

Trust Board Paper M

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

**DATE OF TRUST BOARD MEETING:** 4 May 2017

**COMMITTEE:** Quality Assurance Committee

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

**DATE OF MEETING:** 27 April 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 1 June 2017.

**SPECIFIC RECOMMENDATIONS FOR THE TRUST BOARD:**

- None noted.

**SPECIFIC DECISIONS:**

- None noted.

**DISCUSSION AND ASSURANCE:**

- **Car Parking Provision – Windsor Building and Buggy Service** – a site map of Leicester Royal Infirmary (LRI) was tabled at the meeting (attached to this report) which detailed the current and proposed car parking provision at the Trust. The Balmoral entrance remained open until further signage to navigate patients around the site had been received. Signage would be reviewed for the whole site now that the Emergency Department (ED) had been opened. The Disabled Access Group had been re-established and would be assessing the current and future car parking provision at LRI. In discussion of this item, it was agreed that disabled representation was required on the group. Following the opening of the ED, buggies had been retained outside the Balmoral Building, and were now located at the side and back of the Windsor Building.
- **Fractured Neck of Femur/Spines Options Appraisal** – the trauma service at LRI have in the region of 3,000 trauma admissions per year, 800 of which are Fractured Neck of Femurs and approximately 400 are emergency spine cases. The expected standard for operating on hip fractures cases should be within less than 36 hours from presentation to undergoing surgery against a standard of 72%. The Trust's year to date performance was 71.6%. It was acknowledged that the lack of dedicated theatre sessions for the spinal work was directly impacting on achievement of the Fractured Neck of Femur standard. The Deputy Medical Director was deputy chair of the Oversight Group and the Clinical Director of MSS was dealing with operational matters to progress this issue. In discussion of this item, it was agreed that quarterly reports would be provided to EQB and QAC on this matter, with the first progress report to be received in July 2017.
- **Month 12 Quality and Performance Update for discussion on patient experience and quality issues** – the Committee received a briefing on quality and performance for March 2017. The

following points were highlighted in particular:-

- (a) *MRSA* – there had been three cases of MRSA reported for the year, but all cases had been unavoidable or attributed to a third party;
  - (b) *Clostridium Difficile* – both the month and year to date figures were within the trajectory;
  - (c) *Never Events* – one had been reported for the month;
  - (d) *Pressure Ulcers* – there were no Grade 4 pressure ulcers reported this month and Grade 3 pressure ulcers remained within the month and year to date trajectories;
  - (e) *Inpatient and Day Case Patient Satisfaction (FFT)* – remained at 96% against a Quality Commitment of 97%;
  - (f) *Single Sex Accommodation Breaches* – there continued to be a reduction in breaches (1 breach in March 2017) from the previous month when 4 breaches were reported;
  - (g) *Moderate Harm and above* – the Trust remained well within the agreed Quality Commitment monthly thresholds;
  - (h) *Cancer Two Week Wait* – despite an 8% increase in referrals, the Trust continued to achieve this target for 8 consecutive months;
  - (i) *Mortality* – the latest published SHMI is 102, and
  - (j) *Fractured Neck of Femur* – year to date 71.2% was reported for patients operated on within the 35-hour target of 72%. A long-term solution was being identified.
- **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. The Committee noted that monthly progress reports would be provided to the EQB in the form of an actions tracker until all actions were closed. The tracker was appended to the report. Evidence would be required for each action before they could be closed, and this was currently being sought via fortnightly oversight meetings to confirm and challenge the evidence. A further action plan would be developed to detail actions for how to move to 'good'. Assurance was received that actions would be monitored to ensure that they continued to be compliant and mechanisms for how this might be done were discussed.
  - **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. Following the sepsis team appointment, a number of indicators for ED had seen improvement, with the majority of indicators amber or green for the whole of February 2017. EObs had now been rolled out to ED. There was more marked variability with the assessment unit and ward figures. Work was underway to digitalise data required to report on the indicators, and resources had been secured for a further 6 months to achieve this. In discussion of this report, it was agreed that a revised report would be circulated owing to duplication of figures in two of the tables.
  - **Nursing and Midwifery Quality and Safe Staffing Report (February 2017)** – no wards had triggered as a Level 3 concern and 6 wards had triggered as a Level 2 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. With regards to recruitment, 105 new Health Care Assistants commenced in post in March 2017, 39 adult newly qualified nurses from De Montfort University commenced in post on 20 March 2017 and 120 finalist student nurses were interviewed in March 2017. Of the 39 newly qualified nurses commencing in post, 8 nurses have dual registration, mental health or learning disability registration. The Centre for Clinical Practice and Leicestershire School of Nursing was officially opened on 10 March 2017. Successful completion of the IELTS requirement for overseas nurses continued to prove challenging. It was noted that Brexit had not had a significant impact on staff retention. The Infection Prevention metrics continued to be challenging, but the Corporate Infection Prevention Team were providing support to improve practice and performance.
  - **Reports from the Director of Clinical Quality including (1) Clinical Audit Report; (2) Sentinel Stroke National Audit Programme (SSNAP), and (3) Human Tissue Authority (HTA) – LRI Mortuary** – the first section of the report detailed clinical audit work. The Clinical Audit Committee continued to meet on a quarterly basis, although it was noted that attendance had been low at the previous two meetings. The Committee had been working to raise awareness of its work. The report detailed delays or problems with progression of National Clinical Audits, which had been

escalated to the relevant clinical areas and to the EQB. A plan to engage patients more in clinical audit had been approved which included development of an internet page for clinical audit. The second section of the report provided a summary of UHLs performance against the Sentinel Stroke National Audit Programme. In discussion of this item it was noted that Intra-arterial (thrombectomy) treatment was not currently provided at UHL, but would require further investigation into potential provision in the future. The third section of the report provided a summary of actions in response to the Human Tissue Authority site visit inspection with regards to the Trust's Post Mortem Licence. Whilst the HTA had found that the LRI met the majority of the HTA standards, one major and four minor standard shortfalls had been identified. The major shortfall related to the condition of the flooring in the PM suite. The HTA is to refer this matter to the HSE for consideration. An action plan had been submitted in response to the findings, and the HTA had requested monthly updates. Funding for the flooring had been confirmed and plans were currently being developed for temporary closure of the suite whilst the work was undertaken. In discussion of this item, it was agreed that a further report on this matter would be provided to QAC following a report to EPB. A further action related to identifying the reason behind the increased activity at the unit was also agreed.

- **Reports from the Director of Safety and Risk including (1) Patient Safety Report – March 2017 and (2) Complaints Performance Report – March 2017** – the complaints and performance reports were only briefly discussed to enable a presentation of safety improvements to take place, with particular regards to maternity. It had been noted that a number of incidents across the country had occurred in relation to babies suffering from hypoxic-ischemic encephalopathy (HIE) which is a brain injury linked to inadequate oxygen to the brain. The Trust had been successful in receiving funding from the NHSLA to develop safety videos for staff which included a video in relation to learning from this. The videos would be made freely available to other NHS Trust's in an attempt to share learning and best practice, and would be presented at four conferences over the coming months. A Time Escalation Decision (TED) bear would be placed in each delivery room as a visual prompt to staff. The Director of Safety and Risk was congratulated on the high quality work. In discussion of this item, it was agreed that the videos would be shown at the public Trust Board in June 2017 in the patient story section of the agenda to raise public awareness of the work which had been undertaken. Further work had been identified in relation to producing a maternity in labour score, and this was being progressed with midwives.
- **Acknowledging and Acting on Diagnostic Test Results** – the report detailed work underway on acknowledging and acting on diagnostic test results which had been included in the Quality Commitment for 2017/18. Failure to act on test results had been identified as the second highest category in Serious Incidents causing significant harm in the Trust. A comprehensive work plan had been developed with a human factors approach to designing systems that were easy for clinical engagement and were less paper-based. A thematic review of lung cancer incidents had taken place to better understand where improvements could be made. In discussion of this item it was agreed that further updates would be provided on a quarterly basis.
- **Friends and Family Test Scores (February 2017)** – the report detailed the Friends and Family Test score and coverage for February 2017. The Trust had achieved the expected coverage within inpatients, outpatients and maternity services. With regards to the Friends and Family Test score, in February 2017 97% of patients recommended the Trust. In discussion of this item themes and peer analysis were discussed.
- **Triangulation of Patient Feedback – Quarter 3 2016/17** – the report brought together a variety of patient feedback via complaints, verbal complaints, GP concerns, NHS Choices, patient opinion, Friends and Family Test scores, Message to Matron, and Message through a Volunteer. The data suggested that the main area for improvement was waiting times, per a quarter of all feedback received. This was a 15% increase from the same quarter in the previous year. The main theme being fed back to matrons was around environmental issues. A reduction in complaints and concerns had been seen around facilities, nursing care, administration/ appointments, medication, and staffing numbers.
- **The Lived Experience of Hospital Discharge – Action Plan** – the purpose of the paper was to provide the Health and Wellbeing Board with a summary of the actions that UHL and its partners had taken in response to the five key recommendations outlined within 'The Lived Experience of

Hospital Discharge' report. The five recommendation were: (1) timely medication, (2) training, (3) cultural change, (4) inclusive approach and (5) feedback loop. Progress with each of the recommendations was discussed in detail. In discussion of this item, the Head of Nursing/Clinical Lead for the Red2Green Initiative was invited to attend a Patient Partner meeting. A future report on Red2Green would be discussed at the EPB and the Trust Board in due course.

• **The following reports were received and noted by the Committee for information:**

- New and Innovative Procedures Authorisation Group Annual Report
- Executive Quality Board Matters Arising from 4 April 2017
- Executive Performance Board Minutes from 28 March 2017
- QAC Calendar of Business

**DATE OF NEXT COMMITTEE MEETING:** 25 May 2017

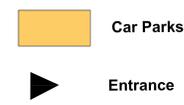
Colonel (Retired) Ian Crowe – Non-Executive Director and QAC Chair

27 April 2017

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Car Parks	
A	Public = 563 Spaces, Inc 32 Disabled
B	Staff = 3 Spaces, Inc 2 Occ Health
C	Staff = 9 Spaces, Inc 7 Contractor Bays & 2 Disabled
D	Public = 8 Disabled Spaces
E	Staff = 5 Contractor Spaces
F	Public = 6 Disabled Spaces
G	Staff = 19 Spaces, Occ Health + ED
H	Public = 12 Disabled Spaces
I	Public = 30 Spaces
J	Mixed = 7 Spaces, Inc 4 Disabled (Public) & 3 Disabled (Staff)
K	Mixed = 4 Spaces, Inc 1 Disabled (Public), 1 Disabled (Staff), 1 Buggy & 1 Ambulance
L	Staff = 10 Spaces
M	Staff = 440 Spaces, Inc 6 Disabled
N	Staff = Ad-Hoc Occ Health
O	Public = 1 Disabled

### LRI Block Plan 2017



LRI Block Plan 2017	
1	Former Nursery
2	Kensington Building
3	Jarvis Building
4	Victoria Building
5	Genetics
6	Knighon St Outpatients
7	Public House
8	Immunology
9	Hearing Services
10	Undergraduate Building
11	Plant Room
12	Sandringham Building
13	Osbourne Building
14	Windsor Building
15	M.H.U
16	Estates & Facilities
17	Balmoral Building
18	Emergency Department
19	Knighon St Offices
20	Robert Kilpatrick Building
21	Modular Wards



REV	DESCRIPTION	BY	DATE

University Hospitals of Leicester **NHS**

Estates and Facilities

Estates Management Building  
Leicester Royal Infirmary  
Leicester  
LE1 5WW

Drawing Title:  
LRI\_CAR\_PARK\_DK\_2017

Status: **PROPOSED**

Drawn by:	EF_SP	Scale:	NA
Date:	APR_17	Checked:	X
		Approved:	X

Drawing Number:	Revision:
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