

Trust Board Paper N

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

**DATE OF TRUST BOARD MEETING:** 1 June 2017

**COMMITTEE:** Quality Assurance Committee

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

**DATE OF MEETING:** 25 May 2017

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 6 July 2017.

**SPECIFIC RECOMMENDATIONS FOR THE TRUST BOARD:**

- The Committee recommends to the Trust Board the endorsement of the Statement of Directors' Responsibilities in respect of the 2016/17 Quality Account, with or without comment (paper I).
- The Committee recommends to the Trust Board that the quarterly mortality report (paper K) would now be received at the Quality Assurance Committee in August 2017 (previously scheduled for April 2017) and the Trust Board in September 2017, following a change in national timescales.

**SPECIFIC DECISIONS:**

- None noted.

**DISCUSSION AND ASSURANCE:**

**JOINT IFPIC-QAC MEETING TO DISCUSS THE QUALITY AND PERFORMANCE REPORT (MONTH 1)**

Members of IFPIC and the Quality Assurance Committee (QAC) held their first joint monthly meeting – this was a new initiative providing for joint discussion of the monthly quality and performance report. Executive Directors particularly highlighted the following issues from the 2017-18 month 1 quality and performance report:-

- the welcomed reduction in 52-week waits, which stood at 17 in April 2017 and was expected to fall further in May 2017. It was anticipated to clear these waiters in July 2017;
- strong diagnostic performance in April 2017, and good progress towards achieving the RTT standard;
- a better balance between emergency and elective activity than in April 2016. The Trust was running at between 96-97% occupancy for May 2017 and had been above 95% occupancy for a significant length of time;
- achievement of all of the cancer targets for March 2017, which was a very significant development and which was welcomed by the IFPIC and QAC Patient Partners. The 62-day standard had been achieved for the first time since July 2014, and the 31-day standard for the first time since August

2015;

- good progress on avoidable pressure ulcers, with 0 grade 3 or grade 4 pressure ulcers reported in April 2017;
- the likelihood of continued same sex accommodation breaches – which were nearly all linked to ICU stepdown capacity – while activity pressures remained in place;
- disappointing performance re: fractured neck of femur – this had been discussed at the 23.5.17 Executive Performance Board with the Clinical Director for the Musculoskeletal and Specialist Surgery CMG. There were no easy solutions but the issue was being revisited by the steering group with a view to reporting further to the 27.7.17 QAC, and
- further work underway re: medical workforce statutory and mandatory training compliance.

In discussion, the QAC Patient Partner sought (and received) assurance on the Trust's processes for reviewing cancelled patients, particularly those who had experienced multiple cancellations. It was also noted that the e. coli trajectory was still awaited, and that mortality would be discussed further at the 25.5.17 QAC (UHL SHMI 102). The Medical Director also noted a number of never events which had taken place in May 2017 and outlined the work in progress with Clinical Directors and Heads of Nursing to understand these in more detail and identify any common themes. IFPIC/QAC noted likely external interest in this issue.

### **QAC MEETING**

- **Carers Charter update** – the Committee received a report which detailed progress within the last 6 months with staff and patient knowledge and awareness of the charter, and adopted changes to improve the experience for families and carers. Survey results concluded that whilst staff were unaware of the charter and leaflets, they were involving families and friends in the care of their relatives. It was acknowledged that there were difficulties in distinguishing between whether an individual was a relative or a carer, and thus a family centred assessment was required. In determining what key things patients and carers would like to know about their care and discharge, it was noted that the Red to Green key information could be used. Further work was required around communication of the charter throughout the Trust with the support of patient partners. It was agreed that a further progress report from patient partners would be brought to the November 2017 QAC meeting. It was noted that a demographic breakdown would be a useful addition to the report. Members were asked to identify whether the carers charter was on display on their safety walkabouts.
- **Assurance Report re: CQC Action Plan** – the Committee received an updated report on the CQC compliance actions developed in response to the Trust inspection report, following a CQC inspection in June 2016. Assurance was provided that robust evidence continued to be sought for each action before they could be closed, via rigorous fortnightly oversight meetings to confirm and challenge the evidence. Actions for how to move to 'good' were being identified during the fortnightly oversight meetings and captured in an action tracker. In discussion of this item it was noted that the CQC regulatory visits would be changing in the future, and a paper was requested for the June 2017 QAC to explain these changes. With regards to the twenty-one actions identified in the report as past their due date, revised timescales were being agreed.
- **Assurance Report for EWS and Sepsis** – members received an update on the work programme being undertaken to improve the care of patients with a deteriorating Early Warning Score (EWS) and Red Flag Sepsis trust-wide. There had initially been a slight drop in performance following the opening of the new Emergency Department but as processes embedded performance was improving. There had been a decrease in the percentage of patients with red flag sepsis who received antibiotics within one hour in inpatient and assessment units. The Committee received assurances that this continued to be monitored and those patients who did not receive their treatment within the hour were often complex cases with co-morbidities. Collection of the data continued to be resource intensive as there was currently no robust IT solution in place. Eighteen months ago, a patient who survived sepsis had released 200 balloons at the Trust to signify the number of lives that the Trust had the potential to save. Data suggested that the Trust had now saved 152 patients. This achievement would be communicated to staff via the Chief Executive's Briefing. The sepsis pathway was due to be relaunched.

- Nursing and Midwifery Quality and Safe Staffing Report (March 2017)** – no wards had triggered as a Level 3 concern, 10 wards had triggered as a Level 2 concern and 21 wards had triggered as a Level 1 concern. One ward at LGH and one ward at LRI triggered as causing particular concern to the Chief Nurse and Corporate Nursing Team. It was noted that in both cases these concerns were not around safety. A new hand hygiene campaign called ‘soaper heroes’ had been launched for children. The adult campaign would be launched in a few weeks’ time. Details of the new uniform policy would be included with next month’s wage slips; this would then be monitored and enforced. It was noted that all staff going into clinical areas, including those doing walkabouts, should be bare below the elbow. It was agreed that this expectation required communicating to all staff. With regards to recruitment, a small number of overseas nurses had recently commenced in post, although the IELTS requirement continued to be challenging. 113 new Health Care Assistants had been recruited at a HCA event in April 2017. Registered nurse vacancies had increased, but 8 newly qualified nurses had commenced in post with dual registration, mental health or learning disability. Further work was required around skills development and retention of staff. There was a discussion around retention, nurses returning to work (and the retirement profile) and literacy and numeracy skills courses being offered to support staff by Leicester College. Safe staffing had featured in a recent freedom to speak up survey which would feature at the June 2017 QAC meeting.
- Reports from the Director of Clinical Quality including (1) Schedule of External Visits; (2) 2016/17 Quality Schedule and CQUIN Schemes Quarter 4 Performance; (3) 2016/17 Quality Commitment Quarter 4 Update, and (4) 2017/18 Quality Schedule and CQUIN Schemes** – no discussion took place but it was noted that the HTA mortuary floor work was progressing. The project group meet weekly and capital had been secured.
- Final Draft Quality Account** – following presentation at the March QAC meeting, the report had been circulated to external stakeholders for comment, which had been included verbatim. The data had been refreshed. KPMGs external assurance report had been received and would be discussed at the Audit Committee on 26 May 2017. The report provided QAC and the Trust Board with assurance around the indicators which had been tested. Following endorsement at the Trust Board the Quality Account would be published and uploaded to the NHS Choices website by the end of June 2017.

  - Reports from the Director of Safety and Risk including (1) Patient Safety Report – April 2017; (2) Complaints Performance Report – April 2017, and (3) Safety Walkabouts** – the patient safety report now included a ‘what does it tell us?’ box and feedback comments. There continued to be a prominent theme of failure to escalate the deteriorating patient in open and closed serious incidents this month. There had been an increase in the rate of reported patient safety incidents and prevented patient safety incidents this month. There continued to be 100% CAS compliance and no alerts had breached their deadline during the reporting period. The rate of harm events per 1,000 incidents per week had displayed a shift above the mean between February and April 2017, and this was being investigated. There had been a decrease in the number of reopened complaints activity this month, along with a 17% decrease in overall PILS activity. Consideration was required as to who was signing off the reopened complaints. There had been a decrease in walkabouts in Quarter 4, but it was noted that executive presence had increased on the wards owing to Red to Green duties. The main themes identified from the walkabouts were similar to those identified in Quarter 3. CMGs were being encouraged to undertake walkabouts. It was agreed that a list of Alliance sites would be provided to those undertaking walkabouts. There was a discussion around the availability of staff lockers. In addition to the reports, three issues were highlighted for the attention of QAC members – (1) triangulation of incidents (SUIs and safety concerns raised over the last few months had identified key themes and these had been discussed by the Adverse Events Committee. A safety review would be undertaken around rejected imaging), (2) the new maternity safety video had been launched on 25 April 2017, and (3) NHS Resolution had produced literature on ‘Learning from Claims’ by specialty.
- Quarterly Mortality Report** – the report provided an update on the latest published SHMI of 102 and HSMR of 102. Although both were above 100 they remained within the expected range and crude mortality was stable. An outlier alert had been received for AMI in November 2016, and a response had been submitted to the CQC. The Medical Director noted AMI coding practices at the

LRI site which led to a discussion with Ms S Crawshaw, Non-Executive Director around clinical variation. A further alert had been received for Coronary Atherosclerosis or other heart disease diagnosis codes regarding HSMR. The case notes of the patients who had died were currently being reviewed and a report would be submitted to the June 2017 Mortality Review Committee. Both alerts had identified some issues with coding and assurance was provided that work was underway to understand and resolve these issues. Case note reviews had been undertaken or were in progress for the five diagnosis groups with a higher than average SHMI. The Medical Examiner post had screened 86% of eligible deaths since July 2016. At the beginning of April 2017 the medical examiner role was extended to GGH and LGH. Where Medical Examiners identified potential learning, or the bereaved raised a concern about clinical care, the case was referred to the Specialty M&M for full Structured Judgement Review (SJR) using the national mortality template. Completed SJRs would then be discussed at the M&M meeting and the death classified according to the national criteria. Following a change to national reporting timescales this data would then be published from September 2017.

- **Friends and Family Test Scores (March 2017)** – the report detailed the Friends and Family Test score and coverage for March 2017. The SMS texting system in outpatients continued to be successful and had shown a further improvement in the coverage from 5.9% in February 2017 to 6.5% in March 2017 which equated to 5,658 patients providing feedback in March 2017. The Trust had achieved the expected coverage within inpatients, outpatients and maternity services. With regards to the Friends and Family Test score, in March 2017 96.5% of inpatients recommended the Trust. In discussion of this item themes were discussed.
- **The following reports were received and noted by the Committee for information:**
  - Health and Safety Committee Report
  - Claims and Inquests Quarterly Update
  - Executive Quality Board Minutes from 2 May 2017
  - Executive Performance Board Minutes from 25 April 2017
  - QAC Calendar of Business

**DATE OF NEXT COMMITTEE MEETING:** 29 June 2017

Colonel (Retired) Ian Crowe – Non-Executive Director and QAC Chair

25 May 2017