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UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 5 May 2016

COMMITTEE: Quality Assurance Committee

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

DATE OF MEETING: 28 April 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 2 June 2016.

SPECIFIC RECOMMENDATIONS FOR THE TRUST BOARD:

- None

SPECIFIC DECISIONS:

- QAC's support to the recommendation to continue the midwifery supervision role.

DISCUSSION AND ASSURANCE:

- **Review of Outpatient Cancellations** – a real-time audit requesting medical staff to identify whether, in their opinion, patients had come to clinical harm as a result of a delayed Outpatient Department (OPD) review was undertaken. The audit covered 140 patients over 6 specialties and had a return rate of 60%. The audit identified that the main reason for hospital initiated outpatient cancellations was that appointments were booked beyond the medical staff leave notice period (6 weeks) and capacity gaps. In respect of the audit forms returned, no patients were felt to have come to clinical harm as a direct result of the delayed OPD review. Three recommendations following this audit have been made, one of which was for an LiA event to be held with clinic administration staff to raise awareness of the impact and scale of cancellations, review current list of cancellation reasons available on the HISS system and implement the required changes. An update on the recommendations would be provided to a future meeting of the QAC.
- **Fractured Neck of Femur (#NOF) Performance Update/Action Plan** – in a detailed discussion on this matter, it was noted that the fundamental issue for the performance to have plateaued in respect of the achievement of the 36 hour #NOF target for admission to theatre was shortfall in manpower that supported the Hip Fracture service. Work had been undertaken and progress had been made in many areas as outlined in previous reports to the Committee. However, the monthly performance figures have remained below the 72% target. The Medical Director noted the need for focus on this matter and a 'plan B' to be developed. The Committee Chair requested the Medical Director to liaise with colleagues in the MSS team outwith the meeting to identify the next-steps to resolve this issue. An update on this matter would feature on the agenda for QAC meetings on a monthly basis until further notice.

- **Future of Midwifery Supervision** – Further to the future removal of midwifery supervision from the LSA statutory regulations, an update on UHL’s plans for the local management of midwifery supervision was discussed. It was noted that Midwifery supervision was an integral part of good clinical governance and its continuation contributed positively to the safety of services. QAC supported this recommendation and the Committee Chair undertook to notify the Trust Board of this matter.
- **Nursing and Midwifery Safe Staffing Report – February 2016** – 90% fill-rate had been achieved against planned staffing levels. There were now 365 vacancies across Registered Nurses and Health Care Assistants which is the lowest number of vacancies in 2015-16. The terms of reference for the Nursing Task and Finish Group have been drafted and a number of recruitment and retention activities would be undertaken through this Group. Two Assistant Chief Nurses had been tasked with the responsibility of accelerating the recruitment of Health Care Assistants by the end of May 2016.
- **Month 12 – Quality and Performance Update** – the Committee received a briefing on quality and performance for March 2016. The main issues highlighted were in respect of readmissions within 30 days and #NOF performance. The Director of Safety and Risk undertook to double-check the never event figures reported in the paper. Although avoidable MRSA figures remained at 0 for the year there was 1 unavoidable case reported in March 2016. In respect of CDiff figures, the challenging annual threshold of 61 was achieved. The overall pressure ulcer performance was good. Plans were in place to improve FFT coverage in ED.
- **Report on compliance with CQC Enforcement Notice** – in respect of time to assessment (15 minute standard) and ED staffing, the target was mostly being achieved. Progress in respect of effective sepsis management was still underachieving. However, the new sepsis pathway had been launched and it was noted that early indication was showing an improvement in performance.
- **CQC Inspection Update** – focus continued on planning for the CQC inspection in June 2016. The Provider Information Request had been submitted to the CQC. Each CMG would be focussing on their core service frameworks. A number of engagement sessions had been planned and good progress was being made.
- **Complaints Briefing Report – March 2016** – the Trust’s performance in responding to 10 and 25 day formal complaints in January 2016 was 100% and 99% respectively and 45 day formal complaints in December 2015 was 100%. There had been a 27% reduction in the number of formal complaints received in 2015-16. The PHSO had adopted a new approach, which was to review many more cases than previously, and an increase in activity from the PHSO office had been noted by UHL. Through the CMG Quality and Performance review meetings, CMGs had been advised to put measures in place to ensure learning from complaints was appropriately implemented.
- **Patient Safety Report – March 2016** – the report detailed patient safety data for UHL for March 2016. There had been one NPSA CAS alert that had breached its deadline during this reporting period. A decrease in safety harms by 36% for 2015/16 compared to 2014/15 had been noted, although the figure required verification. The Director of Safety and Risk briefed members on a number of safety improvement initiatives which were currently in-progress.
- **HSE Sharps Improvement Notice – Update** – the Director of Safety and Risk advised members of the outcome of the 7 April 2016 HSE sharps reinspection, confirming that UHL had fully met all of the Improvement Notice requirements.
- **Updated Root Cause Analysis (RCA) Report – Fall from Height (Window) Incident** – members received and noted the contents of this report. Members were advised that the revised RCA now focussed on the clinical aspects of the incident as well as on the health and safety aspects.
- **End of Life Care – Dying in Hospitals Audit** – the Deputy Chief Nurse, detailed the results of the

Trust's participation in the 2015 Royal College of Physicians (RCP) audit of the care of patients dying in hospital, which was undertaken to objectively assess how the Trust cared for patients who died whilst in hospital. The results of the audit concluded that there was a clear need for improvement in the care of dying patients to better align with the 'five priorities for care'. Since this audit, NICE had issued updated guidance on Care of the Dying Adult. All 72 recommendations were relevant to UHL, of which 22 were met in full. NICE were currently working on a separate document to support generalists in prescribing for patients who were in the last days of life.

- **Friends and Family Test Scores – February 2016** – the 46.9% coverage in Maternity was impressive. The peer analysis for the Inpatient FFT data in January 2016 had ranked UHL in fifth position and first position for A&E FFT data. The Deputy Chief Nurse advised that text message reminders following appointments requesting patients to complete the FFT document would be sent to improve outpatient coverage.

DATE OF NEXT COMMITTEE MEETING: 26 May 2016

Dr S Dauncey – Non-Executive Director and QAC Chair
28 April 2016