


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: 28 November 2013

COMMITTEE: Quality Assurance Committee

CHAIRMAN: Ms J Wilson, Non-Executive Director

DATE OF COMMITTEE MEETING: 29 October 2013

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:

- PLACE assessments (Minute 99/13);
- Nursing workforce (Minute 100/13/2), and
- Quality Commitment (Minute 101/13/3).

DATE OF NEXT COMMITTEE MEETING: 27 November 2013

**Ms J Wilson
22 November 2013**

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

**MINUTES OF A MEETING OF THE QUALITY ASSURANCE COMMITTEE HELD ON TUESDAY 29
OCTOBER 2013 AT 9.30AM IN THE BOARD ROOM, VICTORIA BUILDING, LEICESTER ROYAL
INFIRMARY**

Present:

Ms J Wilson – Non-Executive Director (Chair)
Mr M Caple – Patient Adviser (non-voting member)
Dr K Harris – Medical Director
Ms S Hotson – Director of Clinical Quality
Ms C O'Brien – Chief Nurse and Quality Officer East Leicestershire and Rutland CCG (non-voting member)
Ms R Overfield – Chief Nurse
Professor D Wynford-Thomas – Non-Executive Director and Dean of the University of Leicester Medical School

In Attendance:

Miss C Hughes – Interim Trust Administrator
Ms D Mitchell – Head of Improvement and Innovation (for Minute 98/13)
Ms R Broughton – Head of Outcomes and Effectiveness (for minute 101/13/2)

RESOLVED ITEMS

ACTION

95/13 APOLOGIES

Apologies for absence were received from Mr J Adler, Chief Executive, Dr B Collett, Associate Medical Director, Miss M Durbridge, Director of Safety and Risk, Mr P Panchal, Non-Executive Director and Ms C Ribbins, Director of Nursing.

96/13 MINUTES

Resolved – that the Minutes of the meeting held on 25 September 2013 (papers A and A1 refer) be confirmed as a correct record.

97/13 MATTERS ARISING REPORT

In respect of Minute 87/13/4, the Chief Nurse advised that numeracy checks would now be carried out on new starters and that mandatory training would commence on all nursing staff giving medications. The question was raised around numeracy checks for all staff and it was agreed that this action would be updated before Christmas.

Minute 88/13/2 – the Chief Nurse advised that the recommendations surrounding the contract with Medstorm for the provision of mattresses and equipment had been considered and agreed and this action was now complete.

TA

Minute 88/13/4 (i) – the Trust vacancy position would be addressed under Item 4.2 of the agenda, Nursing Workforce Report, and it was therefore agreed that this item could now be removed from the log.

TA

Minute 88/13/4 (ii) – it was noted that the Director of Nursing and the QAC Patient Adviser had met to discuss the availability of nursing workforce details into the public domain and therefore it was agreed that this action could now be removed from the log.

TA

Minute 88/13/6 (iii) – it was noted that the Ophthalmology Recovery Plan would be presented to the Finance and Performance meeting on 30 October 2013 and that Trust Administration would circulate copies of that report to the Committee following the meeting.

TA

Minute 66/13/6 – the Medical Director advised that the results of the LLR Mortality Review were being submitted to the Trust Board on the 30 October 2013 and would be presented to the Quality Assurance Committee (QAC) meeting in November 2013.

MD

Resolved – that the matters arising report (paper B) and the actions above, be noted.

TA

98/13

CIP IMPROVEMENT AND INNOVATION FRAMEWORK – GOVERNANCE ARRANGEMENTS

The Head of Improvement and Innovation attended the meeting to provide verbal assurance on the CIP Improvement and Innovation Framework. It was noted that all CIP Schemes would be voted on by five Executive Directors and signed off by the Chief Nurse. Once approved, quarterly formal reviews would be carried out on each scheme. It was noted that the financial status of the schemes would be reviewed at each CMG performance meeting and that three schemes would be chosen at random for a Quality and Risk Assessment.

The Medical Director stressed the importance of ensuring that the schemes chosen for Quality and Risk Assessments were appropriate schemes and asked for assurance of the cognisance of cross cutting risks. The Chief Nurse and Quality Officer East Leicestershire and Rutland CCG raised the question of what the formal quarterly reviews would look like. The Head of Improvement and Innovation responded that once per quarter the CMGs would assess the risks and would attend the IIF Board meeting for updates. The Director of Safety and Risk would bring a formal report on the Quality and Risk Assessments back to the November 2013 QAC meeting.

DSR

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

(B) the Director of Safety and Risk to present a formal report on the CIP Quality and Risk Assessments to the November 2013 QAC meeting.

DSR

99/13

PATIENT LED ASSESSMENT OF THE CARE ENVIRONMENT (PLACE) RESULTS

The Chief Nurse presented paper C advising members that work had taken place comparing UHL to the national figures and provided a brief analysis of the results. It was noted that there were some concerns around cleanliness but as a Trust UHL was not performing as badly as some other Trusts. An action plan for cleanliness would be presented to the Executive Quality Board (EQB) in November 2013 and submitted to the QAC in December 2013. Performance against the Key Performance Indicators for September 2013 was noted to be variable however some improvement had been made.

A discussion took place around the public areas within the Trust and it was noted that Interserve had experienced staff shortages resulting in the focus of cleanliness being more around clinical areas. Staff vacancies within Interserve had recently been filled and it was felt that poor cleanliness of public areas would now improve. The Chief Nurse commented that a six month review by Interserve and NHS Horizons had been requested and the report and action plans would be presented at future QAC meetings. It was agreed that a representative of Interserve would be invited to attend the December meeting to present the report.

CN

The Director of Clinical Quality reported that whistle blowing had now been included in the CQC report and it was felt that as one incident had been reported at the Leicester Royal Infirmary and subsequently in the public domain, the CQC would now give greater focus on the subject.

An issue was raised around the timeliness of meal delivery to patients and it was noted that this was regarded as a contractual issue. The Chief Nurse suggested that a solution to the issue might be the implementation of additional microwaves and

microwavers or the combination of the role of the cleaning staff and microwavers to ensure better working to ward timescales. However, it was noted that this would be subject to contractual negotiation.

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

(B) the Chief Nurse to invite a representative of Interserve and NHS Horizons to attend the QAC meeting in December 2013 to provide an update on cleanliness and present the six monthly review and action plans.

CN

100/13 SAFETY

100/13/1 Monthly update on the NHS Safety Thermometer (ST) and Prevalence of the Four Harms in UHL

The Chief Nurse presented paper D and provided the Committee with assurance that a steady state was being maintained and noted that there had been no change.

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

100/13/2 Nursing Workforce Report

The Chief Nurse presented paper E and gave a brief update on reviews undertaken in the last twelve months. It was noted that future reviews would take place on a six monthly basis and that the acuity tool would be used as part of the review.

The Chief Nurse commented that the ward performance review system would commence in November 2013 and that a real time ward dashboard would be in place in the near future. It was noted that ward staffing levels would be communicated to the public via notices put up on wards which would give information on the number of staff on duty on the ward and the reasons behind any staff shortages.

It was highlighted that Matrons had returned to the wards and would be relieving themselves of non ward activity to ensure the correct supervision of ward staff.

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

100/13/3 Care of the Dying Patient – Interim Guidance

Resolved – that the verbal report be deferred to the November 2013 QAC meeting.

TA

100/13/4 Overview and Update of Safeguarding Serious Case Reviews and Incidents

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

100/13/5 UHL Action Plan in Response to LLR CCG Emergency Department Visit

The Director of Clinical Quality presented paper G, a brief on the action plan being developed in response to the unannounced quality and safety visit on 19 September 2013 by the LLR CCG Commissioners to UHL's Emergency Department. It was agreed that the action plan would be presented to the next Executive Quality Board meeting.

In discussion the Chief Nurse and Quality Officer East Leicestershire and Rutland CCG asked for assurance on the access to Resuscitation trolleys and it was noted that random checks were being carried out. It was agreed that the Chief Nurse would ensure that the Resuscitation Trolley checking procedures were being adhered to and appropriately documented.

In further discussion it was noted that the mandatory safeguarding training was not being reported as being carried out and it was agreed that the Chief Nurse would review the process of reporting.

Pressure in the Emergency Department was discussed and it was noted that additional staff were being placed on each shift to look after long wait patients, and to try to relieve the pressure on Emergency Department staff. Long wait patients would be made aware of the additional staff and it would be communicated that these staff would be the point of contact should the patients need any assistance. A verbal update on this item would be presented to the next QAC meeting.

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

(B) the action plan in response to the outcome of the LLR CCG visit be presented to the November 2013 Executive Quality Board meeting;

DCQ

(C) the Chief Nurse to ensure that Resuscitation Trolley checking procedures were being adhered to and correctly documented;

CN

(D) the Chief Nurse to review the process of mandatory safeguarding training reporting, and

CN

(E) the Chief Nurse to provide a verbal update on the additional staff placed in the Emergency Department, to the November 2013 QAC meeting.

CN

100/13/6 Governance Arrangements for Outsourcing Elective Work

Paper H provided a report on suggestions to accelerate the backlog reduction in elective surgery and it was agreed that the preferred option would be option 1. The question of assurance of quality and safety reporting was raised and it was agreed that the Chief Nurse would contact the Chief Operating Officer to request a paper be presented to the November 2013 QAC meeting for assurance. In discussion on the governance of the outstanding arrangements for private providers, it was noted that the Chief Nurse/Medical Director would be required to sign-off these arrangements.

CN

MD/CN

Resolved – (A) that the contents of paper H be received and noted;

(B) the Chief Nurse to contact the Chief Operating Officer to request a paper be presented to the November 2013 QAC meeting to provide assurance on the reporting of Quality and Safety for outsourced elective surgery work, and

CN

(C) the Chief Nurse and Medical Director be requested to sign-off governance arrangements for private providers.

MD/CN

100/13/7 Patient Safety Report

The Director of Clinical Quality presented paper I, the patient safety report, on behalf of the Director of Safety and Risk. The following points were highlighted in particular:-

- (i) Responding to a query from the Non Executive Director and the Dean of the University of Leicester Medical School, the Director of Clinical Quality advised that she would present an action plan and a route map for information to the November 2013 QAC on how the ePMA would be progressed following the implementation of the CMGs;
- (ii) It was suggested that complaints should be triangulated with the patient experience metrics and it was agreed that the Director of Clinical Quality would contact the Patient Experience Committee for an update on what is reported and

- discussed. The November 2013 report would be deferred to the December 2013 meeting and the Director of Clinical Quality would present a patient views proposal to include a more detailed report to the December 2013 QAC, and
- (iii) responding to a query regarding a recent Never Event it was agreed that the Medical Director would review whether additional checks needed to be put in place to prevent any further reoccurrence. It was agreed that once the investigation report was available it would be presented to QAC. MD

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

(B) the Director of Clinical Quality to present an action plan and a route map for information to the next QAC on how the ePMA would be progressed following the implementation of the CMGs; DCQ

(C) the Director of Clinical Quality to contact the Patient Experience Committee for an update on what is reported and discussed; DCQ

(D) the November report to be deferred to the December meeting and the Director of Clinical Quality to present a patient views proposal to include a more detailed report to the December QAC, and TA/DCQ

(E) the Never Event investigation report is presented to QAC once completed. MD

101/13 QUALITY

101/13/1 Month 6 – Quality and Performance Update

Paper J provided an overview of the September 2013 quality and performance report highlighting key metrics and areas of escalation or further development where required.

The following issues were highlighted in particular:-

- (a) a full report on mortality would be presented to the Board on 30 October 2013, and
- (b) neck of femur performance remained fragile. It was agreed that reported actual numbers would be added into the Quality and Performance report so that fluctuation in demand was clearly visible, and
- (c) the Committee Chair noted the intention to meet with the Chief Nurse and Trust Administrator to agree a calendar of business for the QAC including appropriate scheduling of items. MD
Chair
CN/TA

Resolved – that (A) the contents of paper J be received and noted;

(B) the reported actual figures for neck of femur be added to the #NOF report, and MD

(C) the Committee Chair, Chief Nurse and Trust Administrator to meet to agree a calendar of business for the QAC meetings including appropriate scheduling of items for future agendas. Chair
CN/TA

101/13/2 CQUIN – Quarter 2 Report

The Head of Outcomes and Effectiveness presented paper K which provided a summary of the LLR and Specialised Services CQUIN indicators for 2013/14 and the anticipated RAGs in respect of quarter 2 performance. It was noted that there had been no exception reports and that it was predicted that the Trust would achieve quarter 2 targets. It was agreed that the comparisons for the end of month against the year would be shown in the report.

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

(B) the Head of Outcomes and Effectiveness to include comparisons for the end of month against the year in future reports.

DCQ

101/13/3 Quality Commitment 2013 - 16

The Director of Clinical Quality presented paper L, which provided a summary of the performance against Quality Commitment quarter 2 2013/14 and commented that the dashboard reported on progress and not the anticipated position. Some good progress had been made in particular within the pneumonia pathway. A discussion took place around patient centred care and it was noted that the speeding up of the process of discharge had resulted in a worsened patient experience. It was agreed that the profile of patient centred care should be raised and it was noted that this would be included in the next Chief Executive's Briefing. A report would be presented to QAC on a quarterly basis and presented to the Trust Board on or before 20 December 2013.

CN

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

(B) the Chief Nurse to present a report on patient centred care to QAC on a quarterly basis and to the Trust Board by 20 December 2013.

CN

102/13 ITEMS FOR APPROVAL

102/13/1 QAC Meeting Dates 2014

Members agreed and noted paper M which provided a summary of proposed dates for 2014 QAC meetings. These were noted and agreed as follows:-

Wednesday 29 January 2014 – venue to be confirmed
Wednesday 26 February 2014 – venue to be confirmed
Wednesday 26 March 2014 – venue to be confirmed
Wednesday 23 April 2014 – venue to be confirmed
Wednesday 28 May 2014 – venue to be confirmed
Wednesday 25 June 2014 – venue to be confirmed
Wednesday 30 July 2014 – venue to be confirmed
Wednesday 27 August 2014 – venue to be confirmed
Wednesday 24 September 2014 – venue to be confirmed
Wednesday 29 October 2014 – venue to be confirmed
Wednesday 26 November 2014 – venue to be confirmed
Thursday 18 December 2014 from 9.30am to 12.30pm – venue to be confirmed

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

102/13 MINUTES FOR INFORMATION

102/13/1 Finance and Performance Committee

Resolved – that the public Minutes of the Finance and Performance Committee meeting held on 25 September 2013 (paper N refers) be received and noted.

102/13/2 Executive Performance Board

Resolved – that the action notes of the Executive Performance Board meeting held on 24 September 2013 (paper O refers) be received and noted.

103/13 ANY OTHER BUSINESS

103/13/1 Patient Experience

Mr M Caple commented on a template for CMG presentations due to the F&PC which was to be presented to the Finance and Performance Committee on 30 October 2013 and raised the question as to whether it would apply to the QAC. Ms J Wilson would receive feedback from the Finance and Performance Board and report back to Mr Caple.

Resolved – that the Committee Chair undertake the above action.

DCQ

104/13 IDENTIFICATION OF ANY KEY ISSUES FOR THE ATTENTION OF THE TRUST BOARD

Resolved – that the following items be brought to the attention of the Trust Board on 31 October 2013:-

- PLACE assessments (Minute 99/13);
- Nursing workforce (Minute 100/13/2), and
- Quality Commitment (Minute 101/13/3).

105/13 DATE OF NEXT MEETING

Resolved – that the next meeting be held on Wednesday 27 November 2013 at 12.00 noon in the Large Committee Room, Leicester General Hospital.

The meeting closed at 12.00 noon.

Cumulative Record of Members' Attendance (2013-14 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>	7	4	57	<i>R Overfield</i>	2	2	100
<i>M Caple*</i>	7	6	86	<i>R Palin*</i>	4	3	75
<i>S Dauncey</i>	1	1	100	<i>P Panchal</i>	7	4	57
<i>K Harris</i>	7	5	71	<i>C Ribbins</i>	6	4	66
<i>S Hinchliffe</i>	1	1	100	<i>J Wilson (Chair)</i>	7	7	100
<i>C O'Brien – East Leicestershire/Rutland CCG*</i>	7	5	71	<i>D Wynford-Thomas</i>	7	5	71

** non-voting members*

Cheryl Hughes, **Interim Trust Administrator**