

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 2 March 2017

COMMITTEE: Quality Assurance Committee

CHAIRMAN: Colonel (Retired) I Crowe

DATE OF COMMITTEE MEETING: 26 January 2017

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

- the requirement for the Trust to report mortality data from April 2017 (Minute 151/16/1 refers).

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

None

DATE OF NEXT COMMITTEE MEETING: 23 February 2017

Colonel (Retired) I Crowe
Non-Executive Director and QAC Chairman
23 February 2017

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

**MINUTES OF A MEETING OF THE QUALITY ASSURANCE COMMITTEE HELD ON THURSDAY
26 JANUARY 2017 AT 1PM IN THE BOARD ROOM, VICTORIA BUILDING, LEICESTER ROYAL
INFIRMARY**

Present:

Col. (Ret'd) I Crowe – Non-Executive Director (Chair)
Mr J Adler – Chief Executive
Ms F Bayliss – Deputy Director of Nursing and Quality, Leicester City CCG
Mr M Caple – Patient Partner (non-voting member)
Ms S Crawshaw – Non-Executive Director
Mr A Furlong – Medical Director
Mr A Johnson – Non-Executive Director
Mr B Patel – Non-Executive Director
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
Mrs S Everatt – Interim Trust Administrator
Mrs S Hotson – Director of Clinical Quality
Mr D Kerr – Director of Estates and Facilities - for Minute 151/16/5 and Minute 151/16/6
Mr W Monaghan – Director of Performance and Information – for Minute 151/16/7
Ms C Ribbins – Deputy Chief Nurse
Dr A Rickett – Clinical Director (CSI) – for Minute 151/16/1
Ms L Tebbutt – Head of Facilities – for Minute 151/16/3 and Minute 151/16/4

RESOLVED ITEMS

149/16 APOLOGIES FOR ABSENCE

Apologies for absence were received from Mr K Singh, Chairman, Mr R Moore, Non-Executive Director, and Ms C West, Director of Nursing and Quality, Leicester City CCG.

Ms F Bayliss, Deputy Director of Nursing and Quality, Leicester City CCG was welcomed to the meeting, deputising for Ms C West.

150/16 MINUTES

Resolved – that the Minutes of the meeting held on 22 December 2016 (papers A1 and A2 refer) be confirmed as a correct record.

151/16 MATTERS ARISING

Paper B detailed both the actions from the most recent meeting, and also any which remained outstanding from previous QAC meetings. Updates were provided in respect of the following entries on the Matters Arising log:

- in respect of Minute reference 92/16/a from the QAC meeting held on 29 September 2016, Col. (Ret'd) I Crowe, Non-Executive Director advised that following updates from the Chief Pharmacist this item could now be closed, and

- in respect of Minute reference 108/16/5 from the QAC meeting held on 27 October 2016, the Medical Director and Director of Clinical Quality noted that the Care Quality Commission report, following a review of the Trust in June 2016, was to be published today. Following the completion of the Governance Review three actions had been identified and were being progressed.

Resolved – that (A) the content of paper B be received and noted, and

(B) that the Interim Trust Administrator be requested to update the Matters Arising Report to reflect the updates provided.

ITA

151/16/1 Report from the Clinical Director (CSI)

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

151/16/2 Outcome of the Trust Board Thinking Day on Patient and Public Involvement

Mr M Caple, Patient Partner, provided a verbal update which detailed progress with regards to patient group meetings, following discussion and issues around patient and public involvement which were raised at the Trust Board Thinking Day session held on 11 August 2016. It was agreed that in the Trust Chairman's absence, the Trust Chairman's Personal Assistant would write to patient groups on his behalf to invite them to meet with the Trust Chairman on 13 March 2017. It was proposed by the Deputy Chief Nurse that issues raised could be discussed at the UHL Patient Involvement, Patient Experience and Equality Assurance Committee (PIPEEAC), prior to reporting at the Executive Quality Board and the Trust Board. The QAC Chair agreed to speak to Mark Wightman and Karl Maynes outwith the meeting regarding reporting of issues raised by the 9 patient groups, prior to reporting at the Trust Board.

TCPA

QAC
Chair

Following discussions at the last QAC meeting regarding the need to encourage more people with the requisite skills and insights to become patient partners, it was noted that there had been a positive response (with 40 attendees) at a recent Trust Open Day for patient partner recruitment and interviews were due imminently. There was a brief discussion around inconsistent engagement of some CMGs with patient partners, and it was noted that CMGs representatives were to be involved on patient partner interviews.

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

(B) that in the Trust Chairman's absence, the Trust Chairman's Personal Assistant be requested to write to all patient groups on his behalf to invite them to meet with the Trust Chairman on 13 March 2017, and

TCPA

(C) that the QAC Chair be requested to speak to the Director of Marketing and Communications and the Membership and PPI Manager outwith the meeting regarding reporting structures for issues raised by the patient groups, prior to reporting at the Trust Board.

QAC
Chair

151/16/3 Report from the Head of Facilities 1

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

151/16/4 Report from the Head of Facilities 2

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

151/16/5 Report from the Director of Estates and Facilities

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

151/16/6 Pharmacy Storage Update (per action 124/16/2d)

In addition to updates provided by the Chief Pharmacist in the action log, the Committee received verbal assurances that all actions allocated to the Director of Estates and Facilities had now been completed. The capital allocation had not yet been confirmed for next year, but extension of pharmacy storage facilities remained an item. It was noted that discussions under Minute 151/16/5 may impact on future location of some pharmacy office space, but if required this would be built into plans.

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

151/16/7 Report from the Director of Performance and Information, and the Director of Safety and Risk

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

151/16/8 Report from the Medical Director 1

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

151/16/9 Report from the Medical Director 2

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

151/16/10 Report from the Medical Director 3

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

152/16 MONTH 9 QUALITY AND PERFORMANCE REPORT

The Chief Nurse and Medical Director presented paper I, which provided a briefing on quality and performance for December 2016, with particular regard to patient experience and quality issues. The following points were particularly highlighted:-

- (a) *C Diff* – no cases were reported for the month and the Trust was back within its year to date trajectory. It was noted that every case was routinely reviewed in detail and classified, and the Trust performed well nationally;
- (b) *Ambulance Handover 60+ minutes* – although December 2016 performance had deteriorated in line with December 2015 performance, there had since been an improvement;
- (c) *Friends and Family Patient Satisfaction Scores* – the target of 97% had been

maintained for Inpatient and Day Cases, and there had been improvement to 91% in the Emergency Department in December 2016, although it was noted that coverage was low;

- (d) *Single Sex Accommodation Breaches* – there were 14 breaches in December 2016. The Ophthalmology Suite continued to be highlighted as a risk due mainly to the recovery area for Anaesthetics, although the Committee were assured that work was being undertaken to make improvements in this area;
- (e) *Diagnostic 6 Week Wait* - remained compliant;
- (f) *Fractured Neck of Femur* – the target had not been achieved during December 2016. Work was underway to quantify capacity issues and a report was due back to the Committee in February 2017. There was a brief discussion around theatre capacity, and
- (g) *Cancelled operations not offered a date within 28 days of the cancellation* – there had been further deterioration during December 2016, and the Committee Chair was requested to speak with the Director of Performance and Information outwith the meeting regarding further work which could be undertaken to improve performance.

**QAC
Chair**

Resolved – that (A) the contents of this report, and the additional verbal information provided, be received and noted, and

(B) the Committee Chair be requested to speak with the Director of Performance and Information outwith the meeting regarding further work which could be undertaken to improve performance of the Cancelled operations not offered a date within 28 days of the cancellation.

**QAC
Chair**

153/16 COMPLIANCE

153/16/1 Care Quality Commission (CQC) Formal Consultation on the Next Phase of Regulation

The Director of Clinical Quality presented paper J, which detailed the CQC consultation for implementing their 5-year strategy, set out in 'Our next phase of regulation: A more targeted, responsive and collaborative approach'. The process would follow a more risk-based approach. The Committee was assured that the information being requested by the CQC had all been reported through Trust committees. In addition, it was noted that the Trust inspection report, following a CQC inspection in June 2016, was to be published today and that action plans were required by 16 February 2017. A related summit was planned for March 2017.

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

153/16/2 Assurance Report for EWS and Sepsis

The Medical Director and Chief Nurse provided an update on the work programme being undertaken to improve the care of patients with a deteriorating Early Warning Score (EWS) and Red Flag Sepsis trust-wide, following a presentation at the last Committee meeting. It was noted that additional sepsis nurses had been appointed in the Emergency Department and would support this work further. The Committee acknowledged the significant progress made to-date. The Trust had submitted a nomination to the National Patient Safety Awards for this work. It was agreed that the Chief Nurse would be requested to provide an update to the Chief Executive to include in his briefing to staff around progress with EWS and Sepsis.

CN

Resolved – that (A) the contents of this report, and the additional verbal information provided, be received and noted, and

(B) that the Chief Nurse be requested to provide an update to the Chief Executive for inclusion in the Chief Executives briefing to staff around progress with EWS and Sepsis.

CN

154/16 SAFETY

154/16/1 Report from the Director of Safety and Risk 1

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

154/16/2 Report from the Director of Safety and Risk 2

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

154/16/3 Safeguarding Assurance Committee

The Deputy Chief Nurse provided a summary of the current position regarding safeguarding practice within UHL, and the developments that had taken place in the last month in relation to safeguarding practice. A meeting had taken place with NHS England regarding PREVENT training. National guidance remained unclear as to whether trusts could continue with an eLearning model in the future or whether face to face training was required, further guidance was expected later this year.

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

155/16 PATIENT EXPERIENCE

155/16/1 Friends and Family Test Scores – November 2016

The Deputy Chief Nurse provided a summary of the friends and family scores. It was noted that the Trust had achieved the expected coverage within Inpatients, Day Case and Maternity. Improved coverage was required in the Emergency Department and Out-patients. There continued to be low levels of patient satisfaction reported in adult ED. In response to circa 20,000 SMS texts being sent to patients, 5,000 responses had been received, which had had a positive impact on December 2016 data, which would be reported next month.

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

156/16 QUALITY

156/16/1 Nursing and Midwifery Quality and Safe Staffing Report – November 2016

The Chief Nurse presented paper P, which detailed triangulated information (using both hard and soft intelligence) relating to nursing and midwifery quality of care and safe staffing. This information provided an overview of patient areas to highlight where improvement was required and also to highlight areas of high performance. No wards had triggered as a Level 3 concern this month.

Particular note was made of the continued significant progress being made with HCA recruitment, with only 12 WTE posts now remaining vacant as at January 2017. Registered nurse vacancies had also decreased, and 8 Nurse Associates had commenced in post this week.

There would be a revised focus on hand hygiene across the Trust in 2017/18, with work having already commenced to develop a focused action plan.

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

156/16/2 Clinical Audit Quarterly Report Q2 2016/17

Paper Q, as presented by the Director of Clinical Quality, outlined an internal audit review which had been undertaken in clinical audit and provided assurances on the service. An action plan had been developed in response to the audit. In discussion of this item it was noted that a new patient partner had joined the Clinical Audit Committee, and reports from the committee would continue to be provided to the Executive Quality Board.

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

157/16 ITEMS FOR INFORMATION

157/16/1 Medical Equipment Committee including Point of Care Testing Committee

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

(B) that the Chief Executive be requested to write to Clinical Management Groups to encourage attendance at this Committee. CEO

158/16 MINUTES FOR INFORMATION

158/16/1 Executive Quality Board

Resolved – that the notes of the meeting of the Executive Quality Board held on 3 January 2017 (paper S refers) be received and noted.

158/16/2 Executive Performance Board

Resolved – that the notes of the meeting of the Executive Performance Board held on 20 December 2016 (paper T refers) be received and noted.

158/16/3 QAC Calendar of Business

Resolved – that the QAC Calendar of Business (paper U refers) be received and noted.

159/16 ANY OTHER BUSINESS

Resolved – that there were no further items of business.

160/16 IDENTIFICATION OF ANY KEY ISSUES FOR THE ATTENTION OF THE TRUST BOARD

Resolved – that a summary of the business considered at this meeting be presented to the Trust Board meeting on 2 February 2017, and the following item, in particular, be brought to the attention of the Trust Board:

- (1) the requirement for the Trust to report mortality data from April 2017 (Minute 151/16/1 refers).

161/16 DATE OF NEXT MEETING

Resolved – that the next meeting of the Quality Assurance Committee be held on **Thursday 23 February 2017 from 1.00pm until 4.00pm in the Board Room, Victoria Building, Leicester Royal Infirmary.**

The meeting closed at 4.34pm.

Sarah Everatt
Interim Trust Administrator

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

Voting Members

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
J Adler	10	8	80	K Kingsley – Leicester City CCG	5	0	0
P Baker	7	0	0	R Moore	10	9	90
I Crowe (current Chair)	10	9	90	B Patel	7	6	86
S Dauncey (former Chair)	3	3	100	K Singh	10	8	80
A Furlong	10	8	80	J Smith	10	7	70
A Goodall	2	0	0	M Traynor	10	10	100
A Johnson	10	10	100	C West – Leicester City CCG	5	1	20
S Crawshaw	1	1	100				

Non-Voting Members

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
M Caple	10	9	90	D Leese – Leicester City CCG	5	0	0
M Durbridge	10	9	90	C Ribbins	10	9	90
S Hotson	10	9	90	L Tibbert	9	2	22