


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: 22 December 2014

COMMITTEE: Quality Assurance Committee

CHAIR: Dr S Dauncey, Acting QAC Chair

DATE OF COMMITTEE MEETING: 26 November 2014

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:

- Minute 99/14/1 (Breast Screening Performance – in particular regarding data quality), and
- Minute 103/14/1 (Renal Satellite Service in Corby).

DATE OF NEXT COMMITTEE MEETING: 15 December 2014

**Dr S Dauncey
Acting QAC Chairman
15 December 2014**

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

**MINUTES OF A MEETING OF THE QUALITY ASSURANCE COMMITTEE HELD ON WEDNESDAY
26 NOVEMBER 2014 AT 12:30PM IN SEMINAR ROOMS A & B,
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)
Ms R Overfield – Chief Nurse
Mr P Panchal – Non-Executive Director
Ms J Wilson – Non-Executive Director

In Attendance:

Mrs G Belton – Trust Administrator
Mr I Crowe – Non-Executive Director
Miss M Durbridge – Director of Safety and Risk
Mrs S Hotson – Director of Clinical Quality
Mrs S Khalid – Clinical Director, CSI (for Minute 99/14/1)
Dr N Moore – Clinical Director, RRC CMG (for Minute 99/14/2)
Ms C Ribbins – Deputy Chief Nurse
Mr I Scudamore – Clinical Director, Women's and Children's CMG (for Minute 99/14/3)
Mr K Singh – Trust Chairman (up to and including Minute 99/14/4, with the exception of Minute 99/14/2)

RESOLVED ITEMS

ACTION

96/14 APOLOGIES

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

97/14 MINUTES

Resolved – that the Minutes of the Quality Assurance Committee meeting held on 29 October 2014 (papers A and A1 refer) be confirmed as a correct record.

98/14 MATTERS ARISING REPORT

98/14/1 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 88/14/1d (regarding progress with the Complaints Process Review) – the Director of Safety and Risk reported verbally to advise that she had previously submitted an action plan to the Trust Board regarding this matter. It was currently anticipated that a full update on progress against the plan would be submitted to the Trust Board in December 2014, and this would include an update on the proposed External Complaints Panel which was expected to go live in pilot form in the New Year. This Panel would report into EQB and to QAC by exception. The Director of Safety and Risk was requested to submit a report to QAC in February 2015 regarding progress to-date in relation to the External Complaints Panel. It was also agreed that discussions should continue, outwith the meeting, as to whether it would be appropriate for a Non-Executive Director from the Trust to sit on the External Complaints Panel;
- (ii) the fact that actions relating to the following Minute references had now been

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ASTA**

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| | completed or were scheduled for receipt within other Trust forums, and could therefore be closed down on the QAC Matters Arising log (Minute references 88/14/1e, 89/14/1, 89/14/3, 90/14/5); | ASTA |
| (iii) | Minute 76/14 (regarding the draft QAC work programme) – discussions remained in progress, and an update would be provided when these had been concluded; | QAC
Chair/
ASTA |
| (iv) | Minute 77/14/4 (regarding the Patient Safety Annual Report 2013/14) and Minute 79/14/2 (regarding the Complaints Annual Report 2013/14) – it was agreed that these reports would both be submitted to the QAC meeting on 29 January 2015; | DSR/
ASTA |
| (v) | Minute 82/14/1 (regarding the submission of a report to QAC in relation to the learning from claims and inquests, including Regulation 28 letters) – it was noted that this report was due to be submitted to EQB on 2 December 2014, and thereafter QAC on 15 December 2014, and the log required updating accordingly, and | ASTA |
| (vi) | Minute 34/14/3 from 30 July 2014 (regarding the provision of an update to QAC in November 2014 by the Women’s and Children’s CMG on how they sought assurance that the recommendations from a review relating to a SUI (retained vaginal swab) had been followed through and that a relevant audit mechanism was in place) – the Acting QAC Chair reported verbally, advising members of the confirmation provided by the Clinical Director, W&C CMG that an audit had been undertaken and would be repeated, the outcome of which would be reported to the EQB, with any issues escalated to QAC if required. | |

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

99/14 SAFETY

99/14/1 Breast Screening Performance

The Clinical Director of the Clinical Support and Imaging CMG attended to present paper ‘C’, the purpose of which was to brief the Committee of the reason for breaching against the 62 day screening target, which was as a result of incorrect start dates being recorded on the National Breast Screening Service (NBSS) computer system and to advise of the action undertaken as a consequence. This same report had also been submitted for discussion at the Clinical Quality Review Group held on 20 November 2014. The process now undertaken for breast screening was to be repeated for all other screening and the 62 day screening target would also undergo UHL Data Quality Diamond Review in November 2014.

In discussion on this item, members queried how they could be assured that indicators RAG-rated ‘green’ in the various Trust metrics were actually green and that the data leading to a ‘green’ rating was actually correct. It was noted that it was the purpose of the Audit Committee to seek such assurance (through Internal Audit and other such mechanisms) and that assurance could also be provided through the planned Data Quality Diamond Review. In conclusion, it was noted that the results of the Data Quality Diamond Review (once known) would be reported through to EQB and CQRG, with any specific issues escalated to QAC as appropriate.

CD,CSI

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

(B) the Clinical Director, CSI be requested to report back to EQB and CQRG with the results of the Data Quality Diamond Review (once known), with any specific issues then escalated to QAC as appropriate.

CD,CSI

99/14/2 Report by the Clinical Director, Renal, Respiratory and Cardiac

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

99/14/3 Update on Perinatal Mortality

Further to Minute 34/14/1 of 28 May 2014, Mr I Scudamore, Clinical Director, Women's and Children's CMG, attended to present paper 'E', which reported on perinatal mortality at UHL and the plan to manage and reduce perinatal mortality. The Perinatal Mortality Working Group had been established in 2012 and had developed a strategy for reviewing and analysing all perinatal deaths, identifying trends and themes and developing strategies to develop the principle local issues.

Mr Scudamore particularly highlighted the following in his presentation of the report:

- (1) the current perinatal mortality data – there was no national comparator currently for the Trust's stillbirth rate. A national comparator would be available when MBRRACE produced their first report containing the data for 2013 (expected for publication in Summer 2015);
- (2) all perinatal deaths continued to be reviewed on a monthly basis by the Perinatal Mortality Review Panel with any learning points fed back via the CMG risk management structure, and
- (3) strategies to reduce perinatal mortality, i.e. through the identification of undiagnosed growth restriction and improving the detection and management of reduced fetal movements.

The report also made note of changes to the coding of perinatal deaths and local scrutiny of the 2012 perinatal mortality data in comparison to the 2009 data.

Particular discussion took place regarding the following:

- (i) a query was raised as to when the IGUR pathway would be implemented (noting that this was currently stated as January 2015, but that staff training was due to be undertaken in February 2015) – Mr Scudamore confirmed that it would be implemented in February 2015, and members requested that the action plan was updated to reflect this;
- (ii) whether there existed any issues in relation to perinatal mortality in respect of particular groups within the health community (e.g. patients with diabetes, patients whose ethnic origin could make them susceptible to particular health issues etc). Note was also made of the potential benefits to be achieved by working in partnership with the CCGs and establishing links with particular community groups themselves. Also noted was the potential to establish best practice from the Patient Experience Surveys and utilise this in communication with those patient groups who were traditionally harder to reach. Mr Scudamore noted that there were particular patient groups who received dedicated specialist midwifery support, and that a main driver in reducing perinatal mortality would be through the identification of undiagnosed growth restriction, and
- (iii) the fact that the MBRRACE data would be available by Summer 2015 and members requested that Mr Scudamore present the results of this, when available, to the Mortality Review Committee, EQB, CQRG and QAC.

CD,W&C

CD,
W&C

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

(B) Mr Scudamore, Clinical Director of the Women's and Children's CMG, be requested to undertake the actions outlined under points (i) and (iii) above.

CD,W&C

99/14/4 Patient Safety Report

The Director of Safety and Risk presented paper 'F', which provided a monthly update

on internal safety issues and serious incidents and external safety news and developments. In her presentation of the report, the Director of Safety and Risk particularly highlighted those points outlined on the first covering page, in particular the two key safety issues this month.

The Committee was particularly invited to:-

- (a) note the updated information received with regard to the Sign up to Safety initiative and the Trust's progress to date;
- (b) note the changes to the NHS England Never Events Framework 2015/16 (as detailed in appendix 2 to the report), and
- (c) consider whether this Committee wished to continue to receive this level of detail in respect of SUIs, RCA performance and quarterly reports, noting that the Executive Quality Board also received this information.

In discussion on this item, members:

- (i) debated the content they would wish to see in future iterations of the Patient Safety Report, noting the need to be strategic in focus but also to retain a certain level of detail. Note was also made that much of the detail was contained within the dashboard in the Quality and Performance report, which could be discussed at greater length at future QAC meetings. Note was also made that all Non-Executive Directors saw the details of SUIs via other mechanisms. In conclusion on this point, it was agreed to further discuss the actual content of future iterations of this report outwith the meeting. The Director of Safety and Risk was requested to provide information relating to patient safety developments in a new format for a trial period of three months from January 2015;
- (ii) noted that it was occasionally difficult for non-clinical members of the Committee to understand why particular incidents were determined as SUIs (if this was not clear in the description of the incident when logged into the system by relevant staff), and
- (iii) noted the details of a recent Never Event that had occurred, as verbally reported by the Director of Safety and Risk.

DSR/TA

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

(B) further discussion be held outwith the meeting regarding the actual content of future iterations of patient safety reports, and

DSR/CN

(C) the Director of Safety and Risk be requested to provide information relating to patient safety developments in a new format for a trial period of three months from January 2015.

DSR

100/14 QUALITY

100/14/1 CQC Action Plan (compliance actions)

The Director of Clinical Quality presented paper 'G', which provided an update against compliance actions detailed in the CQC action plan and had been submitted to QAC following detailed discussion at the EQB on 4 November 2014.

Particular discussion took place regarding the following points:

- (i) the challenge that lay in remaining RAG-rated 'green' against the estates-related actions;
- (ii) review of data in relation to the over 70s;
- (iii) assurance was sought that the key metrics were being presented – it was noted that updates would be provided as part of this on-going regular report;

- (iv) particular workstreams relating to the CDU at Glenfield Hospital and Emergency Care;
- (v) the fact that a report on the CQC 'Should do' actions was shortly due to be submitted to EQB, and thereafter would be submitted to QAC, and
- (vi) whistleblowing – the Trust had a policy relating to this issue which was a workforce policy and was referenced under item 5.2 on the agenda (paper H refers).

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

100/14/2 CQC Intelligent Monitoring Report

The Director of Clinical Quality presented paper 'H', which informed the Committee of the findings from the latest draft CQC Intelligent Monitoring Report (IMR) which was due to be published on 3 December 2014. Note was made that, as a recently inspected Trust, UHL had not been given a 'banding'.

Particular discussion took place in respect of the following:

- (i) whistleblowing, which was an 'elevated risk' for the Trust;
- (ii) the fact that it would be helpful to triangulate staff views (as well as patient views);
- (iii) appendix II to the report detailed items of risk and elevated risk and noted the actions on-going within the Trust in response to these;
- (iv) anticipated changes in respect of the way in which ambulance waiting times would be recorded (as agreed with Commissioners), and
- (v) note was made that the information documented was historical (i.e. 9 month's old).

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

100/14/3 Update against PwC Review of Quality Assurance Arrangements Recommendations

The Director of Clinical Quality presented paper 'I', which informed members of the results of PwC's review of the UHL Quality Assurance Framework. Appendix 1 of paper I detailed a copy of the full report and Appendix 2 detailed an extract of agreed actions, nominated lead officers and progress to-date, which was monitored through the TrAction online audit system.

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

100/14/4 Quality Impact Assessment of CIP Schemes

The Chief Nurse presented paper 'J', which provided the Committee with a report of Quality Impact Assessment at quarter 2 for the 2014/15 Cost Improvement Scheme, and particularly highlighted that there were no significant quality and safety impacts for this year.

In discussion on this item, members:

- (i) noted the detail presented in this report, which was useful to see upon its first receipt at the Committee, however agreed that a summary report could be provided when this document was next submitted to the Committee in February 2015;
- (ii) made note of the Confirm and Challenge meetings which took place every month, and of the focus of these meetings on finance, performance and quality and safety, and of the intention to have four cross-cutting themes in the next financial year around which quality assurance would be undertaken, the process for which was briefly discussed, and

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- (iii) noted that if any of these transformational streams had resulted in quality or safety impacts, these would have been identified through the various metrics which was regularly monitored.

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

100/14/5 Nursing Workforce Report

The Chief Nurse presented paper 'K', which detailed information in respect of the latest nursing staffing in post figures, the current recruitment position and the mitigation of workforce gaps.

In discussion on this item, members:

- (i) queried, in light of the continuing need to seek additional nursing staff from overseas, whether the pool from which such staff could be recruited was diminishing given that nurse recruitment was a national issue and that an increasing number of Trusts would be seeking additional nursing staff from overseas – it was noted that whilst the pool of overseas nursing staff available to work in the UK was decreasing, the most important element was retention and UHL had a very good retention rate of its staff in light of its good reputation in this respect;
- (ii) feedback received from the overseas nursing staff in terms of their experience to-date of working in the NHS;
- (iii) noted the importance of continuing focus on the training and subsequent recruitment of UK-based nursing staff in light of the training period required prior to practice;
- (iv) noted the importance of retaining high calibre caring individuals within nursing, as it moved to a degree-based profession, and
- (v) queried whether the use of agency nurses was likely to increase this Winter – whilst this was possible, there were significantly less substantive vacancies this year than in previous years. The areas where increased agency nurses were most likely to be required was in Medicine and Paediatrics.

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

100/14/6 Month 7 – Quality and Performance Update

The Chief Nurse presented paper 'L', which provided an overview of the October 2014 Quality and Performance report highlighting NTDA / UHL key metrics and escalation reports where required.

In discussion on this item, members:

- (i) agreed to schedule 15 minutes for discussion on this item at future QAC meetings;
- (ii) requested that the Medical Director nominate and arrange for an appropriate Deputy to attend QAC meetings in his absence, and speak to this report alongside the Chief Nurse, where required;
- (iii) noted that the Director of Estates and Facilities would be producing a quarterly report, the first of which was due next month;
- (iv) made note of the unannounced cleaning audits, the results of which would be detailed within the next Q & P report;
- (v) noted Mr Caple's observations with regard to a Food Forum meeting he had recently attended;
- (vi) made note of the latest FFT figures, in particular those in maternity, and noted that the Deputy Chief Nurse would be meeting with the Head of Midwifery and Head of Nursing, Women's and Children's CMG regarding

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their plan to improve their response rates and target the feedback they had been receiving.

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

(B) the Trust Administrator be requested to schedule fifteen minutes for discussion on the Q & P reports at future meetings to allow time for more detailed discussions, and

TA

(C) the Medical Director be requested to nominate and arrange for an appropriate Deputy to attend QAC meetings in his absence.

MD

101/14 ITEMS FOR THE ATTENTION OF QAC FROM EQB

91/14/1 EQB Meeting of 4 November 2014 – Items for the attention of QAC

Resolved – that relevant items of business arising from the EQB meeting of 4 November 2014 had been addressed elsewhere on the agenda.

102/14 MINUTES FOR INFORMATION

102/14/1 Finance and Performance Committee

Resolved – that it be noted that the public Minutes of the 26 October 2014 meeting of the Finance and Performance Committee would be submitted to the Quality Assurance Committee meeting on 15 December 2014.

102/14/2 Executive Performance Board

Resolved – that the action notes of the 28 October 2014 Executive Performance Board meeting (paper M refers) be received and noted.

103/14 ANY OTHER BUSINESS

103/14/1 Renal Satellite Service in Corby

The Director of Clinical Quality verbally briefed members in respect of the proposal (for Trust Board agreement) that UHL would assume responsibility for the staff working at the Renal Satellite Service in Corby from 1 December 2014 (with these staff due to be TUPED over to UHL) and explained the background to this proposal. It was noted that the Director of Corporate and Legal Affairs would be briefing the Trust Board Chairman on this proposal ahead of the Trust Board meeting due to be held the following day, and that the Acting QAC Chair would raise this matter, for Trust Board approval, during her verbal report to the Trust Board at tomorrow's meeting on items arising from today's QAC meeting.

Resolved – that (A) this verbal report be noted, and

(B) the Acting QAC Chair be requested to raise this matter at tomorrow's Trust Board meeting.

AQC

103/14/2 PHSO Report on Complaints

The Director of Safety and Risk verbally briefed members in respect of the contents of the (currently embargoed) PHSO report on complaints for Acute Trusts, and the resulting media enquiries received. It was noted that the Chief Nurse would respond on this matter should it be raised at the Trust Board meeting the following day.

Resolved – that this verbal information be noted.

103/14/3 Servicing of QAC

The Acting QAC Chair expressed her thanks to Mrs Belton, currently Acting Senior Trust Administrator, for her work in servicing the QAC Committee. Mrs Belton would no longer be servicing QAC in December 2014 or in 2015 due to the change in the Committee's meeting day.

Resolved – that this be noted.

104/14 **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:

- Minute 99/14/1 (Breast Screening Performance – in particular regarding data quality),
- Minute 99/14/2 (Report from the Clinical Director of Renal, Respiratory and Transplant), and
- Minute 103/14/1 (Renal Satellite Service in Corby).

105/14 **DATE OF NEXT MEETING**

Resolved – that the next meeting of the Quality Assurance Committee be held on Monday 15 December 2014 from 12.30pm until 3.30pm in the Large Committee Room, Leicester General Hospital.

The meeting closed at 2.58pm.

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

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
J Adler	8	6	75%	R Overfield	8	7	88%
M Caple*	8	6	75%	P Panchal	8	5	63%
S Dauncey (Acting Chair)	8	7	88%	J Wilson	8	7	88%
K Harris	8	6	75%	D Wynford-Thomas	8	3	38%
K Jenkins	1	0	0%				
C O'Brien – East Leicestershire/Rutland CCG*	8	4	50%				

* non-voting members

Gill Belton – **Acting Senior Trust Administrator**