

Trust Board paper K

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 7 July 2016

COMMITTEE: Quality Assurance Committee

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

DATE OF MEETING: 30 June 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 4 August 2016.

SPECIFIC RECOMMENDATIONS FOR THE TRUST BOARD:

- None

SPECIFIC DECISIONS:

- None

DISCUSSION AND ASSURANCE:

- **Patient Feedback – Intensive Care Units within UHL** – members of the QAC welcomed the first such report to QAC which was an update from Patient Partners on a quarterly basis about patient stories or feedback on UHL services. Members also welcomed the three initiatives (patient focus events, follow-up clinics at the LRI and patient diaries (pilot study undertaken at Glenfield Hospital) which enhanced the patient experience on Intensive Care Units and improved the after care of patients. It was noted that the follow-up clinics had been held on a trial basis to assess the value of holding clinics for former patients in the ICU to assess their unmet medical and rehabilitation needs and whether they needed on-going specialist support for physical and/or psychological problems following their hospital stay. As there was significant value in holding such clinics, it was agreed that a business case should be put forward for this purpose.
- **Update on Ophthalmology Issues and Outpatient Follow-Ups** – it was noted that an update on this matter had been provided to IFPIC on 30 June 2016 and a further update would be presented to QAC in July 2016.
- **Mental Health Update** – a comprehensive update on the Mental Health provision within UHL was provided. The current status on governance arrangements, work programme, policies, issues and risks was particularly highlighted. Members noted that whilst a provider, UHL does not deliver mental health services, however, there was a responsibility to ensure that patients who attended our hospitals had parity of esteem for both their physical and mental health needs. The report provided clarity on the different strands being undertaken and members requested that an update on this subject be provided to QAC every six months (i.e. starting from December 2016).

- **Paediatric Elective Cancellations** – the Chief Nurse confirmed that the Women’s and Children’s CMG had now put a process in place to ensure that there was an audit trail of patients cancelled in each priority score. This process would provide assurance that the most appropriate cancellations from a clinical perspective were occurring and that the risk of harm was minimal.
- **Fractured Neck of Femur (#NOF) Performance Update/Action Plan** – it was noted that a service-wide review was being undertaken to put actions in place to improve #NOF performance. A report on this subject would be presented to EQB and QAC in July 2016.
- **Reports from the Director of Safety and Risk:-**
- **Patient Safety Report** – May 2016 – the report detailed patient safety data for UHL for May 2016. There had been an increase in the number of prevented patient safety incidents reported (near misses) which reflected a good safety culture. A brief update on SUIs reported in May 2016 was provided. CMG Leads had been requested to ensure that action plans for serious incidents remained on track and met their deadlines to reduce risk of future patient harm.
- **Complaints Performance Report – May 2016** – there had been a deterioration in complaints performance in May 2016. The report detailed a recently published review by the Parliamentary and Health Service Ombudsman ‘A report of investigations into unsafe discharge from hospital’ and key issues from this publication were highlighted by the Director of Safety and Risk.
- **Duty of Candour Compliance** – members were advised that the Duty of Candour section on the Datix module had been updated to enable full capture of the evidence required to demonstrate compliance with the regulations. This was being monitored centrally by the Patient Safety Team and any gaps in compliance had been notified weekly to relevant CMGs for action. Gaps in compliance would be highlighted in the monthly CMG Patient Safety Board reports and also challenged at the monthly CMG performance review meetings. UHL was working closely with the East Midlands Patient Safety Collaborative to explore the safety culture/ climate in the Emergency Department and Maternity Units. This was part of a region wide piece of work across eight Trusts. This exploration would allow the Trust to develop an understanding of the perceptions of staff of safety in these areas to focus improvement.
- **AQuA Development Programme on 1 and 2 March 2016 – Action Plan** – members noted the contents of this report for information.
- **Patient Experience Triangulation Report (Quarter 4 2015-16)** – the Deputy Chief Nurse advised that the top theme for improvements overall remained around waiting times (for appointments, waits in clinic, Emergency Department and treatment in the department) and was the focus of around a quarter of all feedback for improvements. The year on year trend showed that the number of improvements received in respect of waiting times had reduced significantly for quarter four of 2015-16. Medical care issues remained the second highest theme for improvement, however, the numbers had reduced for the last three quarters year on year. Facilities themed complaints/suggestions for improvement remained on the increase.
- **Friends and Family Test (FFT) Scores – April 2016** – the Chief Executive noted the need for urgent improvement of outpatient FFT coverage and requested that an update on this matter be provided to EQB in August 2016.
- **UHL Public Listening Event** – the Chief Nurse advised that a public listening event had taken place on 11 May 2016 for members of the public to share their recent hospital experience with the Chief Nurse and Medical Director. It was noted that the event was worthwhile.
- **Nursing and Midwifery Safe Staffing Report – April 2016** – members welcomed the new-look report. Overall 90% fill rate had been achieved against planned staffing levels for registered nurses. Bank usage remained at an increased coverage of 60% and agency use remained reduced to 40%. A brief update on nursing staff on the potential impact of the EU referendum was provided. The Chief Executive requested that future iterations of this report included a mechanism for tracking concerned wards (i.e. how long these wards had remained in the ‘concern’ category).
- **Month 2 – Quality and Performance Update** – the Committee received a briefing on quality and performance for May 2016. The main positive issues highlighted were in respect of mortality,

infection prevention, #NOF and FFT performance. There were '0' Grade 4 pressure ulcers and both Grade 3 and Grade 2 monthly targets had been achieved in May 2016.

- **Same Sex Accommodation (SSA) Issues** – the Chief Nurse advised that the new SSA decision matrix had identified 5 clinical areas [Osborne day unit; Stroke unit; Brain Injury Unit LGH; delayed discharges from ICUs, and ophthalmology suite LRI], which would require SSA compliance and would be rigorously monitored starting from July 2016.
- **Update on Readmissions Risk Tool Project** – members were advised that work was in progress in respect of the readmissions risk tool and it was being integrated with other workstreams particularly the acuity review tool. An update would be provided to EQB and QAC in September 2016.
- **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, however, progress in respect of effective sepsis management needed to improve.
- **CQC Inspection Update** – the Chief Nurse advised that 2 letters had been received from the CQC following their inspection week commencing 20 June 2016. They had requested actions that had been put in place in respect of four specific elements and the Trust had responded to this via a letter. Further unannounced visits would be taking place within the next seven days and would consist of a smaller team visiting any of the services on any of the three hospital sites. Members of the QAC thanked all staff for their open and transparent feedback to the CQC inspectors and ensuring that quality of care was at the forefront for UHL.

DATE OF NEXT COMMITTEE MEETING: 28 July 2016

Dr S Dauncey
1 July 2016