


University Hospitals of Leicester 
NHS Trust

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 4 August 2016

COMMITTEE: Quality Assurance Committee

CHAIRMAN: Colonel (Retired) I Crowe

DATE OF COMMITTEE MEETING: 30 June 2016

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

- None

OTHER KEY ISSUES IDENTIFIED BY THE COMMITTEE FOR THE INFORMATION
OF THE TRUST BOARD:

- None

DATE OF NEXT COMMITTEE MEETING: 28 July 2016

Colonel (Retired) I Crowe
QAC Chairman
29 July 2016

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

**MINUTES OF A MEETING OF THE QUALITY ASSURANCE COMMITTEE HELD ON THURSDAY
30 JUNE 2016 AT 1PM IN THE BOARD ROOM, VICTORIA BUILDING, LEICESTER ROYAL
INFIRMARY**

Present:

Dr S Dauncey – Non-Executive Director (Chair)
Mr J Adler – Chief Executive
Mr M Caple – Patient Partner (non-voting member)
Colonel Ret'd I Crowe – Non-Executive Director
Mr J Jameson – Deputy Medical Director (on behalf of Medical Director)
Mr A Johnson – Non-Executive Director
Mr R Moore – Non-Executive Director
Mr K Singh – Trust Chairman
Ms J Smith – Chief Nurse
Mr M Traynor – Non-Executive Director

In Attendance:

Dr A Doshani – Associate Medical Director
Miss M Durbridge – Director of Safety and Risk
Ms L Hill – Sister (for Minute 61/16/2)
Dr A Keeshan – Consultant (for Minute 61/16/2)
Mrs H Majeed – Trust Administrator
Ms C Ribbins – Deputy Chief Nurse
Ms L Tibbert – Director of Workforce and Organisational Development
Ms S Williams – Senior Sister (for Minute 61/16/2)

RESOLVED ITEMS

59/16 APOLOGIES

Apologies for absence were received from Mr A Furlong, Medical Director; Professor A Goodall, Non-Executive Director and Mrs S Hotson, Director of Clinical Quality.

60/16 MINUTES

Resolved – that the Minutes of the meetings held on 26 May 2016 and 28 April 2016 (papers A1-A4 refer) be confirmed as a correct record.

61/16 MATTERS ARISING

61/16/1 Matters Arising Report

Paper B detailed both the actions from the most recent meeting, and also any which remained outstanding from previous QAC meetings. Members specifically reported on progress in respect of the following action:-

- (a) Minute 51/16/5a (queries re: security staff for the Local Security Management Specialist Report) – the Director of Safety and Risk confirmed that a discussion on this matter had taken place at EQB in June 2016 and although all actions had not yet been completed, there was a plan in place. Therefore, it was agreed that this action could be removed from the log.

TA

Resolved – that the matters arising report (paper B refers) be noted and any associated actions be progressed by the relevant lead.

TA

61/16/2 Patient Feedback – Intensive Care Units within UHL (Minute 17/16/1 of 24 March 2016)

Mr M Caple, Patient Adviser introduced discussion on this item (paper C refers) which was the first report about patient stories/feedback on UHL services from Patient Partners to QAC and this would continue on a quarterly basis. Dr A Keeshan, Consultant, Ms S Williams, Senior Sister and Ms L Hill, Sister attended the meeting to support the discussion.

The update mainly focussed around patient/public experiences in Intensive Care Units (ICU) and on the three initiatives that illustrated the value of involving patients (or former patients), and their relatives in understanding their experiences and receiving feedback. The three initiatives which enhanced the patient experience on Intensive Care Units and improved the after care of patients were patient focus events, follow-up clinics at the LRI and patient diaries (pilot study undertaken at Glenfield Hospital).

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. It was also noted that work had initially commenced in respect of developing a business case, however, it had not materialised due to the huge amount of work that had to be done and therefore the follow-up clinics had been established on a small scale to assess the value. In discussion on whether the patient diaries initiative could be rolled out to ICUs at the other two sites, it was noted that there was manpower required for the diaries to be handed back to patients and explain the information recorded and it was suggested that the follow-up clinic might be an appropriate route to take that forward. The Chief Executive requested that he be informed of the progress with the business case.

Consultant

Mr I Crowe, Non-Executive Director and Chair of the Charitable Funds Committee suggested that charitable funding might be available to refurbish waiting room areas which would improve patient experience and requested the team to consider submitting an application for this purpose. He also suggested that it would be worth exploring the digital platform to take forward the work mentioned above.

Resolved – that (A) the contents of paper C be received and noted, and

(B) Dr A Keeshan, Consultant be requested to take forward the business case to ensure that follow-up clinics were available for Intensive Care Unit patients following their hospital stay and the Chief Executive be informed of the progress with the business case.

Consultant

61/16/3 Update on Ophthalmology Issues and Outpatient Follow-Ups (Minute 51/16/2 of 26 May 2016)

The Committee Chair advised that an initial update on this matter had been provided to the Integrated Finance, Performance and Investment Committee in the morning on 30 June 2016. She requested the Trust Administrator to circulate paper O from that meeting to members of QAC, for information. It was noted that a further update on this matter would be provided to QAC in July 2016.

TA

HPI

Resolved – that (A) the Trust Administrator be requested to circulate IFPIC Paper O from the meeting on 30 June 2016 to members of the QAC, for information, and

TA

(B) a further update on Ophthalmology issues and outpatient follow-ups be presented to QAC in July 2016. HPI

61/16/4 Mental Health Update (Minute 108/15/2a of 29 October 2015)

The Deputy Chief Nurse presented paper D, which provided a comprehensive update on the Mental Health provision within UHL. The current status on governance arrangements, work programme, policies, issues and risks was particularly highlighted. The interview for a Clinical Lead for Mental Health was scheduled to take place in July 2016. Members noted that whilst a provider, UHL did 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. Members were advised that it was agreed nationally that all Emergency Care Vanguard's would have a mental health work stream around liaison psychiatry. Therefore, a bid had been submitted, although it had not been funded in full, a plan is in place to utilise the funding allocated.

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).

DCN

Resolved – that (A) the contents of paper D be received and noted, and

(B) an update on mental health be provided to QAC every six months (i.e. starting from December 2016).

DCN

61/16/5 Paediatric Elective Cancellations (Minute 49/16 of 26 May 2016)

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.

Resolved – that the verbal update be noted.

61/16/6 Fractured Neck of Femur (#NOF) Performance/Action Plan

The Deputy Medical Director advised that a service-wide review was being undertaken to put actions in place to improve #NOF performance and an update on this matter had been scheduled for EQB and QAC in July 2016.. The Committee Chair also highlighted that an update on this subject was provided at the IFPIC meeting in the morning on 30 June 2016 and alternative plans were being formulated and performance was expected to improve in September 2016. A contract performance notice in respect of management of #NOF patients had been received.

MD

Resolved – that (A) the verbal update be noted, and

(B) an update on the service wide review undertaken to put actions in place to improve #NOF performance be presented to EQB and QAC in July 2016.

MD

62/16 SAFETY

62/16/1 Report from the Director of Safety and Risk (Paper E):-

- Patient Safety Report – May 2016
- Complaints Performance Report – May 2016
- Update on Duty of Candour Compliance

Paper E appendix 1 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. CMGs were being challenged via the CMG Performance Review meetings and CMG Quality and Safety Board meetings regarding the outcome of the audits being undertaken and the actions that were being put in place to resolve any issues identified.

Paper E appendix 2 summarised complaints activity and performance for May 2016. There had been deterioration in complaints performance in May 2016 and it was highlighted that the number of complaints received had increased particularly GP/CCG concerns. 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.

Paper E appendix 3 provided an update on the statutory requirements for Duty of Candour which had been in effect since 1 April 2015 for all health care providers regulated by the Care Quality Commission. 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. It was noted some gaps in compliance had particularly come to light through the use of the WHO checklist and these were being appropriately addressed. 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. The Trust had been awarded a 'Sign Up to Safety Award' and 'People Choice Award for the role of medical students on ward rounds'.

Resolved – that the contents of paper E be received and noted.

62/16/2 AQuA Development Programme

Members noted the contents of this report (paper F refers) for information.

Resolved – that the contents of paper F be received and noted.

62/16/3 Report from the Deputy Chief Nurse

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

63/16 PATIENT EXPERIENCE

63/16/1 Patient Experience Triangulation Report

The Deputy Chief Nurse presented paper H, the triangulation of patient feedback report for quarter 4 of 2015-16. She 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 4 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. Responding to a query from the Director of Safety and Risk regarding the actions in place to resolve the issues relating to 'medical management of care' which was now the highest sub-theme for improvement in quarter 4 of 2015-16, the Deputy Chief Nurse advised that Mr M Metcalfe, Deputy Medical Director had been tasked to take this work forward and he was now also a member of the PIPPEAC.

Resolved – that the contents of paper H be received and noted.

63/16/2 Friends and Family Test Scores – April 2016

The Deputy Chief Nurse presented paper I highlighting that the columns on the table on page 1 of the report had not been aligned correctly.

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.

DCN

Resolved – that (A) the contents of paper I be received and noted, and

(B) an update on the need for urgent improvement of outpatient FFT coverage be presented o EQB in August 2016.

DCN

63/16/3 UHL Public Listening Event

The Chief Nurse advised that a public listening event had taken place on 11 May 2016 (paper J refers) for members of the public to share their recent hospital experience with the Chief Nurse and Medical Director. 47 members of the public attended the event and there was a 50:50 feedback on positive and negative hospital experiences from them. There were 4 examples of cases where immediate actions had been put in place. The themes from this event would be tied-in with other patient experience triangulation workstreams already in place. It was noted that the event was worthwhile.

Resolved – that the contents of paper J be received and noted.

64/16 **QUALITY**

64/16/1 Nursing and Midwifery Safe Staffing Report – April 2016

The Chief Nurse presented paper K, a report providing the current nursing and midwifery staffing position within UHL for April 2016. Members welcomed the new-look report which focussed on the dashboard and on the quality and safety of ward areas. 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).

CN

Resolved – that (A) the contents of paper K be received and noted, and

(B) future iterations of the nursing and midwifery report to include a mechanism for tracking

CN

concerned wards (i.e. how long these wards had remained in the ‘concern’ category).

64/16/2 Month 2 – Quality and Performance Update

The Committee received a briefing on quality and performance for May 2016 (paper L refers) from the Chief Nurse and Deputy Medical Director. 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.

Resolved – that the contents of paper L be received and noted.

64/16/3 Same Sex Accommodation Issues

The Chief Nurse advised that a report on same sex accommodation issues had been presented to EQB in June 2016 and the EQB had requested that this matter be escalated to QAC. She advised verbally 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.

Resolved – that the verbal update be noted.

64/16/4 Update on Readmissions Risk Tool

The Deputy Medical Director presented paper M which outlined the ‘Reducing avoidable readmissions work plan for 2016-17’ and proposed the establishment of a Reducing Readmissions Board with both UHL and CCG membership to oversee the system-wide action plan. 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. This issue was noted to be part of the 2016-17 Quality Schedule. A further update would be provided to EQB and QAC in September 2016.

MD

Resolved – that (A) the contents of paper M be received and noted, and

(B) an update on readmissions risk tool project be provided to EQB and QAC in September 2016.

MD

65/16 **COMPLIANCE**

65/16/1 Report on Compliance with CQC Enforcement Notice

Paper N updated QAC on Trust compliance with the CQC Enforcement Notice in respect of ED. The Chief Nurse advised that 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.

MD

Resolved – that the contents of paper N be received and noted.

65/16/2 CQC Inspection Update

The Chief Nurse advised that 2 letters (papers N1 and N2 refer) 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 (paper N3 refers). 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.

Resolved – that the update on the CQC inspection (papers N1-N3) be noted.

66/16 MINUTES FOR INFORMATION

Resolved – that the following Minutes/items be received for information:-

- (A) Executive Quality Board – 7 June 2016 (paper O was withdrawn and would be submitted to the QAC meeting in July 2016);
- (B) Executive Performance Board – 24 May 2016 (paper P refers), and
- (C) QAC calendar of business (paper Q refers).

67/16 ANY OTHER BUSINESS

67/16/1 Fistula Management

Mr I Crowe, Non-Executive Director expressed concern over another SUI in relation to fistula management. In response, the Director of Safety and Risk advised that Dr G Warwick, Consultant Nephrologist/ Head of Service for Renal was undertaking a review of the recent clusters and immediate actions to resolve the issue. She suggested that an update on this matter be scheduled on the agenda for QAC in July 2016.

HoS, R

Resolved – that Dr G Warwick, Head of Service for Renal be invited to attend QAC in July 2016 to present the work undertaken and immediate actions taken in respect of bleeding fistula cases.

HoS, R

68/16 DATE OF NEXT MEETING

Resolved – that the next meeting of the Quality Assurance Committee be held on Thursday 28 July 2016 from 1pm until 4pm in the Board Room, Victoria Building, LRI.

The meeting closed at 3:24pm.

Hina Majeed – Trust Administrator

Cumulative Record of Members' Attendance (2016-17 to date):

Voting Members

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
J Adler	3	2	66	A Johnson	3	3	100
I Crowe	3	3	100	R Moore	3	3	100
S Dauncey (Chair)	3	3	100	K Singh	3	3	100
A Furlong	3	2	66	J Smith	3	2	66
A Goodall	2	0	0	M Traynor	3	3	100

Non-Voting Members

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
M Caple	3	2	66	D Leese – Leicester City CCG	2	0	0
M Durbridge	3	3	100	C Ribbins	3	3	100
S Hotson	3	2	66	L Tibbert	2	1	50