

Trust Board Paper N

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

**DATE OF TRUST BOARD MEETING:** 5 January 2017

**COMMITTEE:** Quality Assurance Committee

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

**DATE OF MEETING:** 22 December 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 February 2017.

**SPECIFIC RECOMMENDATIONS FOR THE TRUST BOARD:**

- The Board should note that the Trust had vaccinated 75.2% of frontline staff against flu this winter.

**SPECIFIC DECISIONS:**

- None noted.

**DISCUSSION AND ASSURANCE:**

- **Outcome of Trust Board Thinking Day on Patient and Public Involvement** – the Committee received a report which captured discussion and issues raised during (and prior to) the Trust Board Thinking Day session held on 11 August 2016 relating to patient and public involvement, along with responses from senior UHL staff. A system of addressing further issues raised by all patient groups was presently being considered by the Deputy Chief Nurse and the Director of Communications and Marketing. The current proposal was the establishment of a bi-monthly meeting of a group of patient representatives which would feed into the UHL Patient Involvement, Patient Experience and Equality Assurance Committee (PIPEEAC). It was agreed that the Deputy Chief Nurse and Mr Caple, Patient Partner, would provide a further verbal update on progress at the QAC meeting in January 2017.
- **CIP – Quality and Safety Impact Assessment** – all of the 16/17 CIP programme schemes had now been through the quality assurance sign off. 93% of schemes had been signed off, 6% of schemes currently had queries against them where issues had been raised by the Chief Nurse or Medical Director and 4 schemes had been rejected on the grounds of quality and safety impact. The process employed was considered to be working well and the Committee expressed their assurance in light of the contents of the report provided. Particular note was made of the need for robustness on the quality KPIs for next year's (17/18) schemes.
- **Month 8 Quality and Performance Update for discussion on patient experience and quality issues** – the Committee received a briefing on quality and performance for November 2016. The following points were highlighted in particular:-
  - (a) *Flu Vaccinations* – the Trust had vaccinated 75.2% of frontline staff against flu this winter;

- (b) *C Diff* – whilst cases remained at a low level, the Trust was over its year to date trajectory. Antibiotic stewardship continued to be monitored;
  - (c) *Single Sex Accommodation Breaches* – numbers had reduced to 1 in November 2016. The Ophthalmology Suite had been highlighted as a risk in respect of issues relating to single sex accommodation and work was being undertaken to make improvements in this area;
  - (d) *Grade 4 Pressure Ulcer* – one grade 4 pressure ulcer had been reported for the first time this year and an investigation was being undertaken into this matter;
  - (e) *SHMI* – analysis was underway to determine the cause behind the rise in SHMI and further detail would be provided to the Committee at its next meeting in January 2017;
  - (f) *Fractured Neck of Femur* – the target had been achieved during November 2016. The Medical Director's team were leading work to deliver this on a sustainable basis and a report would be presented to QAC in February 2017;
  - (g) *Cancelled operations* – there had been further deterioration during November 2016 to 1.4% and patients re-booked within 28 days continued to be non-compliant. In light of the overlap between issues considered by both QAC and IFPIC in respect of the quality and performance report, it was agreed to further consider how best to deal with these during the planned review at the Trust Board Thinking Day in January 2017, and
  - (h) *Catering* – there had been real improvements observed with regard to patient catering in respect of which staff were commended. Particular note was made of recruitment issues in relation to cleaning staff.
- **CQC Comprehensive Inspection Reports Update and Next Steps** – publication of the Trust's Inspection Report was expected early in the New Year;
  - **Assurance Report for EWS and Sepsis** – the Committee received details of the work programme to improve the care of patients with a deteriorating Early Warning Score (EWS) and Red Flag Sepsis trust-wide. This was the first of a series of monthly reports to be provided and was accompanied by a presentation from the Chief Nurse and Medical Director detailing the Trust's journey in this respect, documenting the significant progress and achievements made to-date along with the remaining challenges, including antimicrobial stewardship and the need for automation of the data currently collected manually in order to provide sustainability of the approach adopted. The Committee acknowledged the significant progress made to-date.
  - **Reports from the Director of Safety and Risk including (1) the Patient Safety Report (November 2016) (2) Complaints PHSO Information and Performance and (3) Duty of Candour – Quarter 2 report** – particular issues flagged for the attention of QAC within these reports included concerns regarding the functionality of EMRAD, the condition, filing of, transfer of and availability of patient notes which was being monitored accordingly, the Patient Story presented at the Trust Board on 1 December 2016 and increasing complaints with regard to ENT, Ophthalmology and Imaging Services. In discussion regarding the availability of patient notes, it was noted that the Chief Information Officer was due to submit a report to the Executive Strategy Board on 10 January 2017 specifically regarding EDRM, with a further wider IT strategy paper to be submitted to the next EIM&T Board meeting on 28 February 2017. The Committee suggested that, further to the completion of this work and presentation of reports at relevant Committee meetings, this area could potentially be the focus of an internal audit.
  - **Friends and Family Test Scores (October 2016)** – the Trust achieved expected coverage within inpatients, day case and maternity. Improved coverage was required in the Emergency Department and out-patients. In October 2016 for in-patients, the Trust was just below the required Friends and Family Test score of 97% recommend. Specific areas with low levels of patient satisfaction continued to be adult ED, particularly the Urgent Care Centre and postnatal maternity wards. Improvements had now been made and it was hoped that these would translate into an improvement in patient experience in the next month's figures.
  - **Triangulation of Patient Feedback (Quarter 2 2016/17)** – particular note was made of the fact that the management of medical care was the second most highlighted area for improvement within this quarter, in response to which the CMG Clinical Directors were undertaking a deep dive to gain an enhanced understanding as to the potential reasons for this. Waiting times in ED remained the most highlighted area for improvement.

- **Nursing and Midwifery Quality and Safe Staffing Report** – particular note was made of significant and positive progress in HCA and registered nursing recruitment. In discussion, specific note was made of the need to refresh and re-launch the Hand Hygiene campaign in light of observed declining standards in practice, which was strongly supported by the Committee.
- **UHL Policies and Guidelines Progress Update** – focussed work continued to be progressed in respect of policies and guidelines past their review date and a series of actions had been supported at the EQB meeting held on 6 December 2016 which would facilitate the tracking of these through the EQB on a monthly basis.
- **2017/18 Quality Schedule and CQUIN Schemes** – a report detailing the 2017/18 Quality Schedule and CQUIN Schemes was received and noted.
- **Mental Health Update** – a report which aimed to sight the Committee on the issues and risks associated with patients attending the Trust who had a mental health illness was received and noted. The report also provided an update on the work programme and governance structure. A quarterly update would be provided through the EQB and QAC.

**DATE OF NEXT COMMITTEE MEETING:** 26 January 2017

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

23 December 2016