

Trust Board Paper Q

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 6 August 2015

COMMITTEE: Quality Assurance Committee

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

DATE OF MEETING: 30 July 2015

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 3 September 2015.

SPECIFIC RECOMMENDATIONS FOR THE TRUST BOARD:

- None

SPECIFIC DECISIONS:

- None

DISCUSSION AND ASSURANCE:

- **Implementation of NICE Guidance within UHL** – the Trust's Internal Auditors (PwC) had undertaken a review of the 'Implementation of NICE Guidance within UHL' and the report had been classified as low risk with 4 findings. The Audit Committee in January 2015 had requested the Quality Assurance Committee (QAC) to monitor the process. The Head of Outcomes and Effectiveness had prepared an action plan following the Internal Audit review and QAC was assured that the action plan was progressing appropriately apart from some review of the timelines.
- **UHL's response to 'Dying without Dignity' Parliamentary and Health Service Ombudsman (PHSO) Report** – the report provided a summary of themes identified from the analysis of complaints relating to care at the end of life that were investigated by the Ombudsman. It was noted that this report was discussed in detail at the EQB meeting on 7 July 2015. Work was underway to link the end of life care training modules on the UHL e-learning portal so that role specific training was easily available for staff to use, although this would not be mandatory initially. Members were advised that Ms C Trevithick, Chief Nurse and Quality Lead, West Leicestershire CCG had recently been appointed as the Senior Responsible Officer for the End of Life Care BCT workstream. Currently, there was no 7 day specialist palliative care service for patients in the community across LLR. Members expressed concern that the report lacked detail on the workstreams in place to address the theme relating to 'communicating with people, their families and each other' and there was a need for focus and detailed work around this. In discussion, the Trust Chairman undertook to facilitate a discussion in September 2015 by inviting a former colleague to provide advice on the workstreams that could be put in place to enhance sensitive and appropriate communication with end of life care patients and their families, etc.
- **Month 3 – Quality and Performance Update** – the Trust's overall SHMI was currently 99, however, there was a possibility that this might increase in the next quarter. There were no grade 4

pressure ulcers in June 2015. Improvements in fractured neck of femur performance had been noticed. In respect of cancer performance, a 'harm assessment' was being undertaken for all breaches exceeding 100 days. It was noted that discussions were underway with the Trust's Facilities Management contractor regarding the implementation of appropriate cleaning standards.

- **Nursing and Midwifery Report** – the Assistant Chief Nurse advised that the report provided current nursing position within UHL for May 2015. There were 26 wards which failed to achieve the 80% staffing threshold against plan, 3 wards failed to reach 80% by 0.4% in the Registered Nurse category and 23 other wards failed within the healthcare assistant (HCA) role. There had been an increase in wards failing to achieve 80% in month across the HCA role partly due to inability to recruit the same high volume of HCA staff, however, focus was now on recruiting higher quality staff. In comparison to the reported nursing vacancies in April 2015, there had been a slight reduction in May 2015. Five clinical areas had not achieved the recommended nurse to bed ratio, however, it was noted that safety would not be compromised and beds would be flexed proportionally to the number of staff available, alongside the senior nursing team working clinically to support staffing gaps. Members were advised that a monthly nursing and midwifery waterfall/bridge chart was being developed to monitor vacancies month on month. An action plan was being developed to improve retention of nursing and midwifery staff. In respect of the Clinical Measures Dashboard, any wards which had been rated 'amber' for 4 consecutive months would be rated 'red' starting from August 2015. A brief update on the steps being taken to encourage the use of bank staff was provided.
- **Friends and Family Test Scores – May 2015** – received and noted. Members requested the need for focus on using the data collected from outpatient feedback.
- **Ward Review Tool Quarter 4 (January-March 2015) Report** – overall good progress was noted. The Committee Chair noted that the ward reviews were undertaken retrospectively on a quarterly basis and sought assurance that any poor performance in wards should be identified real-time – in response, the Assistant Chief Nurse advised that the ward sisters were reviewing the performance of their wards on a continual basis.
- **National Adult Inpatient Survey Results** – the survey was undertaken at the end of 2014 by the clinical audit team – a postal survey was sent to a sample of 850 patients treated in August 2014 as an inpatient. The report provided an overview of the feedback received from the 448 patients (54% response rate) returning the 12 page survey. The survey results allowed benchmarking against other Trusts nationally and against ourselves year on year. Results showed UHL to be in the same category generally as other Trusts nationally, no better but certainly no worse than others.
- **Report on process for monitoring Cost Improvement Programme (CIP) quality and safety impact assessments** – the report provided an update on the new quality sign off and assurance process for the CIP. The new process would include a risk score on the completion of quality impact assessment. Following sign off, there would be a monitoring process of related quality indicators. Where there was an adverse variance in indicators and the CIP scheme was analysed to be a root cause, the scheme would be reviewed by Director of CIP, Director of Safety and Risk and the Director of Clinical Quality. This review would lead to agreement of mitigating actions or ceasing of the CIP scheme. This process was approved and it was requested that a quarterly report on progress be provided to QAC starting from October 2015.
- **Patient Safety Report** – the Director of Safety and Risk advised that there was good progress overall and 100% compliance with CAS reporting and 60 day RCA performance. One serious incident was escalated in June 2015 which related to 'failure of imaging to report on a cancer'. As there had been a small cluster of serious incidents relating to this theme, the Director of Safety and Risk highlighted that a report had been drafted following a review of this issue. In discussion on this review, the Acting Medical Director with support from the Director of Safety and Risk undertook to liaise with the CSI CMG and provide an update on actions taken to the QAC meeting in October 2015. Members were also advised that a recent near event relating to a 10X drug error might now be downgraded following advice nationally. The Director of Safety and Risk advised that she had presented some video clips to the July 2015 EQB meeting which had been developed by a FY2 doctor as a pilot project to disseminate key safety messages through animated short video clips.
- **Update on UHL's action plan in response to the external review of the East Midlands Congenital Heart Centre (EMCHC)** – the Acting Medical Director provided a brief update on progress since the external review of the EMCHC. A detailed action plan had been developed by the EMCHC and the action plan and timelines for delivery had been agreed with the External

Oversight Assurance Group which included representatives of NHS England and the TDA. A process was in place to monitor progress against the action plan – the QAC were assured of this process. The External Oversight Group was scheduled to meet in October 2015, further to which an update would be provided to QAC.

- **EQB Meeting of 7 July 2015 – Items for the attention of QAC** – the Director of Safety and Risk highlighted the following in particular:-
 - (a) UHL response to ‘Dying without Dignity’ Parliamentary and Health Service Ombudsman Report – this was also discussed at the QAC meeting on 30 July 2015 ;
 - (b) Mental Health CQC Action Plan – the action plan that had been developed following the multi-agency mental health crisis care inspection which was piloted by the CQC. A comprehensive review of interface issues between UHL and LPT for mental health services for UHL patients would be undertaken;
 - (c) Transplant Laboratory Accreditation Action Plan – work was underway to progress the actions in the action plan and the service was confident that the actions would be implemented within the 8 week deadline, and
 - (d) Duty of Candour Implementation – work was in progress to address the requirement for NHS provider bodies registered with the CQC to comply with a new Statutory Duty of Candour. However, some areas had still been rated ‘red’/ ‘amber’.
- **Inquests and Claims Report** – further to a detailed discussion on the process for QAC to be notified of Regulation 28 letters, the Chief Executive suggested that a discussion be held with Acting Medical Director and Director of Safety and Risk outwith the meeting in respect of the assurance process for oversight of Regulation 28 letters both at an Executive and Board level. It was noted that actions agreed following the receipt of Regulation 28 letters were monitored through the Adverse Events Committee. The Acting Medical Director suggested that a flowchart on the assurance process be developed and presented to QAC, for approval. It was noted that currently, all Regulation 28 responses were reviewed by the Acting Medical Director and Acting Chief Nurse. The Chief Executive noted the need for discussion outside the meeting regarding whether the Director of Safety and Risk should have a part in putting together a response to Regulation 28 letters, given that the issues mainly raised were in relation to safety and risk.
- **NIPAG Annual Report** – received, noted and commended.

DATE OF NEXT COMMITTEE MEETING: 27 August 2015

Dr S Dauncey
31 July 2015