


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 July 2015

COMMITTEE: Quality Assurance Committee

CHAIRMAN: Dr S Dauncey, QAC Chair

DATE OF COMMITTEE MEETING: 28 May 2015

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

- **Draft Quality Account 2014-15 (Minute 45/15 refers)**

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

- **Underperformance relating to the Fractured Neck of Femur target (within Minute 50/15/1)**

DATE OF NEXT COMMITTEE MEETING: 25 June 2015

**Dr S Dauncey
QAC Chairman
26 June 2015**

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

**MINUTES OF A MEETING OF THE QUALITY ASSURANCE COMMITTEE HELD ON THURSDAY, 28
MAY 2015 AT 1:00PM IN THE BOARD ROOM, VICTORIA BUILDING, LEICESTER ROYAL
INFIRMARY**

Present:

Colonel Ret'd I Crowe – Non-Executive Director (Acting Chair)
Ms J Ball – Assistant Chief Nurse (on behalf of Acting Chief Nurse)
Dr A Doshani – Associate Medical Director (on behalf of Acting Medical Director)
Ms C O'Brien – Chief Nurse and Quality Officer, East Leicestershire CCG (non-voting member)
Ms J Wilson – Non-Executive Director

In Attendance:

Miss M Durbridge – Director of Safety and Risk
Mrs S Hotson – Director of Clinical Quality
Mrs H Majeed – Trust Administrator
Mr R Moore – Non-Executive Director
Mr K Singh – Trust Chairman
Mr M Traynor – Non-Executive Director

RECOMMENDED ITEM

ACTION

45/15 DRAFT QUALITY ACCOUNT 14-15

Further to Minute 26/15/10 of 26 March 2015, Ms S Hotson, Director of Clinical Quality presented paper J, the final draft of the quality account for 2014-15. An update from KPMG (the Trust's External Auditors) in respect of external assurance of the Quality Account 2014-15 would be included as an appendix to the quality account report when it was submitted to the Trust Board on 4 June 2015.

The Director of Clinical Quality briefed members on the changes to the quality account since the report was circulated to members of the Quality Assurance Committee. In discussion on the difficulty in extracting information from the National Health and Social Care Information Centre, the Director of Clinical Quality undertook to make enquiries.

Ms J Wilson, Non-Executive Director noted that there were a number of suggestions within the 'statements from stakeholders' and members suggested that consideration be given to scheduling a Trust Board Thinking Day session to reflect on the external inputs to the 2014-15 Quality Account.

DCLA

Mr Moore, Non-Executive Director suggested that consideration be given to including input from Staff Survey/Staff Side in future quality accounts.

Members endorsed the Trust's Annual (2014-15) Quality Account and recommended it to the Trust Board for approval.

Recommended – that (A) the Trust's Annual (2014-15) Quality Account be endorsed and recommended to the Trust Board for approval, and

**Acting
Chair**

(B) the Director of Corporate and Legal Affairs be requested to give consideration to scheduling a Trust Board Thinking Day session to reflect on the external inputs to the 2014-15 Quality Account.

DCLA

RESOLVED ITEMS

46/15 APOLOGIES

Apologies for absence were received from Mr J Adler, Chief Executive, Mr M Caple,

Patient Adviser (non-voting member), Dr S Dauncey, Non-Executive Director (Chair), Mr A Furlong, Acting Medical Director and Ms C Ribbins, Acting Chief Nurse.

47/15 MINUTES

Resolved – that the Minutes of the Quality Assurance Committee meeting held on 30 April 2015 (paper A refers) be confirmed as a correct record.

48/15 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.

Resolved – that the matters arising report (paper B refers) be confirmed as a correct record.

49/15 SAFETY

49/15/1 Patient Safety Report

The Director of Safety and Risk presented paper C, which provided a monthly update on internal safety issues, serious incidents, RCA investigation reports and CAS reporting.

The Director of Safety and Risk highlighted concern regarding the increase in the non-escalation of Early Warning Score (EWS) reporting. The Assistant Chief Nurse acknowledged this concern advising that the EWS workstream would be focusing on the implementation of electronic observations. Further analysis of EWS incidents would be undertaken over the first quarter of 2015-16 to identify the level of attributable harm. A update on this matter had been scheduled for the Executive Quality Board in June 2015.

The graph on page 7 of the report detailed harm events across the Trust. The graph demonstrated that although the total number of incidents reported continued to rise, there had been a linear drop in incidents reported that resulted in harm.

A total of 12 serious incidents (3 of which were patient safety incidents, 8 hospital acquired pressure ulcers and 1 health care acquired infection) were escalated in April 2015. Ms J Wilson, Non-Executive Director noted that the serious incidents update did not include a summary of the incident which was the usual format in previous patient safety reports to QAC and expressed concern regarding the difficulty to track incidents without a narrative being included. In response, the Director of Safety and Risk advised that the summary of serious incidents had been excluded from monthly reports in order to avoid duplication following discussions in respect of the Board Intelligence work. A summary of the serious incidents would, however, be included within quarterly patient reports. Colonel Ret'd I Crowe, Non-Executive Director (Acting Chair) undertook to liaise with the Chair of the QAC regarding this matter. Members requested an update (full investigation report) regarding a recent ophthalmology waiting list incident to be provided to QAC, when available.

**Acting
Chair**

DSR

A brief discussion also took place regarding a recent serious incident relating to waiting list issues in the Orthodontics service. It was noted that this matter had been discussed at the Integrated Finance Performance and Investment Committee (IFPIC) in the morning on 28 May 2015 and it had been agreed that this incident would be followed-up through the Quality Assurance Committee. Following concerns from this incident, a review of all waiting lists and associated patient targeting lists had been instigated by the Director of Performance and Information. Mr R Moore, Non-Executive Director/Chair of the Audit Committee highlighted that further to the completion of this work, a decision would be taken regarding the need to commission any further investigation on this matter through the Trust's Internal Auditors.

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

(B) Colonel Ret'd I Crowe, Non-Executive Director (Acting Chair) to liaise with the QAC Committee Chair regarding the proposal to include a summary of serious incidents only in quarterly patient safety reports to QAC rather than this information being available on a monthly basis, and

Acting
Chair

(C) the full investigation report following a recent ophthalmology waiting list incident be provided to QAC, when available.

DSR

49/15/2 Update on Complaints E-Learning Programme

The Director of Safety and Risk presented paper D and briefed members on the development of a complaints e-learning module by Health Education East Midlands (HEEM) and UHL colleagues following internal focus groups and an external complaints engagement event. A demonstration of the module had taken place at the Executive Team on 19 May 2015 and it was recommended that this module formed part of Trust/local induction and role-specific mandatory training and be launched in June 2015. However, the Executive Team had requested the Acting Director of Human Resources to take stock of the current mandatory training (including frequency) required to be completed by all staff groups and provide an update to the Executive Team. Further to this, consideration would be given to whether the Complaints E Learning Module should be included as role-specific mandatory training for staff.

The members of QAC supported the launch of the complaints e-learning module. Mr K Singh, Trust Chairman requested that once the module had been launched, consideration should be given to assessing the impact it had made.

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

50/15 **QUALITY**

50/15/1 Month 1 – Quality and Performance Update

The Assistant Chief Nurse presented paper E, which provided an overview of the April 2015 Quality and Performance (Q&P) report. Particular note was made in respect of 'cancelled operations' and 'diagnostics wait' performance, which were within target.

A significant increase in grade 2 pressure ulcers had been reported. The Assistant Chief Nurse advised that codes had been used to analyse the common causes of avoidable pressure ulcers. Further to a review of these incidents, an action plan would be developed. A review of the team allocation of work was also being considered in respect of the time spent on tissue viability in comparison to wound care. Discussions were underway with MedStorm in relation to the timely delivery of pressure ulcer relieving mattresses. Ms J Wilson, Non-Executive Director reported that during ward walkabouts, feedback was usually positive in respect of MedStorm – in response, the comment was acknowledged, however it was highlighted that in this instance, one of the causes for the increase in grade 2 pressure ulcer was the delay in the delivery of pressure ulcer relieving mattresses.

Specific concern was raised in respect of the underperformance in the Fractured Neck of Femur (#NOF) target and members agreed that this should be reported to the Trust Board in June 2015. The Assistant Chief Nurse advised that she had undertaken a walkabout with the Acting Deputy Medical Director and a number of quick wins had been identified to improve patient experience of this group of patients, however, these might not assist to improve the target of this indicator. A brief discussion also took place regarding the out of area spine work which was potentially impacting on the #NOF performance. The Assistant Chief Nurse undertook to ensure that a report on impact to patients, action plan and expected improvement in #NOF performance was available for

ACN

the QAC meeting in June 2015.

Ms J Wilson, Non-Executive Director/Chair of IFPIC brought members attention to the underperformance in cancer waiting times noting that an analysis of the root causes would be undertaken and a report would be presented to IFPIC in June 2015.

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

(B) the Assistant Chief Nurse be requested to ensure that a report on impact to patients, action plan and expected improvement in #NOF performance was available for the QAC meeting in June 2015.

ACN

50/15/2

Nursing Report

The Assistant Chief Nurse presented paper F, which detailed information in respect of the latest nurse staffing in post figures, real time staffing, the current recruitment position, premium pay and nursing dashboard. An increase in nursing vacancies was reported. The Assistant Chief Nurse also expressed concern that some international nurses who had commenced employment in UHL around April 2013 had now indicated that they would prefer to work in other Trusts to get further work experience – in discussion on this issue, it was suggested that the international nurses should be offered to be moved to another area within UHL as part of their professional development.

In response to a query on the reason for the increase in nursing vacancies, although the number of nurses currently in post was higher than before, it was noted that following the nursing acuity review, the ward establishments had increased and therefore the vacancy levels had also increased.

Members also expressed concern regarding the high level of agency staff usage in comparison to bank staff noting that this not only had financial implications but also had quality implications. The Assistant Chief Nurse advised that this matter had been discussed at a recent Nursing Executive Team meeting and options had been considered to improve usage of bank staff and encourage new starters to join the nursing bank.

Mr M Traynor, Non-Executive Director suggested that consideration should be given to setting up UHL's own employment agency. Ms C O'Brien, Chief Nurse and Quality Officer East Leicestershire CCG noted the need for consideration to be given to tackling agency rates as a whole health economy.

Members noted that a deep dive on workforce was scheduled to take place at the Integrated Finance Performance and Investment Committee in September 2015 further to the arrival of the new Director of Workforce and Organisational Development in August 2015. However, in the meantime, it was agreed that a report should be presented to QAC in June 2015 regarding nursing workforce providing detail around current and future staffing levels, vacancies, recruitment and provider capacity in a waterfall chart/bridge diagram. Further to the discussion of this report at QAC in June 2015, it was suggested that a decision needed to be taken regarding the need for a Trust Board Thinking Day to discuss nursing workforce, as part of discussions regarding workforce planning.

ACN

The Assistant Chief Nurse advised that an update on revalidation would be provided to QAC in June 2015.

ACN

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

(B) the Assistant Chief Nurse be requested to ensure that a report providing detail around current and future nurse staffing levels, vacancies, recruitment and provider capacity (in a waterfall chart/bridge diagram) was available at QAC in

ACN

June 2015, and

(C) an update on revalidation be provided to QAC in June 2015.

ACN

50/15/3 Friends and Family Test Scores – March 2015

The Assistant Chief Nurse presented paper G which detailed the friends and family test scores for March 2015. In specific, the scores in the following areas were:-

- Inpatient – 74.4;
- Emergency Department – 71.3, and
- Maternity – 69.5.

Work was underway with CMGs to improve the friends and family test scores and they had been advised to focus attention on achieving minimum coverage (5%) in outpatients.

In response to a query from Mr R Moore, Non-Executive Director regarding the point change from February to March 2015 in FFT score in ITAPS which was listed as -170 on page 3 of paper G, the Assistant Chief Nurse undertook to check with Ms H Leatham, Assistant Chief Nurse regarding the calculation of the score and provide confirmation outwith the meeting.

ACN

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

(B) the Assistant Chief Nurse to confirm to Mr R Moore, Non-Executive Director outwith the meeting, regarding his query as above.

ACN

50/15/4 CQC Intelligence Monitoring Report

The Director of Clinical Quality presented paper H, the draft Intelligence Monitoring Report (IMR) ahead of publication of the IMR results by the CQC, in late May 2015. There was 1 indicator flagging as an elevated risk and 6 indicators flagging as risks and this equated to a risk score of 4. This compared to the last report where there was 1 elevated risk and 7 risks.

Colonel Ret'd I Crowe, Non-Executive Director/Acting Chair suggested that under UHL's response in respect of the indicator 'A&E waiting times more than 4 hours', a narrative regarding the development of the new Emergency Floor be included.

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

50/15/5 CQUINs and Quality Schedule Monthly Report

The Director of Clinical Quality presented paper I and briefed members regarding the changes to the RAG rating of some CQUIN and Quality Schedule indicators following the CQRG meeting on 21 May 2015.

Particular discussion took place regarding the need for an appropriate process for the on-going monitoring of CIP quality and safety impact assessments. Ms C O'Brien, Chief Nurse and Quality Officer, East Leicestershire CCG also sought assurance on this subject. In response, the Director of Clinical Quality advised that the Chief Operating Officer and the Director of CIP and Future Operating Model (who was leading on this work) would be attending quarterly CMG quality performance review meetings to seek assurance from CMGs regarding this matter. The Director of Clinical Quality undertook to liaise with the Director of CIP and Future Operating Model and ensure that a report on the process was presented to QAC in July 2015.

DCQ

The Director of Safety and Risk advised members that the red RAG in respect of the Quality Schedule PS06 (risk assurance and CAS alerts) related to one NPSA alert

which was considered as being a breach due to a delay in confirmation that all actions had been taken.

Responding to a query from Ms J Wilson, Non-Executive Director in respect of the nutritional assessment and care planning indicator, the Director of Clinical Quality undertook to check the reporting mechanism noting that exception reports on this indicator were no longer submitted as part of the Q&P report.

The Trust Chairman brought members attention to a comment on page 8 of appendix 3 (average rates of HIE within UHL maternity services) which was regarding issues identified in relation to women presenting in advanced labour – in response, the Associate Medical Director advised that this was a national issue and consideration should be given specifically to women from poor socio-economic backgrounds and those with a language barrier, as well as women in any other circumstances that might impact on their ability to access the service in a timely manner in an emergency. She undertook to discuss this matter with her CMG colleagues.

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

(B) the Director of Clinical Quality be requested to liaise with the Director of CIP and Future Operating Model and ensure that a report on the process for monitoring CIP quality and safety impact assessments was presented to QAC in July 2015.

DCQ

51/15 ITEMS FOR THE ATTENTION OF QAC FROM EQB

51/15/1 EQB Meeting of 5 May 2015 – Items for the attention of QAC

The Assistant Chief Nurse advised orally that the increase in pressure ulcers and increase in the incidents in respect of non-escalation of Early Warning Score reporting were the two issues that needed to be reported to QAC from the EQB meeting on 5 May 2015.

Resolved – that the verbal update be noted.

52/15 MINUTES FOR INFORMATION

52/15/1 Executive Performance Board

Resolved – that the action notes of the 28 April 2015 Executive Performance Board meeting (paper K refers) be received and noted.

53/15 ANY OTHER BUSINESS

Resolved – that there were no items of any other business.

54/15 ITEMS TO BE HIGHLIGHTED TO THE TRUST BOARD

Resolved – that (A) the recommendations contained in Minute 45/15 be highlighted for the Board's approval, and

Acting
Chair

(B) the underperformance relating to the Fractured Neck of Femur (#NOF) target (within Minute 50/15/1) be reported to the Trust Board.

55/15 DATE OF NEXT MEETING

Resolved – that the next meeting of the Quality Assurance Committee be held on Thursday, 25 June 2015 from 1.00pm until 4.00pm in the Board Room, Victoria Building, LRI.

The meeting closed at 3:07pm.

Cumulative Record of Members' Attendance (2015-16to 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>	2	1	50%	<i>C Ribbins</i>	2	0	0%
<i>S Dauncey (Chair)</i>	2	1	50%	<i>J Wilson</i>	2	2	100%
<i>A Furlong</i>	2	1	50%				

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>	2	1	50%	<i>K Singh</i>	2	2	100%
<i>I Crowe</i>	2	2	100%	<i>M Traynor</i>	2	2	100%
<i>C O'Brien – East Leicestershire/Rutland CCG</i>	2	2	100%	<i>R Moore</i>	2	2	100%

Hina Majeed
Trust Administrator