressure ulcers – this was attributed to earlier detection, which was then increasing the number of grade 2 pressure ulcers (above plan) which was positive.
  - Fractured NOF - the standard had been achieved for the second month in a row;
  - the Trust’s readmission rate had increased during 2015-16 when compared with other Trusts and a review had indicated that the Trust’s ‘risk adjusted readmission rate’ had been higher than expected for the past 3 years, and
  - in discussion on the eight-week action plan that had been agreed to speed up the time it took for EMAS crews to pass patients to ED staff at the LRI – it was noted that an update on this matter was scheduled for the IFPIC meeting in November 2015. It was suggested that this report took into account the clinical considerations (i.e. whether any patients had come to harm whilst waiting in an ambulance prior to being transferred to ED).
- **Nursing and Midwifery Safe Staffing Report** – the Chief Nurse advised that the report provided current nursing position within UHL for August 2015. There had been an increase in nurse bank utilisation and reduction in agency usage. An improved position in respect of maternity staffing was also noted. It was suggested that innovative ways of recruiting and retention of nurses needed to be considered – in response, the Chief Nurse provided assurance that a number of ways to progress this were being considered including discussions with De Montfort University.
- **Friends and Family Test Scores – August 2015** – received and noted. Although, the Emergency Department had not achieved expected coverage of 20%, the Senior Team had agreed a number of new approaches and it was anticipated that with the introduction of the ‘new easy’ surveys for both children and adults from 1 October 2015, there would be an increased coverage in the department.
- **Nutrition and Hydration Update** – further to the Patient Led Assessment of the Care Environment (PLACE) programme in 2015 and evidence from ward based audits indicating that work was required to ensure ward level nutritional screening was undertaken on all patients, the Deputy Chief Nurse advised that there was a requirement for work to be integrated to provide

oversight on the work plan to improve nutrition and hydration across the Trust. Therefore, a Nutrition and Hydration Committee had been established to progress work to oversee all Trust activity relating to nutrition and hydration. This Committee would report to the EQB.

- **2014-15 Learning from Experience Group Annual Report** – received and noted. It was suggested that improvements were required in respect of dissemination of learning to all levels of staff.
- **2014-15 Point of Care Testing Committee** – received and noted.
- **Any Other Business – Proficiency in English of Doctors** – in response to a query from the Patient Adviser, it was noted that currently English Proficiency Tests were undertaken only for non-EU candidates, however it was anticipated that the legislation would change. There was a need to ensure that the Trust had a structured interview process to ensure that such tests were made.

**DATE OF NEXT COMMITTEE MEETING:** 26 November 2015

Dr S Dauncey – Non-Executive Director and QAC Chair  
30 October 2015