


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: 2 April 2015**

**COMMITTEE: Quality Assurance Committee**

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

**DATE OF COMMITTEE MEETING: 26 February 2015**

**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: 26 March 2015**

Dr S Dauncey  
QAC Chairman  
25 March 2015

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**

**MINUTES OF A MEETING OF THE QUALITY ASSURANCE COMMITTEE HELD ON THURSDAY, 26  
FEBRUARY 2015 AT 1:00PM 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 Adviser (non-voting member)  
Ms R Overfield – Chief Nurse  
Ms J Wilson – Non-Executive Director  
Professor D Wynford-Thomas – Non-Executive Director and Dean of the University of Leicester Medical School

**In Attendance:**

Colonel Ret'd I Crowe – Non-Executive Director  
Miss M Durbridge – Director of Safety and Risk  
Mrs S Hotson – Director of Clinical Quality  
Mrs H Majeed – Trust Administrator  
Ms C Ribbins – Deputy Chief Nurse  
Mr K Singh – Trust Chairman (from Minute 15/15/2)  
Mr M Traynor – Non-Executive Director  
Mr M Williams – Non-Executive Director

**RESOLVED ITEMS**

**ACTION**

**12/15 APOLOGIES**

Apologies for absence were received from Dr K Harris, Medical Director, Ms C O'Brien, Chief Nurse and Quality Officer, East Leicestershire CCG and Mr P Panchal, Non-Executive Director.

**13/15 MINUTES**

**Resolved** – that the Minutes of the Quality Assurance Committee meeting held on 29 January 2015 (paper A refers) be confirmed as a correct record.

**14/15 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 4/15/1 (Statutory Duty of Candour) – a report would be presented to EQB and QAC in March 2015;  | <b>DSR</b>           |
| (ii)  | Minute 110/14/1 (Nursing Workforce Report) – in discussion, it was agreed that an update on this action had been provided within the matters arising report and therefore could be removed from the matters arising log, and   | <b>TA</b>            |
| (iii) | Minute 76/14 (QAC draft work programme) – the Chairs of the Quality Assurance Committee (QAC), Integrated Finance Performance and Investment Committee (IFPIC) and Audit Committee to have a discussion in May 2015 re. the work programme for all these Committee alongside the Board Intelligence work. The Chief Executive suggested that the Director of Corporate and Legal Affairs be contacted in respect of this matter. | <b>QAC<br/>Chair</b> |

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

15/15/1 Patient Safety Report

The Director of Safety and Risk presented paper C, which provided a monthly update on internal safety issues, serious incidents, external safety news and developments. In her presentation of the report, the Director of Safety and Risk highlighted the collaboration between the Leicestershire Improvement, Innovation and Patient Safety Unit (LIIPS) and East Midlands Patient Safety Collaborative.

Members particularly noted section 5.1 of paper C which highlighted the themes from the safety walkabouts held in November 2014. In response to a query from the Patient Adviser re. one of the themes relating to 'Interserve issues', the Chief Nurse advised that the newly appointed Interim Director of Estates and Facilities was aware of the issues and work was underway to resolve the concerns raised. Ms J Wilson, Non-Executive Director also highlighted that the Integrated Finance, Performance and Investment Committee would be undertaking a quarterly review of facilities management performance and the next review was scheduled for the meeting in April 2015. Members were advised that there would be an increase in the number of safety walkabouts in 2015.

A 'Gripe Reporting Tool' had been launched for junior doctors to report any patient safety or care issues in their workplace. A number of concerns had been reported through this route and were being dealt with real-time. Updates on this would be included in future iterations of the patient safety report. The two staff concerns reported through the '3636 reporting line' were listed in section 6.1 of paper C. In response to a query from the Committee Chair in respect of the staffing issues highlighted through these sources, the Chief Nurse advised that the reason for this might be due to the extra capacity that had been opened for a few weeks in winter 2014 and increase in sickness absence during that period, however, winter staffing pressures had recently eased somewhat. A letter from the TDA had recently been received in respect of the benchmarking of staffing – UHL was denoted as a Trust being at 'expected levels across all indicators'. This letter would be presented to QAC in March 2015. Responding to a further query regarding UHL's sickness absence rates, the Chief Nurse highlighted that UHL's sickness absence rates were comparatively lower than other Trusts. The Director of Safety and Risk commented that at a recent Corporate Medical Management Group meeting it was highlighted that rigour was required in managing junior doctor sickness absences.

CN

Further to a detailed discussion in respect of the never event relating to 'wrong site surgery', it was noted that the governance issues in the Alliance needed to be resolved. The Director of Safety and Risk assured members that the Head of Nursing, ITAPS would be meeting the Interim Lead Nurse/Clinical Governance Lead at the Alliance to discuss and resolve the issues identified through this never event.

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

**(B) the Chief Nurse be requested to present the TDA's benchmarking letter in respect of staffing arrangements to QAC in March 2015.**

CN

15/15/2 Statutory Duty of Candour

The Director of Safety and Risk provided a verbal update on implications for UHL following the CQC's recent publication on 'Regulation 20: Duty of Candour'. This regulation stated that a health service body must act in an open and transparent way in relation to care and treatment provided to patients, and (as soon as reasonably practicable after becoming aware that a notifiable incident had occurred) the Trust must notify the relevant person and provide reasonable support in relation to the incident. She particularly highlighted that previous terminology relating to Duty of Candour and The

Being Open Framework referred to “reportable patient safety incident”, however, the new regulations changed this to “notifiable safety incident”. A brief update on the new definitions within the regulations and examples of notifiable safety incidents were also provided. A written report on this matter would be presented to QAC in March 2015 and any exception reports would be provided to future QAC meetings.

DSR

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

**(B) the Director of Safety and Risk be requested to submit a written report on the ‘Statutory Duty of Candour’ to the QAC meeting in March 2015 and any exception reports to future QAC meetings, as appropriate.**

DSR

15/15/3 Safety Improvement Plan and NHSLA Bid to Support the Safety Work at UHL

The Director of Safety and Risk presented paper D, the bid to the NHSLA to support the safety work at UHL which was submitted to NHS England on 19 January 2015 and the bid to seek a 10% reduction in CNST contributions for 2015-16. The NHSLA had made it clear that to be eligible for a potential payment, the safety improvement plan would need to demonstrate how the Trust would reduce harm and potentially save lives in relation to higher volume and/or higher value claims by reducing these claims over time. A response to the bid was expected before end of March 2015.

Further to a comment from the Chief Executive, it was noted that the safety improvement plan was not separate from the Quality Commitment and would be a part of the “safety domain” within the Quality Commitment.

Ms J Wilson, Non-Executive Director drew members’ attention to the table on page 5 of paper D which provided the ‘number of patient safety incidents’ and queried whether a step back needed to be taken in respect of looking at the wider picture and reporting these figures – it was suggested that consideration be given to including a reference to this in the context of the Quality Commitment.

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

**16/15 QUALITY**

16/15/1 Nursing Acuity Report

The Chief Nurse advised that it was now a national requirement that Trusts were sighted to a bi-annual detailed review of staffing using evidence-based tools to ensure appropriate deployment of staff etc. The first of these reviews (paper E refers) was presented to QAC for assurance and noting of recommendations and actions. The AUKUH collection tool had been used for this purpose. The results showed significant variation across the Trust and as expected, there were areas which required additional investment. In particular, the Surgical Assessment Unit in the CHUGGS CMG required additional resources as there had been an error in the initial calculation of the ward establishments.

An overview report regarding headline review findings (i.e. the gap in staffing according to acuity review vs. budgeted position) and resource implications for the Trust would be presented to QAC in March 2015.

CN

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

**(B) the Chief Nurse be requested to present an overview report regarding headline review findings (i.e. the gap in staffing according to acuity review vs. budgeted position) and resource implications for the Trust to QAC in March 2015.**

CN

16/15/2 Nursing Report

The Chief Nurse presented paper F, which detailed information in respect of the latest nursing staffing in post figures, real time staffing, the current recruitment position, premium pay and nursing dashboard. She suggested that future iterations of this report should only include a summarised version of the nursing position rather than the full detail as currently provided – this was agreed. Members also requested that an update on midwifery staffing be included in future iterations of this report. In discussion on the recruitment position of midwives, it was agreed that ‘Midwifery Workforce Report’ would be presented to QAC in March 2015.

CN

CN

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

CN

**(B) the Chief Nurse be requested to include an update on midwifery staffing in future iterations of the Nursing Report to QAC, and**

**(C) the Chief Nurse be requested to present the ‘Midwifery Workforce Report’ to QAC in March 2015.**

CN

16/15/3 Month 10 – Quality and Performance Update

The Chief Nurse presented paper G, which provided an overview of the January 2015 Quality and Performance report. She particularly highlighted improvements in C Diff and safety thermometer performance, and deterioration in Fractured Neck of Femur (#NOF) time to theatre performance. NHS England had recently released the 2015-16 C Diff trajectory for Acute Trusts with UHL’s trajectory being confirmed as 61.

In respect of the exception reports relating to ‘research’, it was noted that consideration needed to be given to the role of UHL and not just the East Midlands Network. It was noted that a ‘Choose and Book Graph’ had inadvertently been included on page 28 of the report.

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

16/15/3a QAC to discuss how quality and safety issues arising from cancer treatment performance and cancelled surgery statistics are being identified

The Patient Adviser expressed concern in respect of the co-ordination of the LiA workstream re. ‘same day cancellation of operations’, however, further to a detailed discussion it was noted that the appropriate leads had been informed and this would be monitored by the LiA Sponsor Group. It was also suggested that a patient story on a multiple-cancelled cancer operation should be presented to the Trust Board.

CN

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

**(B) the Chief Nurse be requested to ensure that a patient story relating to a multiple cancelled cancer operation be presented to the Trust Board.**

CN

16/15/4 Quality Impact Assessment of CIP Schemes

The Chief Nurse presented paper H highlighting that there had been no significant identified harm to patients from the CIP programme at end of quarter 3 (2014-15) and there were a minimal number of risks identified which were being monitored. QAC members were re-assured by this. However, she advised that there was a need for refinement in respect of the process currently in place for undertaking in-year quality impact assessment of CIP schemes.

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

16/15/5 CQUINs and Quality Schedule Monthly Report

The Director of Clinical Quality presented paper I, an update on the quarter 3 RAG rating for the Quality Schedule and CQUIN scheme indicators. Further to the circulation of this report, the indicators had been reported to the Clinical Quality Review Group on 19 February 2015 and the '#NOF' and 'stroke' indicators had now been rated 'red'. It was noted that performance was below trajectory for the last 6 months in relation to the #NOF time to theatre performance. A LiA workstream was now underway to resolve the #NOF performance. In respect of the 'stroke' indicator, members were advised that discussion had taken place at the Executive Performance Board meeting on 24 February 2015, the CMG was aware of the issues and a new model was being developed to create more flexibility around ring-fencing of beds for stroke patients.

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

16/15/6 Schedule of External Visits

The Director of Clinical Quality presented paper J, an update on the schedule of external visits. Appendix 2 detailed the findings from the Trauma Peer Review meeting on 13 January 2015. Members were advised of a recent re-visit to review the cytology screening programme and the Quality Assurance Team were impressed with the changes that had been made since the initial visit.

In response to a query from the Trust Chairman, the Director of Clinical Quality advised that the CQC inspection was expected between July and October 2015, however confirmation on the date of the inspection was expected in April 2015. In response to a query on the readiness for the CQC visit, members were advised that the CQC compliance action plan was a regular item on the agenda for the Executive Quality Board.

Colonel Ret'd I Crowe, Non-Executive Director suggested that the presentation of the report be improved to highlight imminent visits and any of greater significance.

DCQ

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

**(B) the Director of Clinical Quality be requested to give consideration to improving the presentation of the 'Schedule of External Visits' report to highlight imminent visits and any of greater significance.**

DCQ

**17/15 ITEMS FOR THE ATTENTION OF QAC FROM EQB**

17/15/1 EQB Meeting of 6 January 2015 – Items for the attention of QAC

**Resolved – that the action notes of the 6 January 2015 Executive Quality Board meeting (paper K refers) be received and noted.**

17/15/2 EQB Meeting of 3 February 2015 – Items for the attention of QAC

**Resolved – that there were no items for the attention of QAC from the EQB meeting on 3 February 2015.**

**18/15 ITEMS FOR INFORMATION**

18/15/1 Patient Safety Annual Report

Members received and noted the contents of paper L. The Director of Safety and Risk requested that any comments on the report be feedback to her.

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

18/15/2 Complaints Annual Report

Members noted the contents of paper M. In response to a query on the percentage of complaints upheld, it was noted that this information was categorised by the Public Health Service Ombudsman and not held by the Trust. The Trust Chairman suggested that the existence of the Independent Complaints Panel be included within the report – the Director of Safety and Risk undertook to include this within the next iteration of the annual report.

DSR

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

**(B) the Director of Safety and Risk be requested to make reference to the existence of the Independent Complaints Panel in the next iteration of the Complaints Annual Report.**

DSR

18/15/3 Quality Commitment – Quarter 3 Report

The Director of Clinical Quality presented paper N, Quarter 3 report against the Trust's extended Quality Commitment (Appendix I refers). It was agreed that this report would be scheduled as a substantive agenda item for future QAC meetings rather than an 'item for information'.

DCQ/TA

**Resolved – that the contents of paper N be received and noted and this report be scheduled as a substantive agenda item for future meetings.**

DCQ/TA

18/15/4 Dementia Implementation Plan Update

The Deputy Chief Nurse presented paper O, an update on the Dementia Implementation Plan for quarter 3 of 2014-15 against the key performance indicators (KPIs) aligned to each of the eight work streams. It was noted that the majority of the 60 KPIs had been significantly completed.

The following points were highlighted in particular:-

- (i) the national CQUIN requirements re. 'providers must demonstrate that they have undertaken a monthly audit of carers of people with dementia to test whether they feel supported' were met;
- (ii) the Trust continued to screen over 90% of patients for the early signs of dementia;
- (iii) the Pain Services in consultation with key Geriatricians were adapting the 'Pain Aid' tool for people with dementia;
- (iv) discussions had taken place at Trust level to ensure clarity for staff members who were responsible for moving/outlying patients. The bed management policy had been amended accordingly;
- (v) carers' information and support programme had been promoted across inpatient wards;
- (vi) the patient profile had been reviewed and updated by a cross section of staff and feedback had been received from carers and people with dementia. The new form would be available for staff to use imminently;
- (vii) 4.6WTE Meaningful Activity Facilitators had been appointed;
- (viii) 500 places had been secured through the Leicester Hospitals Charity for staff to attend a theatre production called 'Inside Out of Mind', and
- (ix) consideration was being given to a different model for the care of these patients.

Responding to a query from Mr M Williams, Non-Executive Director, the Deputy Chief Nurse advised that expertise from both LPT and UHL staff was sought and joint dementia training was delivered to staff from both organisations.

In discussion, the Chief Nurse highlighted that good progress had also been made by the Frail Older People's Strategy Board – a report from this group was scheduled for EQB in March 2015. She suggested that this report also be presented to QAC in March

CN

2015.

It was agreed that this report should also feature as a substantive agenda item for future meetings rather than an 'item for information'.

DCN

**Resolved** – that ( A) that the contents of paper N be received and noted and this report be scheduled in future as a substantive agenda item, and

DCN/TA

**(B) the Chief Nurse be requested to present a report from the Frail Older People's Strategy Board to the QAC in March 2015.**

CN

18/15/5 Friends and Family Test (FFT) Scores

The Deputy Chief Nurse presented paper P, an overview of Friends and Family Test scores for December 2014. The scores were as follows: - Inpatient – 72.1, Emergency Department – 72.8 and Maternity – 63.8.

Members were advised that the friends and family test was launched in outpatients in October 2014 and had initially performed well. However, performance had deteriorated and the Trust was not achieving the 5% minimum footfall. The patient experience team was working with medical staff to ensure that they focussed on obtaining feedback from patients in clinics.

The Deputy Chief Nurse highlighted that to ensure achievement of the National CQUIN, Emergency Department and Eye Casualty needed to survey a minimum of 20% of discharged patients. Eye casualty and minors had made some progress, however, performance still needed to improve. Although the report indicated that FFT performance in the Women's and Children's CMG had decreased, the CMG had now taken efforts and the performance had significantly improved since.

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

19/15 **MINUTES FOR INFORMATION**

19/15/1 Executive Performance Board

In response to a query from Mr I Crowe, Non-Executive Director, the Chief Nurse advised that Qlik Sense (a software tool which would provide the Trust with new capabilities in displaying and interacting with performance data) was planned to be initially launched only in the Emergency Department.

**Resolved** – that the action notes of the 27 January 2015 Executive Performance Board meeting (paper Q refers) be received and noted.

20/15 **ANY OTHER BUSINESS**

20/15/1 Chief Nurse and Professor D Wynford-Thomas, Non-Executive Director

The Committee Chair thanked Ms R Overfield, Chief Nurse and Professor D Wynford-Thomas, Non-Executive Director for their contributions to the QAC noting that this would be their last meetings of the Committee.

**Resolved** – that the position be noted.

21/15 **IDENTIFICATION OF ANY KEY ISSUES FOR THE ATTENTION OF THE TRUST BOARD**

**Resolved** – that there were no items for the attention of the Trust Board.



**22/15 DATE OF NEXT MEETING**

**Resolved** – that the next meeting of the Quality Assurance Committee be held on **Thursday, 26 March 2015 from 1.00pm until 4.00pm in the Board Room, Victoria Building, LRI.**

The meeting closed at 3.15pm.

**Cumulative Record of Members' Attendance (2014-15 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>	11	9	81%	<i>R Overfield</i>	11	9	81%
<i>S Dauncey (Chair)</i>	11	10	90%	<i>P Panchal</i>	11	6	54%
<i>K Harris</i>	11	8	72%	<i>J Wilson</i>	11	10	90%
<i>K Jenkins</i>	1	0	0%	<i>D Wynford-Thomas</i>	11	4	36%

*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>	11	9	81%	<i>K Singh</i>	5	5	100%
<i>I Crowe</i>	5	4	80%	<i>M Traynor</i>	5	2	40%
<i>C O'Brien – East Leicestershire/Rutland CCG*</i>	11	6	54%	<i>M Williams</i>	5	2	40%

Hina Majeed  
**Trust Administrator**