

# 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: 7 July 2016**

**COMMITTEE: Quality Assurance Committee**

**CHAIRMAN: Dr S Dauncey, QAC Chair**

**DATE OF COMMITTEE MEETING: 28 April 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:**

- QAC's support of the recommendation to continue the midwifery supervision role.

**DATE OF NEXT COMMITTEE MEETING: 26 May 2016**

**Dr S Dauncey  
QAC Chairman  
1 July 2016**

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**

**MINUTES OF A MEETING OF THE QUALITY ASSURANCE COMMITTEE HELD ON THURSDAY, 28 APRIL 2016 AT 1:00PM IN THE BOARD ROOM, VICTORIA BUILDING, LEICESTER ROYAL INFIRMARY**

**Present:**

Dr S Dauncey – Non-Executive Director (Chair)  
Mr M Caple – Patient Partner (non-voting member)  
Colonel Ret'd I Crowe – Non-Executive Director  
Mr A Furlong – Medical Director  
Ms J Smith – Chief Nurse

**In Attendance:**

Ms J Austin – Consultant Midwife (for Minute 38/16/3)  
Mr J Davison – Consultant Orthopaedic Surgeon (for Minute 38/16/2)  
Miss M Durbridge – Director of Safety and Risk  
Mrs S Hotson – Director of Clinical Quality  
Mr A Johnson – Non-Executive Director  
Ms J Karavadara – Midwife (for Minute 38/16/3)  
Mrs H Majeed – Trust Administrator  
Mr W Monaghan – Director of Performance and Information (for Minute 38/16/1)  
Mr R Moore – Non-Executive Director  
Dr D Morfey – Consultant Anaesthetist (for Minute 38/16/2)  
Dr N Morgan – Consultant Physician (for Minute 38/16/2)  
Ms C Ribbins – Deputy Chief Nurse  
Mr K Singh – Trust Chairman  
Mr M Traynor – Non-Executive Director

**RESOLVED ITEMS**

**36/16 APOLOGIES**

Apologies for absence were received from Mr J Adler, Chief Executive, Dr A Doshani, Associate Medical Director, Professor A Goodall, Non-Executive Director, Ms D Leese, Director of Nursing and Quality, Leicester City CCG (non-voting member).

**37/16 MINUTES**

**Resolved – that the Minutes of the meeting held on 24 March 2016 (papers A1 and A2 refer) be confirmed as a correct record subject to the above amendments.**

**38/16 MATTERS ARISING REPORT**

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 27/16/1 – it was noted that the underperformance in respect of the fractured neck of femur target was being progressed through the autonomous teams approach. Therefore, it was agreed that this action could be removed from the log;
- (ii) Minute 31/16/2 – the Chief Nurse advised that the 'night care staff fill-rate figures at GGH PICU' seemed discrepant because only less than 2 WTE were rostered for night shift in that unit and the acuity was not high, therefore the plan was not to fill these shifts.

(iii) Minute 5/16/5 – the Director of Safety and Risk advised that there were a number of stages prior to appointing a Local Freedom to Speak Up (F2SU) Guardian. An update on whistleblowing and F2SU would be integrated and an update on this matter would be provided to QAC in May 2016. DSR

**Resolved – that the matters arising report (paper B refers) be confirmed as a correct record and any associated actions be progressed accordingly by the relevant lead.** DSR

38/16/1 Review of Outpatient Hospital Cancellations (Minute 3/16/2 of 28 January 2016)

Mr W Monaghan, Director of Performance and Information attended the meeting to present paper C, a report providing an update on a review of outpatient hospital cancellations. He advised that a real-time audit requesting medical staff to identify whether, in their opinion, patients had come to clinical harm as a result of a delayed Outpatient Department (OPD) review was undertaken. The audit covered 140 patients over 6 specialties and had a return rate of 60%. The audit identified that the main reason for hospital initiated outpatient cancellations was that appointments were booked beyond the medical staff leave notice period (6 weeks) and capacity gaps. In respect of the audit forms returned, no patients had felt to have come to clinical harm as a direct result of the delayed OPD review. Three recommendations following this audit had been made, one of which was for a LiA event to be held with clinic administration staff to raise awareness of the impact and scale of cancellations, review current list of cancellation reasons available on the HISS system and implement the required changes. An update on the recommendations would be provided to a future meeting of the QAC. DPI

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

**(B) the Director of Performance and Information be requested to provide an update on the recommendations following the review of outpatient cancellations to a future meeting of the QAC.** DPI

38/16/2 Fractured Neck of Femur (#NOF) Performance Update/Action Plan (Minute 27/16/1a of 24 March 2016)

Mr J Davison, Consultant Orthopaedic Surgeon, Dr D Morfey, Consultant Anaesthetist and Dr N Morgan, Consultant Physician attended the meeting to present paper D, an update on overall #NOF performance for quarter 4 of 2015-16.

In a detailed discussion on this matter, it was noted that the fundamental issue for the performance to have plateaued in respect of the achievement of the 36 hour #NOF target for admission to theatre was shortfall in manpower that supported the Hip Fracture service. Work had been undertaken and progress had been made in many areas as outlined in previous reports to the Committee, however, the monthly performance figures had mostly remained below the 72% target. The Medical Director noted the need for focus on this matter and a 'plan B' to be developed. The Committee Chair requested the Medical Director to liaise with colleagues in the MSS team outwith the meeting to identify the next-steps to resolve this issue. An update on this matter would feature on the agenda for QAC meetings on a monthly basis until further notice. MD

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

**(B) the Medical Director be requested to liaise with colleagues in the MSS team outwith the meeting to identify the next-steps to resolve the performance issues in respect of the achievement of the 36 hour #NOF target for admission to theatre. An update on this matter to feature on the agenda for QAC meetings on a monthly basis** MD

**until further notice.**

38/16/3 Future of Midwifery Supervision (Minute 94/15/2 of 24 September 2015)

Ms J Austin, Consultant Midwife and Ms J Karavadara, Midwife attended the meeting to present paper E, an update on the future of midwifery supervision.

In discussion of this report, it was noted that Midwifery supervision was an integral part of good clinical governance and the Midwifery team recommended that QAC supported the continuation of the role recognising that well supported staff contributed positively to safety of services. QAC supported this recommendation and the Committee Chair undertook to notify the Trust Board of this matter.

Committ  
ee  
Chair

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

**(B) the Committee Chair be requested to notify the Trust Board of the QAC's support of the recommendation to continue the midwifery supervision role.**

Committ  
ee Chair

39/16 **QUALITY**

3916/1 Nursing and Midwifery Safe Staffing Report – February 2016

The Chief Nurse presented paper F, a report providing the current nursing and midwifery staffing position within UHL for February 2016.

It was noted that 90% fill-rate had been achieved against planned staffing levels. There were now 365 vacancies across Registered Nurses and Health Care Assistants which was the lowest number of vacancies in 2015-16. The terms of reference for the Nursing Task and Finish Group had been drafted and a number of recruitment and retention activities would be undertaken through this Group. Two Assistant Chief Nurses had been tasked with the responsibility of recruiting 100 Health Care Assistants by the end of May 2016.

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

39/16/2 Month 12- Quality and Performance Update

Paper G provided an overview of the March 2016 Quality and Performance (Q&P) report. The main issues highlighted were in respect of readmissions within 30 days and #NOF performance. The Director of Safety and Risk undertook to double-check the never event figures reported in the paper. Although avoidable MRSA figures remained at 0 for the year there was 1 unavoidable case reported in March 2016. In respect of CDiff figures, the challenging annual threshold of 61 was achieved. The overall pressure ulcer performance was good. Plans were in place to improve FFT coverage in ED.

DSR

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

**(B) the Director of Safety and Risk to double-check the never event figures reported in the Q&P report.**

DSR

40/16 **COMPLIANCE**

40/16/1 Report on Compliance with CQC Enforcement Notice

The Chief Nurse presented paper H, a report providing position in respect of compliance

with CQC Enforcement Notice. In respect of time to assessment (15 minute standard) and ED staffing, the target was mostly being achieved. Progress in respect of effective sepsis management needed to improve, however, it was noted that early indication for the following week had shown an improvement in performance. The new sepsis pathway had been launched.

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

40/16/2 CQC Inspection Update

The Chief Nurse presented paper I, a report providing an update on the forthcoming CQC inspection from 20 to 24 June 2016. She highlighted that focus continued on planning for the CQC inspection in June 2016. The Provider Information Request had been submitted to the CQC. Each CMG would be focussing on their core service frameworks. A number of engagement sessions had been planned and good progress was being made.

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

41/16 **SAFETY**

41/16/1 Complaints Performance Report – March 2016

The Director of Safety and Risk presented paper J, a report providing a summary of complaints activity and performance for March 2016.

The Trust's performance in responding to 10 and 25 day formal complaints in January 2016 was 100% and 99% respectively and 45 day formal complaints in December 2015 was 100%. There had been a 27% reduction in the number of formal complaints received in 2015-16. The PHSO had adopted a new approach, which was to review many more cases than previously - an increase in activity from the PHSO office had been noted by UHL. Through the CMG Quality and Performance review meetings, CMGs had been advised to put measures in place to ensure learning from complaints was appropriately implemented.

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

41/16/2 Patient Safety Report - March 2016

The Director of Safety and Risk presented paper I, the patient safety report for March 2016. There had been one NPSA CAS alert that had breached its deadline during this reporting period. A decrease in safety harms by 36% for 2015/16 compared to 2014/15 had been noted. The Director of Safety and Risk briefed members on a number of safety improvement initiatives which were currently in-progress.

In response to a query from Mr R Moore, Non-Executive Director regarding the reason for the increase in prevented patient safety incidents reported by ESM and W&C CMGs in particular, the Director of Safety and Risk undertook to clarify the position outwith the meeting.

DSR

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

**(B) the Director of Safety and Risk be requested to email Mr R Moore, Non-Executive Director to clarify his query regarding the increase in prevented patient safety incidents reported by ESM and W&C CMGs in particular.**

DSR

41/16/3 HSE Sharps Improvement Notice – Update

The Director of Safety and Risk provided a verbal update of the outcome of the 7 April 2016 HSE sharps re-inspection, confirming that UHL had fully met all of the Improvement Notice requirements.

**Resolved – that the verbal update be noted.**

41/16/4 Updates Root Cause Analysis Report – Fall from Height (Window) Incident

Members received and noted the contents of paper L. Members were advised that the revised RCA now focussed on the clinical aspects of the case, initially the focus was mainly on the health and safety aspects.

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

**42/16 PATIENT EXPERIENCE**

42/16/1 End of Life Care – Dying in Hospitals Audit

The Deputy Chief Nurse, detailed the results (paper M refers) of the Trust's participation in the 2015 Royal College of Physicians (RCP) audit of the care of patients dying in hospital, which was undertaken to objectively assess how the Trust cared for patients who died whilst in hospital. The results of the audit concluded that there was a clear need for improvement in the care of dying patients to better align with the 'five priorities for care'. Since this audit, NICE had issued updated guidance on Care of the Dying Adult. All 72 recommendations were relevant to UHL, of which 22 were met in full. NICE were currently working on a separate document to support generalists in prescribing for patients who were in the last days of life.

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

42/16/2 Friends and Family Test Scores – February 2016

The Deputy Chief Nurse presented paper N, a report on the friends and family test scores for February 2016. The 46.9% coverage in Maternity was impressive. The peer analysis for the Inpatient FFT data in January 2016 had ranked UHL in fifth position and first position for A&E FFT data. The Deputy Chief Nurse advised that text message reminders following appointments requesting patients to complete the FFT document would be sent to improve outpatient coverage. Mr R Moore, Non-Executive Director requested that in future the table on page 3 provided more clarity, particularly in respect of the outpatient FFT coverage data.

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

**(B) the Deputy Chief Nurse to ensure that the table on page 3 provided more clarity particularly the outpatient FFT coverage data.**

**43/16 MINUTES FOR INFORMATION**

43/16/1 Executive Quality Board

**Resolved – that the action notes of the 5 April 2016 Executive Quality Board meetings (paper O refers) be received and noted.**

43/16/2 Executive Performance Board

**Resolved** – that the action notes of the 22 March 2016 Executive Performance Board meeting (paper P refers) be received and noted.

43/16/3 QAC Calendar of Business

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

#### 44/16 ANY OTHER BUSINESS

44/16/1 Report from the Deputy Chief Nurse

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

44/16/2 Junior Doctors' Strike

The Medical Director advised that the Trust had coped well during the recent junior doctor's strike. A total of 1300 outpatient appointments and 70 elective operations had been cancelled.

**Resolved** – that the verbal update be noted.

44/16/3 Public Listening Event – 11 May 2016

The Chief Nurse advised that a public listening event had been organised to take place on 11 May 2016 for members of the public to attend to share their recent hospital experience with the Chief Nurse and Medical Director.

**Resolved** – that the verbal update be noted.

#### 45/16 DATE OF NEXT MEETING

**Resolved** – that the next meeting of the Quality Assurance Committee be held on Thursday, 26 May 2016 from 1.00pm until 4.00pm in the Board Room, Victoria Building, LRI.

The meeting closed at 3:43pm.

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

##### *Voting Members*

<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>	1	0	0	<i>A Furlong</i>	1	1	100
<i>I Crowe</i>	1	1	100	<i>J Smith</i>	1	1	100
<i>S Dauncey (Chair)</i>	1	1	100				

##### *Non-Voting Members*

<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>M Caple</i>	1	1	100	<i>C Ribbins</i>	1	1	100

<i>M Durbridge</i>	1	1	100	<i>K Singh</i>	1	1	100
<i>A Goodall</i>	1	0	0	<i>M Traynor</i>	1	1	100
<i>S Hotson</i>	1	1	100	<i>R Moore</i>	1	1	100
<i>A Johnson</i>	1	1	100				
<i>D Leese – Leicester City CCG</i>	1	0	0				

Hina Majeed, **Trust Administrator**