

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**

**REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD**

**DATE OF TRUST BOARD MEETING: 30 October 2014**

**COMMITTEE: Quality Assurance Committee**

**CHAIRMAN: Ms J Wilson, Non-Executive Director**

**DATE OF COMMITTEE MEETING: 27 August 2014**

**RECOMMENDATIONS MADE BY THE COMMITTEE FOR CONSIDERATION BY THE TRUST BOARD:**

- None.

**OTHER KEY ISSUES IDENTIFIED BY THE COMMITTEE FOR CONSIDERATION/ RESOLUTION BY THE TRUST BOARD:**

- the work on-going into patient falls (Patient Safety Report – Minute 65/14/3)
- progress in respect of the work of the Resuscitation Committee (Minute 65/14/6), and
- the Triangulation of Patient Feedback (Minute 67/14/3).

**DATE OF NEXT COMMITTEE MEETING: 24 September 2014**

**Dr S Dauncey  
Acting QAC Chairman for 27 August 2014 meeting  
24 October 2014**

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**

**MINUTES OF A MEETING OF THE QUALITY ASSURANCE COMMITTEE HELD ON WEDNESDAY  
27 AUGUST 2014 AT 12.30PM IN SEMINAR ROOMS A AND B, CLINICAL EDUCATION CENTRE,  
LEICESTER GENERAL HOSPITAL**

**Present:**

Dr S Dauncey – Non-Executive Director (Acting Chair)  
Mr J Adler – Chief Executive  
Mr M Caple – Patient Adviser (non-voting member)  
Dr A Furlong – Deputy Medical Director (deputising for Dr K Harris, Medical Director)  
Ms R Overfield – Chief Nurse  
Mr P Panchal – Non-Executive Director

**In Attendance:**

Mrs G Belton – Trust Administrator  
Dr T Bourne – Lead Clinician, EPMA (for Minute 66/14/1)  
Dr B Collett – Associate Medical Director (Clinical Effectiveness)  
Ms C Ellwood – Acting Chief Pharmacist (for Minute 65/14/1)  
Ms S Hotson – Director of Clinical Quality  
Dr P Rabey – Deputy Medical Director and Chair of the Resuscitation Committee (for Minute 65/14/6)  
Mrs C Ribbins – Director of Nursing – from Minute 66/14/6

**RESOLVED ITEMS**

**ACTION**

**62/14 APOLOGIES**

Apologies for absence were received from Miss M Durbridge, Director of Safety and Risk, Dr K Harris, Medical Director, Ms C O'Brien, Chief Nurse and Quality Officer, East Leicestershire CCG, Ms J Wilson, Non-Executive Director and QAC Chair and Professor D Wynford-Thomas, Non-Executive Director and Dean of the University of Leicester Medical School.

**63/14 MINUTES**

**Resolved – that the Minutes of the previous meeting held on 30 July 2014 (papers A and A1) be confirmed as a correct record, subject to correction of the typographical error in the spelling of Dr Dauncey's name (page 2, point (m) refers).**

**64/14 MATTERS ARISING**

Members received and noted the contents of paper 'B', noting that those actions now reported as complete (level 5) would be removed from future iterations of this report. Members specifically reported on progress in respect of the following actions:-

- (i) Minute 53/14a – Mr Caple reported verbally to confirm that the Patient Advisers were happy with the proposal that they field deputies at Trust Committee meetings when the nominated Patient Adviser could not attend. He had discussed this matter with the Director of Communications and Marketing who, in turn, would be raising this with the Director of Corporate and Legal Affairs for progression, as appropriate. It was agreed that this action would be removed from future iterations of the Matters Arising log; TA
- (ii) Minute 54/14/5 (re checking of any capacity issues in respect of Level 3 safeguarding training) – the Director of Nursing confirmed that there were no capacity issues, and this action could be closed down on the log;
- (iii) Minute 55/14/2 (re the need to ascertain the structural mechanism for taking forward the LLIC health community-wide action plan) – the Chief Executive reported verbally to advise that there had been several subsequent discussions on this matter, and it was intended that a proposal that this work be progressed as a TA

- workstream within 'Better Care Together' would be submitted to the System Management meeting for approval. A decision would also need to be taken as to who would provide the required project management; CE
- (iv) Minute 55/14/7b (relating to planned discussion with the Director of Human Resources of the need for any quality and safety issues arising from EWB's review of the clinical workforce to be submitted to QAC as and when required) – this had been discussed and this action could now be RAG-rated '5' (completed); TA
- (v) Minute 55/14/7c (relating to consideration of convening a development session on the revised Q & P report following the appointment of the new Non-Executive Directors) – this proposal had been discussed with the Director of Corporate and Legal Affairs, who would discuss this with the newly appointed Trust Chairman. This action could therefore now be RAG-rated '5' (completed); TA
- (vi) Minute 55/14/10 (regarding the Acting Chair's intention to write to the IP Team congratulating them on the work outlined in their Annual Report and requesting completion of a revised front sheet in future submissions) – it was noted that the Acting Chair had prepared this communication in draft and was awaiting a copy of the template for the revised front sheet prior to sending. It was noted that if this was not yet available, she would send the communication and send the template on to follow when it became available; the Director of Clinical Quality undertook to check the position with the Senior Trust Administrator; DCQ/AC
- (vii) Minute 43/14/1 (regarding circulation of the In-Patient Survey to the Trust Board) – given the particular focus now being placed on FFT, it was agreed that the Acting Chair would discuss this matter with the QAC Chair to determine the most appropriate action; AC
- (viii) Minute 44/14/7d (regarding reviewing the out-puts of the ED Risk Review at the EQB) – this action had now been completed, and could be RAG-rated '5' accordingly; TA
- (ix) Minute 45/14/2 (regarding making photocopies of the Trust's Quality Account available at the Trust's APM) - this action had now been completed, and could be RAG-rated '5' accordingly; TA
- (x) Minute 40/14/7 (regarding determination of an appropriate Chair for the Organ and Tissue Donation Committee) - this action had now been completed, and could be RAG-rated '5' accordingly; TA
- (xi) Minute 34/14/1b and 34/14/1c (regarding specific actions underway within the Women's and Children's CMG) – confirmation of the action undertaken to-date was awaited and would be included in the next iteration of the log; TA
- (xii) Minute 13/14/3 (regarding the planned work to review and amend the QAC work plan) – it was noted that a meeting was scheduled to progress this work during the following week, and this item would be scheduled on the September QAC agenda, and TA/Chair
- (xiii) further to Minute 56/14/1 of the previous meeting, at which time the results of the latest PLACE audits had been discussed, note was made that a number of questions had arisen at the last APM regarding PLACE audits, and it was therefore agreed helpful to circulate paper Q from the meeting held on 30 July 2014 to members of the Trust Board for their information. TA

**Resolved – that (A) the matters arising report (paper B) and the actions outlined above be noted and undertaken by those staff members identified, and**

**(B) the Trust Administrator be requested to undertake the action outlined under point (xiii) above.**

**65/14 SAFETY**

65/14/1 Report by the Acting Chief Pharmacist

**Resolved – that this Minute be classed as confidential and taken in private accordingly.**

65/14/2 Report by the Director of Safety and Risk

**Resolved** – that this Minute be classed as confidential and taken in private accordingly.

65/14/3 Patient Safety Report

In the absence of the Director of Safety and Risk, the Associate Medical Director presented paper 'E', which detailed the monthly Patient Safety report and specifically detailed information in respect of: Sign Up to Safety, 3636 Staff Concerns Report line, weekly tracking of harms and formal complaints, SUIs reported and closed in July 2014, Executive Safety Walkabout Themes for quarter 1, CAS performance for July 2014 and 45 day RCA performance.

Specific note was made of the fact that the Trust had registered for the new national 'Sign Up for Safety' initiative and had weaved many of the sign up for safety pledges into existing Quality Commitment KPIs.

Note was also made of the number of reported incidents, and a query was raised as to the specific action undertaken in response to patient falls. The Chief Nurse confirmed the actions undertaken by the Heads of Nursing in response to reported patient falls and of the resulting lessons learned which were shared across the team and reported at the Nursing Executive Team. The Chief Nurse undertook to provide a quarterly report on patient falls for QAC at a future meeting.

CN/TA

Discussion took place regarding specific SUIs, namely W1440179 and W149106, and the Associate Medical Director undertook to ascertain the result of the investigation into the latter referenced SUI (i.e. W149106) for Mr Caple, at his request. The action taken in response to this incident was noted, as was the fact that the planned move to an electronic patient record would assist in preventing future such incidents.

AMD

Specific discussion also took place in respect of communications back to staff as to action taken in response to feedback they have provided. Whilst efforts had been made to feedback to staff either verbally or via official channels, it was acknowledged that it would be appropriate for nursing staff to know what had been said to any junior doctors involved in incidents, via their Educational Supervisors, and the Associate Medical Director undertook to progress this matter with the Deanery. The Chief Executive noted that he would wish to see specific reference within the Incident Policy as to the type of feedback provided for each type of incident, and it was agreed that the Chief Nurse would progress this accordingly.

AMD

CN

**Resolved** - that (A) the contents of this report be received and noted,

(B) the Chief Nurse be requested to:

- (i) provide a quarterly report on patient falls at a future QAC meeting, and
- (ii) progress the issue raised regarding the Incident Policy (as detailed above),

CN

(C) the Associate Medical Director be requested to:

- (i) ascertain and feedback to Mr Caple the results of the investigation into SUI reference W149106, and
- (ii) progress, with the Deanery, the issue of feedback following specific incidents.

AMD

65/14/4 Report by the Deputy Medical Director

**Resolved** – that this Minute be classed as confidential and taken in private accordingly.

65/14/5 Ebola Virus

The Chief Nurse reported verbally to assure the Committee of actions undertaken within the Trust to ensure that staff were informed, prepared and able to implement immediately the required actions should a patient being treated within the Trust be suspected or confirmed to be suffering from the ebola virus.

**Resolved – that this verbal information be noted.**

65/14/6 Resuscitation Committee (Work Plan and KPIs)

Dr P Rabey, Deputy Medical Director and Chair of the Resuscitation Committee, attended to present paper 'F', which made reference to the recent significant changes made to the Resuscitation Committee and detailed the most recently agreed work programme and KPIs for the work of the Committee, for the purpose of providing assurance to QAC.

Dr Rabey highlighted the actions taken to ensure the production of outcome data for the Resuscitation Team, the first trust-wide results of which should be available in three month's time. He also noted the work on-going in respect of processes for responding to cardiac arrests, particularly at the LGH, and in respect of resuscitation training.

Particular discussion took place regarding public perception of issues concerning resuscitation and the potential need for public assurance in this respect. Dr Rabey noted the particular focus on End of Life Care as arising from the recommendations of the LLIC Review, and noted that a policy had been submitted to the Policy and Guideline Committee this month for approval. Note was made of the need for discussions with patients regarding DNAR, and of the need to gradually build trust in this respect. It was noted that a series of Listening Events around Learning Lessons to Improve Care were due to be held in September and October 2014.

Members also discussed particular issues relating to training, including the fact that staff who had left the Trust were not automatically removed from the trust-wide systems which tracked training, resulting in it appearing that less staff had received required training than was actually the case. Work was underway to link this system to the Electronic Staff Record to overcome this current limitation. Sufficient slots existed for the provision of resuscitation training, and the team providing the training had been requested to overbook sessions to overcome issues with anticipated non-attendance by a proportion of staff on the day. Attendance at resuscitation training was incorporated into the job description of relevant staff and pay progression for both Consultant staff and Trust Grade doctors would require attendance at such training sessions.

**Resolved – that the contents of this report, and the additional verbal information provided, be received and noted.**

**66/14 QUALITY**

66/14/1 EPMA Update – Current Position of Electronic Prescribing and the ePMA-ICE TTO Interface

Dr T Bourne, Lead Clinician EPMA, attended to present paper 'G', which sought to update the Committee on the current position of electronic prescribing and the ePMA-TTO ICE interface. A summary of the key points of the report was detailed on page 1 of paper G, along with the recommendation that further deployment of the ePMA system should not take place until two specific conditions had been met (as also detailed on page 1 of the report). Assurance was also being sought from the external provider that the ePMA-ABxAlert interface being developed would not impact unduly on performance of ePMA. Note was also made of the importance of undertaking a review of the processes required to achieve the IT component of the Doctor's induction programme for all grades in light of lessons learned from the Junior Doctor changeover on 1 August 2014.

Members queried where oversight of this work was monitored, in response to which it was confirmed that this was through the Executive Team. The Associate Medical Director noted the need to ensure a robust prescribing system was in place when the Trust went live with EPR.

In conclusion, the Chair thanked Dr Bourne for attending to provide this update and requested that a further update was provided at the QAC meeting in November 2014.

**Resolved – that (A) the contents of this report be received and noted, and**

**(B) Dr Bourne be requested to provide a further update on progress at the QAC meeting in November 2014.**

LC,  
EPMA/  
TA

66/14/2 Stroke and TIA Clinical Report

As Mr A Palmer, Senior Service Manager, had been unable to attend today's meeting to present paper 'H', and as no one within the service had been able to attend to present on his behalf, it was agreed to defer this item until the next meeting of the Quality Assurance Committee.

As it was anticipated that members would have queries in relation to aspects of this report, it was agreed that the Director of Clinical Quality would make contact with the QAC Chair to ask that these issues were fed back to the service so that they could be addressed within an update report to be submitted to the September 2014 meeting.

**Resolved – that (A) this report be deferred for consideration at the next (September 2014) QAC meeting, and**

SSM/TA

**(B) the Director of Clinical Quality be requested to make contact with the QAC Chair for the purpose described above.**

DCQ

66/14/3 CQC Action Plan

The Director of Clinical Quality presented paper 'I', which provided an update on progress against compliance actions detailed in the CQC action plan.

Specific discussion took place regarding:

- (i) paediatric post dental extraction – the Director of Operations was progressing this issue accordingly;
- (ii) ref 6b (re improved compliance with mandatory training for maternity staff) – whilst the overall target date for completion of this action was March 2015, it was noted that there was a quarterly trajectory for improvement in place;
- (iii) ref 7b (re review of paediatric bed capacity) and whether this was achievable within the timescale set (of September 2014) – note was made this this was currently RAG-rated '3', and
- (iv) in response to a query, confirmation was provided that the action plan was reviewed in detail at the EQB (and its various sub-committees) with audits / checks undertaken as appropriate.

**Resolved – that the contents of this report and the additional verbal information, be received and noted.**

66/14/4 CQC Report – Areas identified for Improvement

The Director of Clinical Quality presented paper 'J', which provided the Committee with an update on progress against "should do" actions following the CQC inspection in January 2014, noting the aspirational nature of some of the items.

Members noted the good progress being made in this respect.

A specific query was raised by Mr Caple, Patient Adviser, in respect of ref (6f) on page 13 which made reference to the fact that 24/7 interpreting and translation services were available at the Trust, and he questioned why staff had not advised the CQC of this. In response, the Director of Clinical Quality advised that a communication campaign was being undertaken in this respect to ensure that all staff were aware of the availability of this service within the Trust.

66/14/5 PwC Review of Quality Assurance Arrangements

The Director of Clinical Quality presented paper 'K', which informed the Committee of the outcome of PwC's review of UHL's Quality Assurance Framework, and she noted that she, along with the Chief Nurse and the Director of Corporate and Legal Affairs had met with the auditors and agreed actions to address the findings.

In response to a query, note was made that some of the actions with an August deadline may extend into September 2014 due to the August holiday period. A key action related to the escalation framework, which was to be signed off by December 2014. It was agreed that an update would be provided to QAC at their October 2014 meeting.

**Resolved – that (A) the contents of this report be received and noted, and**

**(B) a further update on progress be submitted to the QAC meeting in October 2014.** DCQ/TA

66/14/6 Month 4 – Quality and Performance Update

Members received and noted the contents of the revised format Quality and Performance Update for Month 4.

Specific discussion took place regarding the following points:

- (i) the intended incorporation of the TDA standards (when available);
- (ii) performance within cancer services in light of the increased referral rate with reference made to the exception report on page 15, and the current absence of a mechanism by which to review this in detail;
- (iii) means by which the detail of the Q & P report could be triangulated with financial information – the difficulties in so doing were acknowledged and note was made of the actions undertaken to ensure all relevant staff (including the Director of Finance) were present at forums discussing quality and safety (e.g. through the recent changes made to the EQB forum), and
- (iv) the discharge of patients awaiting placements in Nursing Homes, and the resulting implications for the Trust.

**Resolved – that the contents of this report be received and noted.**

66/14/7 Nursing Workforce Report

The Chief Nurse presented paper 'M', which sought to assure the Committee that matters relating to the nursing workforce were being managed and that risk was being mitigated wherever possible. The report detailed the latest figures for staff in post, the current recruitment position and the mitigation of workforce gaps. Note was made that this report would also be discussed at the public Trust Board meeting the following day.

Specific discussion took place regarding the following:

- (i) the fact that paediatric and critical care areas flexed their beds up and down according to demand, however the system utilised to produce this report did not take account of this, and it was anticipated that this represented a national issue;

- (ii) the action being undertaken to ensure completion of safety statements (appendix 2 refers);
- (iii) the nursing turnover rate, and how vacancies were prioritised so that the posts required most urgently were filled first – note was made of the need for there to be an element of choice amongst nursing staff, with staff transferred internally where they wished to;
- (iv) the Trust's retainment of its overseas nursing staff, and its very positive experience to-date of such staff and the valuable skills and experience they brought to the Trust (and the excellent mixed economy of skills achieved by having overseas nursing staff working alongside home-grown staff), and
- (v) the improving FFT score month on month and the reduction in reliance on bank and agency staff.

**Resolved – that the contents of this report and the additional verbal information provided were received and noted**

**67/14 PATIENT EXPERIENCE**

**67/14/1 Complaints Performance Report**

In the absence of the Director of Safety and Risk, the Director of Clinical Quality presented paper 'N', which detailed monthly complaints performance, specifically reporting on: the trend relating to formal complaints, data relating to all complaints activity broken down by type, theme and CMG, trend lines of PILS activity, a breakdown of complaints activity for July, re-opened complaints information and complaints performance against Quality Schedule requirements.

Particular note was made that the revised complaints plan would be submitted to the next QAC meeting.

**DSR/TA**

**Resolved – that (A) the contents of this report be received and noted, and (B) the revised complaints plan be submitted to the next QAC meeting.**

**DSR/TA**

**67/14/2 Patient Experience Feedback – Quarter 1**

The Director of Nursing presented paper 'O', which provided an update on the Patient and Family Experience Feedback for Quarter 1 (April – June 2014). It was the last time that this report would be presented in this format, with the intention to provide a briefer report to future meetings.

Particular discussion took place regarding the following:

- (i) the introduction of FFT to out-patients and its inherent challenges;
- (ii) the success of wards in achieving the Quality Mark (page 14 of the report refers) and the planned publicity around this achievement;
- (iii) the positive themes being observed through 'Message through a Volunteer';
- (iv) improvements in the FFT for ED, and the decline in the FFT for maternity (particularly in antenatal) – work was underway to review in more detail the possible reason for the decline, and
- (v) the frequency of visits to those wards scoring less than 55, and whether this was appropriate – it was noted that there was a need to balance frequent monitoring against providing time for changes to be made and embedded.

**Resolved – that the contents of this report and the additional verbal information provided be received and noted.**



67/14/3 Triangulation of Patient Feedback – Quarterly Report

The Director of Nursing presented paper 'P', which provided an update on the triangulation of patient feedback for quarter 1 (April – June 2014), and she expressed particular thanks to Mr C Walker, Clinical Audit Manager, for his assistance in the progression and advancement of this work.

Particular note was made of the top theme of 'waiting times' as reported by patients and discussion took place regarding the triangulation of the Trust response to feedback, ensuring that one area of the organisation learned from another area, as appropriate. The Director of Nursing advised of work underway to ensure that all the Trust's response letters contained the same relevant general information, irrespective of which CMG provided the response. Work relating to the sharing of information and good practice from one CMG to others would be taken forward through the Patient Experience Group.

**Resolved – that the contents of this report be received and noted.**

68/14 **ITEMS FOR THE ATTENTION OF QAC**

68/14/1 EQB Meeting of 6 August 2014 – Items for the attention of QAC

The action notes of the EQB meeting held on 6 August 2014 were presented as paper 'Q'. Action note 1 detailed specific items for the attention of QAC.

**Resolved – that the contents of paper Q, detailing the action notes arising from the EQB meeting held on 6 August 2014 be received and noted.**

69/14 **MINUTES FOR INFORMATION**

69/14/1 Finance and Performance Committee

Members received and noted the public Minutes of the Finance and Performance Committee meeting held on 30 July 2014 (paper R refers) noting that assurance on any implications arising out of the Vascular Services Outline Business Case would be reported through to EQB and QAC accordingly. QAC requested that such assurance was provided at its October 2014 meeting.

**Resolved – that (A) the public Minutes of the Finance and Performance Committee meeting held on 30 July 2014 be received and noted, and**

**(B) a report on any implications arising out of the Vascular Services Outline Business Case be submitted to the October 2014 QAC meeting.**

DS/TA

69/14/2 Executive Performance Board

**Resolved – that the action notes arising from the Executive Performance Board meeting held on 29 July 2014 (paper S refers) be received and noted.**

70/14 **ANY OTHER BUSINESS**

**Resolved – that there were no further items of business.**

71/14 **IDENTIFICATION OF ANY KEY ISSUES FOR THE ATTENTION OF THE TRUST BOARD**

**Resolved – that the QAC Chair be requested to bring the following issues to the attention of the Trust Board at its meeting the following day:**

- the work on-going into patient falls (Patient Safety Report – Minute 65/14/3)
- progress in respect of the work of the Resuscitation Committee (Minute 65/14/6), and
- the Triangulation of Patient Feedback (Minute 67/14/3).

72/14

## DATE OF NEXT MEETING

**Resolved** – that the next meeting of the Quality Assurance Committee be held on Wednesday 24 September 2014 from 12.30pm until 3.30pm in Seminar Rooms A & B, Clinical Education Centre, Leicester General Hospital.

The meeting closed at 3.02pm.

## Cumulative Record of Members' Attendance (2014-15 to date):

<i>Name</i>	<i>Possible</i>	<i>Actual</i>	<i>% Attendance</i>	<i>Name</i>	<i>Possible</i>	<i>Actual</i>	<i>% Attendance</i>
<i>J Adler</i>	5	4	80	<i>R Overfield</i>	5	4	80
<i>M Caple*</i>	5	3	60	<i>P Panchal</i>	5	4	80
<i>S Dauncey</i>	5	4	80	<i>J Wilson</i>	5	3	60
<i>K Harris</i>	5	3	60	<i>D Wynford-Thomas</i>	5	1	20
<i>K Jenkins</i>	1	0	0				
<i>C O'Brien*</i>	5	2	40				

\* non-voting members

Gill Belton  
**Trust Administrator**