

Trust Board Paper J

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

**DATE OF TRUST BOARD MEETING:** 2 July 2015

**COMMITTEE:** Quality Assurance Committee

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

**DATE OF MEETING:** 25 June 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 6 August 2015.

**SPECIFIC RECOMMENDATIONS FOR THE TRUST BOARD:**

- **Quality Account 2014-15** – the Board representation letter was agreed by the Quality Assurance Committee on behalf of the Trust Board. The letter has been signed-off by the Acting Chief Executive/Acting Medical Director on behalf of the Chief Executive. The Independent Auditors' limited assurance report on the Annual Quality Account 2014-15 was also received by the Quality Assurance Committee. A copy of both these documents is attached to this report for ease of reference.

**SPECIFIC DECISIONS:**

- None

**DISCUSSION AND ASSURANCE:**

- **Interserve Estates and Facilities Contract Quality Performance Report (Quarterly)** – the Performance and Quality Assurance Manager briefed members regarding the issues relating to the reporting of the quality of Interserve service delivery from the patient facing elements - i.e. cleaning, catering and portering. All these were central to the patient experience. There was still no electronic customer satisfaction survey being conducted and NSC cleaning targets were not being met in 'very high risk' areas in all 3 hospital sites including 'high risk areas' in LRI. Audit results have also indicated deteriorating standards. The planned transformation of catering and cleaning services in Kensington Building at LRI and Glenfield Hospital, which started in May 2015 and included the roll-out of a streamlined 'multi-skilled' service, have not achieved the results expected and had been paused. Portering KPIs have been reported as achieving the required performance except for one (i.e. routine service requests). However, KPI validation was difficult as it depended on inspection of manual records. The official results of the Patient Led Assessment of the Care Environment (PLACE) would be available in August 2015.
- **Fractured Neck of Femur (#NOF) Performance – Impact to patients, action plan and expected improvement** – it was noted that a number of actions had been put in place to support this cohort of patients, however, the plans that had been put in place were yet to realise to full benefit due to delays in recruitment of key staff. The service was experiencing challenges around the achievement of the #NOF target of admission to theatre in 36 hours and when there was an increase in admission of #NoFs or trauma cases, then the achievement of this target was at risk. It

was noted that the Chief Operating Officer's team was undertaking a deep dive of this issue and an update was scheduled to be presented to IFPIC in July 2015.

- **Transplant Lab Accreditation – UKAS Visit** – the Head of Operations, RRCV attended the meeting to brief members regarding the transplant laboratory transition assessment by UKAS in June 2015. Following the inspection, the CPA accreditation had been suspended for a period of 12 weeks with an 8 week period to improve and evidence actions which had been highlighted from the assessment. The Trust was required to notify all users that accreditation had been suspended and that the decision to use the service was at the user's discretion. Work was underway to progress the actions in the action plan. Members' view was that if this inspection would have been included on the list of external visits, accreditations and forthcoming visits, then it could have been better planned for. It was agreed that the report and action plan could be shared with NHS England.
- **Update on Revalidation for Nurses and Midwives** – the Assistant Chief Nurse advised that the final revalidation guidance was not yet available, however, it was expected in October 2015. She confirmed that she was confident that as a Trust, nurses and midwives had been prepared for the changes ahead - in respect of the proposed revalidation requirements.
- **Month 2 – Quality and Performance Update** – both cancer 14 and 62 day targets had not been met and it was anticipated that the 62 day target would not be met until September 2015 (previous deadline was July 2015). It was noted that this deterioration in performance would be scrutinised by IFPIC in July 2015. A never event relating to a 10xdrug error was reported, a full root cause analysis would be undertaken and a report would be presented to EQB and QAC in August/September 2015.
- **Nursing and Midwifery Report and Ward Performance Dashboard** – an increase in nursing vacancies was reported for April 2015. The Nursing and Midwifery waterfall/bridge chart provided clarity around the nursing vacancies throughout 2014-15. It also provided clarity around the success of international recruitment/clearing house and general recruitment campaigns. The chart indicated the need for focus on retention of nursing and midwifery staff. Members of QAC also noted the need for focus on increasing training of nursing staff. The Clinical Measures dashboard incorporated performance thresholds designed to ensure that all wards could identify their standard of care in order to ensure it was safe, effective and of high quality. Any wards on special measures would be reported to the EQB on a monthly basis.
- **Friends and Family Test Scores – April 2015** – received and noted.
- **CQC Registration Visit to National Centre for Sports and Exercise Medicine (NCSEM)** – the CQC registration visit to NCSEM took place on 3 June 2015 and there were no significant issues identified. The registration certificate would be completed as soon as the acceptance testing on the diagnostic equipment was signed-off.
- **External Schedule of Visits** – members noted the contents of this report and suggested that consideration be given to incorporating RAG rating in terms of the 'preparedness for the visits'. It was also suggested that the CQC visit be included on the schedule even though a date for the visit was not yet known.
- **Patient Safety Report** – this report provided the patient safety data for quarter 4 of 2014-15. Members were advised of the actions taken to improve learning from incidents within the Trust. Members also noted the actions been put in place to reduce overdue incidents within CMGs.
- **Update on complaints performance** – a brief update on performance in terms of formal and reopened complaints was provided. The Director of Safety and Risk advised members that the reopened complaints performance needed to improve and actions were in place.
- **Update re. workstreams put in place to resolve the emerging issues that had arisen through the learning from claims and inquests process** – emerging issues relating to handover, EWS and lack of observations have been noted and work continued to resolve these so that they are no longer issues in the future.
- **Patient Experience Triangulation Report** – the Acting Chief Nurse advised that patient feedback from the triangulation process illustrated that the improvement plans that the Trust currently had deployed were in line with the feedback and all staff should remain focused on these initiatives. Ms J Wilson, Non-Executive Director raised a query regarding limited staffing in the discharge lounge at Glenfield Hospital during weekends which was leading to delay in discharges – in response, the Acting Medical Director advised that work was underway to increase ancillary services (i.e. pharmacy, radiology) support at Glenfield Hospital particularly at the weekends given that a numbers of services had now been transferred to this site as part of the Trust's reconfiguration programme. It was noted that a Trust Board Thinking Day re. 'Learning from

Patient Experience' had been scheduled in August 2015.

- **Infection Prevention Annual Report** – received, noted and commended;
- **Safeguarding Annual Report** – received and noted. In response to a query re. whether the Annual Safeguarding Report needed to be submitted to the Trust Board – the Trust Chairman undertook to liaise with the Director of Corporate and Legal Affairs and inform the Committee Chair of his response. A concern was also raised regarding no assurance being received re. whether Interserve staff had completed safeguarding training.
- **Clinical Audit Annual Report** – received and noted. Mr R Moore, Non-Executive Director/Chair of the Audit Committee advised members that it was the responsibility of the Audit Committee to provide the Trust Board with assurance against a number of criteria for good local clinical audit. Therefore, a regular report on clinical audit would feature on Audit Committee agendas in the future.

**DATE OF NEXT COMMITTEE MEETING:** 30 July 2015

Dr S Dauncey  
26 June 2015

*Caring at its best*

## **MEDICAL DIRECTORATE**

Tel: 0116 258 3871

E-mail: [Andrew.Furlong@uhl-tr.nhs.uk](mailto:Andrew.Furlong@uhl-tr.nhs.uk)

25<sup>th</sup> June 2015

KPMG LLP

Leicester Royal Infirmary  
Level 3 – Chief Executive's Corridor  
Balmoral Building  
Infirmary Square  
Leicester  
LE1 5WW

Dear Sir/Madam

### **QUALITY ACCOUNT 2014/15 - BOARD REPRESENTATION LETTER**

This representation letter is provided in connection with your limited assurance engagement regarding the Quality Account of University Hospitals of Leicester NHS Trust ("the Trust") for the year ended 31 March 2015 for the purpose of forming a conclusion, based on limited assurance procedures, on whether anything has come to your attention that causes you to believe that:

- the Quality Account is not prepared in all material respects in line with the criteria set out in the Regulations;
- the Quality Account is not consistent in all material respects with the sources specified in the NHS Quality Accounts Auditor Guidance 2014-15 ("the Guidance"); and
- the indicators in the Quality Account identified as having been the subject of limited assurance in the Quality Account are not reasonably stated in all material respects in accordance with the Regulations and the six dimensions of data quality set out in the Guidance.

The Board confirms that:

- The Quality Accounts have been prepared in accordance with the National Health Service (Quality Accounts) Regulations 2010 (as amended) and the Guidance;
- The content of the Quality Accounts is not inconsistent with the internal and external sources of information set out in the Guidance;
- The Quality Accounts present a balanced picture of the Trust's performance over the period covered;
- The performance information reported in the Quality Accounts is reliable and accurate;
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Accounts, and these controls are subject to review to confirm that they are working effectively in practice; and
- The data underpinning the measures of performance reported in the Quality Accounts is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review.

This letter was tabled and agreed at the meeting of the Quality Assurance Committee acting on behalf of the Directors on 25<sup>th</sup> June 2015.

Yours faithfully



**Andrew Furlong**  
**Acting Chief Executive/Interim Medical Director**

# **INDEPENDENT AUDITORS' LIMITED ASSURANCE REPORT TO THE DIRECTORS OF UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST ON THE ANNUAL QUALITY ACCOUNT**

We are required to perform an independent assurance engagement in respect of University Hospitals of Leicester NHS Trust's Quality Account for the year ended 31 March 2015 ("the Quality Account") and certain performance indicators contained therein as part of our work. NHS trusts are required by section 8 of the Health Act 2009 to publish a Quality Account which must include prescribed information set out in The National Health Service (Quality Account) Regulations 2010, the National Health Service (Quality Account) Amendment Regulations 2011 and the National Health Service (Quality Account) Amendment Regulations 2012 ("the Regulations").

## **Scope and subject matter**

The indicators for the year ended 31 March 2015 subject to limited assurance consist of the following indicators:

- Rate of clostridium difficile infections; and
- Percentage of patient safety incidents resulting in severe harm or death.

We refer to these two indicators collectively as "the indicators".

## **Respective responsibilities of the Directors and the auditor**

The Directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporates the legal requirements in the Health Act 2009 and the Regulations).

In preparing the Quality Account, the Directors are required to take steps to satisfy themselves that:

- the Quality Account presents a balanced picture of the trust's performance over the period covered;
- the performance information reported in the Quality Account is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review; and
- the Quality Account has been prepared in accordance with Department of Health guidance.

The Directors are required to confirm compliance with these requirements in a statement of directors' responsibilities within the Quality Account.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the Quality Account is not prepared in all material respects in line with the criteria set out in the Regulations;
- the Quality Account is not consistent in all material respects with the sources specified in the NHS Quality Accounts Auditor Guidance 2014-15 ("the Guidance"); and

- the indicators in the Quality Account identified as having been the subject of limited assurance in the Quality Account are not reasonably stated in all material respects in accordance with the Regulations and the six dimensions of data quality set out in the Guidance.

We read the Quality Account and conclude whether it is consistent with the requirements of the Regulations and to consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Account and consider whether it is materially inconsistent with:

- Board minutes for the period April 2014 to June 2015;
- papers relating to quality reported to the Board over the period April 2014 to June 2015;
- feedback from the Commissioners dated XX/XX/20XX;
- feedback from Local Healthwatch dated XX/XX/20XX;
- the Trust's complaints report published under regulation 18 of the Local Authority, Social Services and NHS Complaints (England) Regulations 2009, dated XX/XX/20XX;
- feedback from other named stakeholder(s) involved in the sign off of the Quality Account;
- the latest national patient survey dated XX/XX/20XX;
- the latest national staff survey dated XX/XX/20XX;
- the Head of Internal Audit's annual opinion over the trust's control environment dated XX/XX/20XX;
- the annual governance statement dated XX/XX/20XX;
- the Care Quality Commission's quality and risk profiles dated XX/XX/20XX;
- the results of the Payment by Results coding review dated XX/XX/20XX; and

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with these documents (collectively the "documents"). Our responsibilities do not extend to any other information.

This report, including the conclusion, is made solely to the Board of Directors of University Hospitals of Leicester NHS Trust.

We permit the disclosure of this report to enable the Board of Directors to demonstrate that they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permissible by law, we do not accept or assume responsibility to anyone other than the Board of Directors as a body and [Name of Trust] for our work or this report save where terms are expressly agreed and with our prior consent in writing.

### **Assurance work performed**

We conducted this limited assurance engagement under the terms of the Guidance. Our limited assurance procedures included:

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicators;

- making enquiries of management;
- testing key management controls;
- limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation;
- comparing the content of the Quality Account to the requirements of the Regulations; and
- reading the documents.

A limited assurance engagement is narrower in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

### **Limitations**

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different but acceptable measurement techniques which can result in materially different measurements and can impact comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision thereof, may change over time. It is important to read the Quality Account in the context of the criteria set out in the Regulations.

The nature, form and content required of Quality Accounts are determined by the Department of Health. This may result in the omission of information relevant to other users, for example for the purpose of comparing the results of different NHS organisations.

In addition, the scope of our assurance work has not included governance over quality or non-mandated indicators which have been determined locally by University Hospitals of Leicester NHS Trust.

### **Conclusion**

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2015:

- the Quality Account is not prepared in all material respects in line with the criteria set out in the Regulations;
- the Quality Account is not consistent in all material respects with the sources specified in the Guidance; and
- the indicators in the Quality Account subject to limited assurance have not been reasonably stated in all material respects in accordance with the Regulations and the six dimensions of data quality set out in the Guidance.

KPMG LLP  
One Snowhill  
Snow Hill Queensway  
Birmingham  
B4 6GH

June 2015