

Trust Board Paper O

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST
REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 2 June 2016

COMMITTEE: Quality Assurance Committee

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

DATE OF MEETING: 26 May 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 7 July 2016.

SPECIFIC RECOMMENDATIONS FOR THE TRUST BOARD:

- **Quality Account 2015-16 and Statement of Directors' Responsibilities** – to be recommended for approval by the 2.6.16 Trust Board and included on that agenda accordingly. The Quality Account had also been presented to the 25.5.16 Audit Committee and included comments from stakeholder and patient organisations. External Audit comments were still awaited and were hoped to be received by the 2.6.16 Trust Board. It was noted that the Quality Account 2015-16 was required to be published on the NHS Choices website by 30.6.16.

SPECIFIC DECISIONS:

- None

DISCUSSION AND ASSURANCE:

- **Paediatric elective cancellations** (matters arising) – further discussion was planned at the Women's and Children's CMG quality and safety board, and would be reported to a future QAC meeting accordingly.
- **Friends and Family Test (FFT) Scores March 2016** – following a meeting with ED staff the April 2016 FFT coverage in that area had improved but was still short of the target. The 25.5.16 Audit Committee had discussed an Internal Audit report on outpatients which indicated that almost 32% of A&E outpatient FFT respondents would not recommend the department, and QAC members noted the need to understand and reconcile this data. QAC also discussed the importance of having real-time data to identify hotspots and drive improvement.
- **Actions to reduce complaints re: outpatients waiting times** – the Director of Performance and Information attended to outline the actions being taken at both Trust and CMG level to reduce outpatient waiting times. QAC agreed that outpatients provision should be discussed in detail at a Trust Board thinking day (proposed for August 2016), looking at both form and function and exploring centralisation/decentralisation issues. Senior CMG representatives should be invited to attend this thinking day discussion.
- **Project to reduce the number of community and hospital admissions for recurrent UTIs in frail older people** – QAC welcomed this initiative to develop a UTI prevention pathway, which had arisen from an August 2015 Trust Board patient story about the work of UHL's Continence Team and the significant improvement to the patient's quality of life as a result of that service. The Trust Board's interest in that story had empowered the Continence Team to develop the UTI prevention pathway, which would be piloted on certain UHL older people's wards with a view to rolling out more widely within the community. The QAC Chair agreed to contact the Continence Nurse Specialists to

congratulate them on this initiative.

- **Quality Commitment 2015-16 (quarter 4 update)** – the required performance rate had been achieved for the overall key performance indicators re: reducing preventable mortality and reducing the risk of error and adverse events. Although FFT performance had been met for inpatients and daycases, other areas (maternity, ED and outpatients) had not achieved the 97% requirement. A number of priorities from within the 2015-16 Quality Commitment had also been rolled forward into the 2016-17 Quality Commitment, namely mortality, 7-day services, sepsis, early warning scores (EWS) and end of life care. New priorities for 2016-17 included readmissions, insulin safety, patient information and involvement in care, and improvement in outpatients correspondence and clinic wait times.
- **Quality Account 2015-16 and Statement of Directors' Responsibilities** (recommended item above)
- **Estates and Facilities Management service transition: patient facing services** – QAC noted that the transition on 1.5.16 had gone relatively smoothly, with additional support put in place to ensure delivery of patient-facing services. QAC noted the need for domestic staff to be seen as core members of the integrated ward team and discussed various issues including the current establishment levels. QAC also thanked the Estates team for their work in making the transition a successful one.
- **CQUIN and Quality Schedule** – the Committee received reports on both the 2015-16 Quality Schedule delivery and GOUIN performance (noting some areas of exemplary performance such as Infection Prevention), and on the position for 2016-17. The 2016-17 Quality Schedule was similar to that for 2015-16, with a small number of previous COUIN schemes also added. The reports outlined the challenges anticipated with the 2016-17 Quality Schedule and GOUIN schemes, including potential financial risks which had also been reported to the Executive Quality Board. Further clarity was still awaited on the mandated NHS England specialised services CQUINs.
- **Nursing and midwifery safe staffing report (March 2016)** – this was the final time of reporting in this format, as from the June 2016 QAC onwards the report would focus primarily on the dashboard and on the quality and safety of ward areas. In response to a query on the apparent March 2016 rise in nursing vacancies (up to 450 whole time equivalents), the Acting Chief Nurse suggested that this might reflect a year-end catch-up in HR documentation rather than a specific issue in month 12, although recognising that Children's services vacancies remained challenging. QAC also discussed deployment and retention issues in respect of international nurses, noting that the more pressured medical areas remained the most difficult such placements. QAC also noted ongoing discussions with De Montfort University regarding running a cohort of self-funded registered children's nurse training from September 2016.
- **Month 1 quality and performance update** – QAC was briefed on quality and performance for April 2016, noting continued good performance on UHL's SHMI (96), and welcoming the achievement of the fractured neck of femur target in April 2016. A further report on discussions re: strengthening the fractured neck of femur service would be provided to both EQB and QAC in August 2016, with ongoing verbal updates to each QAC in the meantime. The Medical Director also advised OAC that the April 2016 red indicator in respect of stroke (TIA clinic performance) was due to the impact of the junior doctors' strike that month. It was also noted that the Grade 2 and 3 pressure ulcer targets agreed with Commissioners as part of the 2016-17 Quality Schedule were very challenging.
- **Statutory compliance** – a report presented by the Director of Safety and Risk and the Director of Estates and Facilities outlined the current level of assurance available to the Trust in terms of its compliance with statutory requirements. Recognising the very significant number of such requirements and the difficulty of reflecting all of those meaningfully in a central database, QAC suggested that it would be helpful to focus on compliance in respect of regulatory/enforcement bodies with prosecutory powers (as this would also ensure a focus on appropriate high-risk areas). A report would be presented accordingly to the September 2016 OAC.
- **National whistleblowing policy and Freedom to Speak Up update** – the report outlined the latest national guidance to Trusts regarding the Freedom to Speak Up Guardian role and an integrated policy on raising concerns/whistleblowing. A working group had been convened within UHL to progress the required actions, and would present a proposed plan accordingly to EQB and QAC in August 2016 prior to Trust Board consideration in September 2016. A workshop was also being held on 8.7.16 which Non-Executive Directors were welcome to attend.
- **Compliance with CQC Enforcement Notice** – the Medical Director briefed QAC on progress against the COG condition areas arising from the November 2015 unannounced inspection of ED, noting a need for further work on paediatric time to triage (further recruitment now being planned). The Medical Director noted good progress in embedding the use of the sepsis screening tool, although challenges remained in respect of the requirement for 90% of patients with red flag sepsis to receive IV antibiotics within 1 hour.

- **CQC Inspection update** – UHL was currently reviewing the 8 data packs received from the CQC, and continued to respond to ongoing CQC requests for further information. Further discussion on preparation for the CQC visit would take place at the June 2016 Trust Board thinking day, and QAC noted the ongoing staff engagement events being held.
- **Readmissions risk tool pilot** – the results of the trial were presented for information, noting that a further report on the ensuing actions would be provided to EQB and QAC in June 2016. This issue was noted to be part of the 2016-17 Quality Schedule.
- **Fractured neck of femur performance and action plan** – see earlier paragraph re: month 1 quality and performance report.
- **7-day services update** – QAC received a verbal update from the Medical Director, noting plans to submit a written report to the June 2016 EQB. QAC discussed the resourcing challenges (both workforce and financial) associated with 7-day services, which had also been raised with NHS England. A substantive report on 7-day services would be presented to a future QAC, and the Medical Director also agreed to confirm the position in other Trusts. During this item, QAC also briefly discussed the scope of the Autumn 2016 GMC visit to UHL.
- **Quarterly mortality report** – the report was structured around key aspects of NHS England guidance on mortality governance, and covered a wide range of issues relating to mortality rates and mortality governance. The Medical Director also provided an update on the issue of Medical Examiners, with approximately 10 applicants expected within UHL. QAC noted the need to present mortality information in an appropriately sensitive way when discussed at the public Trust Board in August 2016, and queried the scope to reflect geographic and demographic aspects. The Head of Outcomes and Effectiveness agreed to explore this further, although noting that these were primarily public health aspects.
- **CIP quality and safety impact assessments** – the Director of CIP and Future Operating Model confirmed that a robust process existed to assess the quality and safety impact of CIP schemes, noting CCGs' significant assurance with the Trust's procedure.
- **Complaints performance report (April 2016)** – the Director of Safety and Risk reported a drop in February 2016 performance to 91%, due primarily to staffing reductions in the PILS team. She also noted a slight fall in the number of formal complaints but a rise in the number of overall complaints/concerns activity. QAC queried UHL's position relative to its peers in terms of levels of complaints received, noting that published data related only to the total number rather than (more meaningfully) to the rate per 1000 attendances. National 2015-16 comparative data would be reported to QAC once available. QAC also noted the need to learn from complaints.
- **Patient safety report (April 2016)** – the report detailed patient safety data for UHL for April 2016, and presented a proposed template for reporting patient safety stories to the Trust Board (suggested to begin from August 2016 and also including a 1-page 'serious incident learning bulletin'). QAC also discussed the need to rationalise the number of individual reports being requested of the Patient Safety Team, given that team's staffing constraints.
- **Patient safety walkabout programme** – QAC was advised of the 2015-16 quarter 4 patient safety walkabout programme, noting that involvement in such walkabouts was now part of Executive Directors' performance objectives.
- **The following items were received for information:-**
 - **Claims and inquests report** (QAC noted the need to ensure that themes and learning from claims and inquests were appropriately captured)
 - **External schedule of visits** (QAC requested that RAG ratings be included in future such reports)
 - **EQB and EPB minutes**
 - **QAC calendar of business**

DATE OF NEXT COMMITTEE MEETING: 30 June 2016

Dr S Dauncey – Non-Executive Director and QAC Chair
26 May 2016