

Trust Board Paper K

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 3 November 2016

COMMITTEE: Quality Assurance Committee

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

DATE OF MEETING: 27 October 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 December 2016.

SPECIFIC RECOMMENDATIONS FOR THE TRUST BOARD:

- **Application to add a location to UHL's CQC registration** - QAC supported an application to add the Dr Chandra Mistry Haemodialysis Unit at Peterborough City Hospital to UHL's CQC registration, for the 'treatment of disease disorder or injury' and 'diagnostic and screening procedures', and recommended this for Trust Board approval accordingly.

SPECIFIC DECISIONS:

- None.

PUBLIC DISCUSSION AND ASSURANCE:

- **Patient story from the Patient Partner – patient and public feedback: engaging with schoolchildren** – in the second of this quarterly series of stories, the Patient Partner for the Women's and Children's CMG reported on her proactive work to engage with schoolchildren and seek their views on the Trust's Children's Hospital project. Feedback had been sought from children ranging from 5-10 years old in 1 Leicester City and 1 Leicestershire school, and also from UHL inpatients aged between 11-16 years. The key themes from the engagement related to the need for age-appropriate facilities and décor, the children's wish for as much 'normality' as possible, and their desire to retain some degree of independence and own identity. The report went on to translate these findings into proposed recommendations for the design of the new Children's Hospital. QAC welcomed this innovative project, and queried the potential scope to expand child engagement further into appropriate involvement in decision-making and/or 'junior patient partners'. QAC agreed to make contact with the Shadow Youth Board within Leicester, and advised learning appropriate lessons from the good experiences of the UHL Teenage and Young Adults cancer project. QAC also discussed the scope for Leicester Hospitals Charity to get involved in the softer design aspects of the Children's Hospital. It was agreed to provide the Patient Partner with information on relevant building regulations and requirements (via the Children's Hospital Project Board).
- **New requirements for how hospitals work with GPs** – the report from the Director of Performance and Information briefed QAC on UHL's position against 6 new requirements in the 2016-17 NHS Standard to reduce avoidable extra workloads for GPs. The requirements related to:- (1) local access policies; (2) discharge summaries; (3) clinic letters; (4) onward referral of patients; (5) medication on discharge, and (6) prompt and clear communication with patients and GPs re: results and treatments, specifically including a requirement for hospitals to notify patients of the results of clinical investigations and treatments in an appropriate and cost-effective manner. The Director for Performance and Information was broadly confident of progress against all of these requirements, although the subjective wording of (6) was challenging. It was

not clear, however, whether UHL compliance with the requirements would significantly reduce the burden on General Practice.

- **Management of fractured neck of femur patients** – the Musculoskeletal and Specialist Surgery CMG Clinical Director updated QAC on the development of a remedial action plan following an earlier contract performance notice on the service. He outlined the steps taken to increase junior medical staffing levels and noted new ways of working including 'hot weeks' and 'hot beds', and more consistently extended theatre sessions to improve theatres utilisation. This was an issue beyond fractured neck of femur, extending into a 'fragility fracture service'. A detailed gap analysis was also planned for the trauma service as a whole, with an anticipated need for 2 additional Consultants. In the absence of an EPR, there was also a need to resolve IT challenges and ensure appropriate communication between different clinical systems.
- **Statutory compliance report** – lengthy discussion took place on how best to provide an appropriate level of process assurance to QAC, in terms of UHL's compliance with statutory requirements. Although noting the increased robustness of risk register discussions with CMGs, Non-Executive Directors suggested also considering a hierarchical quality manual and/or quality system. Recognising the possible scale of the work involved, and given that the Trust was potentially shortly expecting both the draft CQC report and the results of an external review of UHL quality governance systems, it was agreed to await those reports before taking any further decisions on this issue.
- **Month 6 quality and performance update (patient experience and clinical quality focus)** – the Chief Nurse and the Medical Director highlighted good performance on the inpatients Friends and Family Test with scores of 97%, and on infection prevention, with 0 MRSA cases in 2016-17 and the Trust still performing well on C. Diff cases being only 1 above trajectory. Pressure ulcers were also within trajectory, despite a rise in grade 2s over the summer (thought to be due to the heat-related conversion of moisture lesions to pressure ulcers). QAC was also advised however of a number of Same Sex Accommodation breaches relating to the LRI discharge lounge, noting the physical segregation plans now underway in that area to address this issue. The Medical Director also highlighted a slight rise in UHL's SHMI to 99, further detail on which would be provided to the November 2016 QAC via the quarterly mortality report. Although not of concern, the Medical Director was closely reviewing UHL's mortality rate, and QAC was advised that an organisation's SHMI was a relative performance indicator rather than a static baseline. In further discussion on the month 6 quality and performance report, Non-Executive Directors noted the deterioration in ambulance handover performance during September 2016, which was reflective of overall operational pressures within emergency care.
- **Report from the Director of Safety and Risk** – QAC considered the **patient safety report for September 2016**, the **complaints performance report for September 2016**, and the **Adverse Events Committee report**. The Medical Director noted 2 Serious Incidents currently under investigation from September 2016, and advised that waiting times remained the key complaints theme for September 2016. Overall, complaints performance had improved despite a rise in the number of complaints received. In response to a Non-Executive Director query, the Medical Director also outlined the work of the Adverse Events Committee [terms of reference appended to the report] and confirmed its reporting line to the Executive Quality Board.
- **Administration of potassium never event: root cause analysis report** – QAC received and endorsed the root cause analysis for this never event, which had previously been advised to the Trust Board in August 2016 via the Chief Executive's monthly report. In wider discussion, QAC noted the need for Trust policies to be deliverable by front-line staff, and for regular audits of compliance with Trust policies to take place.
- **Friends and Family Test (FFT) scores August 2016** – although commenting on the time lag in the report (scores relating to August 2016), QAC noted the dip in ED FFT scores for that month to 86.9%. As this was thought to be due to UCC experiences, it was possible that subsequent improvements to UCC timeliness would also impact positively on ED FFT scores.
- **Carers' Charter update** – the Deputy Chief Nurse acknowledged that the introduction of a UHL Carers' Charter in May 2015 had not embedded as much as had been hoped. Following Non-Executive Director comments on carer experiences, it was agreed to review the current approach and report further to QAC in either January or February 2017 (having also sought appropriate Patient Partner input and looked at the cultural context).
- **Triangulation of patient feedback: quarter 1 of 2016-17** – members noted a significant reduction in the number of concerns raised over estates issues, thought to be due to the transfer of FM services back to UHL management. The key overall theme for improvement remained waiting times which accounted for 20% of all feedback.
- **Nursing and Midwifery Safe Staffing Report: August 2016** – in response to Non-Executive Director

queries the Chief Nurse outlined the significant improvements to HCA recruitment, with 125 HCAs due to join the Trust on 28.11.16. She detailed the new HCA 3-step recruitment process (which was just also being rerun), and welcomed the availability of non-medical training facilities at the Glenfield Hospital which would be available when those staff started. 35 of the most experienced of those 125 new starters would be deployed within Medicine, and QAC noted that all ED HCA vacancies had been filled. However, the recruitment position for registered nurses within Medicine had worsened despite offering enhanced pay and bank rates. Recruitment efforts continued however, including overseas recruitment with 45 overseas nurses due to join UHL in March 2017 and then monthly thereafter. QAC also noted UHL's successful bid to become a Nurse Associate pilot site, with 30 such posts due in place across LLR from January 2017. In response to a Patient Partner query, the Chief Nurse advised that the 'wards of concern' metrics had been made more challenging recently. The Chief Nurse also confirmed that lessons had been learned from the de-escalation of Ward 28 LGH, from Level 3 to 2.

- **Report on compliance with CQC Enforcement Notice and CQC comprehensive inspection update** – weekly updates were being provided to the CQC in respect of Emergency Department (ED) time to assessment (15 minute standard), ED staffing and sepsis care bundle (screening and antibiotics) for patients presenting to the ED. As per the existing conditions on the licence, performance was being monitored on a daily basis against the identification of ED patients with red flag sepsis, using the screening tool and sepsis 6 interventions, with a specific focus on ensuring patients with red flag sepsis received IV antibiotics within one hour. The use of the sepsis screening tool and time to IV antibiotics on Assessment Units (Medical, Surgical, Children's, Oncology, Gynaecology & CDU) and Adult wards was being monitored in a similar way to that being done in ED.
- **Items and Minutes for information** – the following reports were received for information: EQB Minutes 4.10.16; EPB Minutes 27.9.16, and the QAC calendar of business.

DATE OF NEXT COMMITTEE MEETING: 24 November 2016

Col. (Ret.) Ian Crowe – Non-Executive Director and QAC Chair
27 October 2016