

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

COMMENTS ON THE UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST QUALITY ACCOUNT FOR 2014-15

18 May 2015

The Leicestershire Health Overview and Scrutiny Committee welcomes the opportunity to comment on the Quality Account for the University Hospitals of Leicester NHS Trust (UHL). The Committee is of the view that the Quality Account presented by UHL offers a balanced picture of the trust's performance and is not aware of any major omissions from the Quality Account offered by UHL and minor omissions and areas of concern are discussed below.

The Committee is pleased to note that improvements have been made to the format of the Quality Account since the previous one to make it more readable and fit for purpose. The Committee is pleased to note that the priorities for 2014-15 are clearly set out as providing effective care and improve patient outcomes, improving safety and reducing harm as well as being caring and compassionate and improving patient experience. The Committee notes detailed descriptions of targets met throughout 2014-15 in conjunction with the priorities set out and is pleased to note that all outcomes have been achieved or are "On Plan" to be achieved. The Committee notes however that there are still improvements to be made in all areas.

On page 23 of the Quality Account, reference is made to the domain in the NHS Outcomes Framework regarding preventing people from dying prematurely. The Committee is concerned that UHL's commentary for this domain does not include reference to 'Learning Lessons to Improve Care', the findings of the clinical audit commissioned to examine the quality of patient care for a cohort of people who died either at UHL or within 30 days of discharge where they were discharged to a different place of residence. The Committee would have welcomed reference to the actions being taken as a result of this audit, including changes to processes around Do Not Attempt Resuscitation Orders, improvements to communication between organisations and how clinicians are addressing issues arising from deviation from standard care pathways, being explicitly set out in the Quality Account.

The Committee is of the view that reasons for collecting data on the percentage of patients readmitted to hospital within 30 days of discharge, given on page 24 of the Quality Account, are not set out clearly would appreciate further clarification of this matter.

The Committee also feels that not meeting the performance indicator for MRSA, with 5 patients contracting MRSA against the national target of 0, as set out on page 28 of the Quality Account, is not acceptable.

The Committee notes with concern that after CQC inspections in 2014-15 the overall rating for UHL was 'requires improvement'. The Committee notes that the areas which require improvement were identified by CQC as:

- Acute services safety and responsiveness throughout the trust;
- Overall rating for Leicester General Hospital, Leicester Royal Infirmary;

- Acute services safety, responsiveness and effectiveness at LRI;
- Safety at Glenfield ;
- Responsiveness and safety at General Hospital.

The Committee is pleased to note that overall ratings for Glenfield Hospital and the St. Mary's Birthing Centre were found to be good.

The Committee notes that CQC identified 6 areas of risk, including proportion of ambulance journeys where the ambulance vehicle remained at hospital for more than 60 minutes and patient opinion – high number of negative comments as well as 1 area of elevated risk: whistleblowing – up to September 2014. The Committee notes that it would help transparency and clarity of the performance of UHL for 2014-15 if details of the above risks were discussed in the account.

The Committee is pleased to note that UHL achieved 98% of CCGs CQUIN monies and 98% of specialised CQUIN monies. The Committee notes that unachieved 2% was due to delays in implementing post follow up discharge for pneumonia patients linked to staff capacity between nurse specialist leaving and new nurse starting.

The Committee is pleased to note that the cases of Never Events and complaints were well documented in the Quality Account to aid transparency. It is to the Committees delight that key actions to prevent reoccurrence of such events have been identified.

The Committee previously expressed concerns regarding staffing levels at UHL, particularly with regard to the need for stability in the workforce and ensuring the retention of nurses recruited from overseas. The level of vacancies in nursing staff remains a concern but the Committee is pleased to note that UHL is continuing to invest in nursing posts and will recruit a further 240 international nurses from Europe during 2014/15. Committee is also pleased that Health Education East Midlands (HEEM) found the support and education delivered to non-medical students and new staff to be exemplary as this will help with retention. The Committee understands that UHL also employs agency and bank staff to ensure that staffing is at a safe level and it would be of Committee's interest to add an update on the use of these staff in the Quality Account. Overall, staffing levels, recruitment and retention remain a concern to the Committee although it is hoped that the above actions will help in addressing staffing issues.

In November 2014 the Committee voiced concerns that there were seven breaches at UHL in relation to mixed sex accommodation which had equated to two events. It would be of use to include an update of those breaches in the Quality Account 2014/15.

The Committee welcomes the priorities for 2015-16 as clinical effectiveness, patient safety and experience. The Committee welcomes aims for 2015-16 to improve the consistency of 7 day services in line with Keogh 10 Clinical Standards, earlier recognition and rescue of the deteriorating patient – sepsis, handover, EWS, acting on results as well as improving the experience of care for older people and expand end of life care processes.

In conclusion, the Committee would like to thank UHL for presenting a clear Quality Account and, based on the Committee's knowledge of the provider, is of the view that the Quality Account is accurate and provides a just reflection of the healthcare services provided. The Committee notes the improvement made over the period 2014-15, however it believes that improvement are still needed with regards to transfer of patients to UHL from EMAS, effectiveness of care during winter months and periods of high demand and staffing levels. The Committee is looking forward to the improvements to be made in the year 2015-16 to the UHL's healthcare provision in line with the priorities set out in the Quality Account for 2014-15.