

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 3 December 2015

COMMITTEE: Quality Assurance Committee

CHAIRMAN: Dr S Dauncey, QAC Chair

DATE OF COMMITTEE MEETING: 29 October 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 November 2015

**Dr S Dauncey
QAC Chairman
27 November 2015**

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

**MINUTES OF A MEETING OF THE QUALITY ASSURANCE COMMITTEE HELD ON THURSDAY, 29
OCTOBER 2015 AT 1:00PM IN THE BOARD ROOM, VICTORIA BUILDING, LEICESTER ROYAL
INFIRMARY**

Present:

Dr S Dauncey – Non-Executive Director (Chair)
Mr M Caple – Patient Adviser (non-voting member)
Colonel Ret'd I Crowe – Non-Executive Director
Mr A Furlong – Acting Medical Director
Ms D Leese – Director of Quality, Leicester City CCG (non-voting member)
Ms J Smith – Chief Nurse
Ms J Wilson – Non-Executive Director

In Attendance:

Dr A Doshani – Associate Medical Director
Miss M Durbridge – Director of Safety and Risk
Mrs H Majeed – Trust Administrator
Ms D Mitchell – Integrated Services Programme Lead (for Minute 108/15/2)
Mr W Monaghan – Director of Performance and Information (for Minute 108/15/1)
Mr R Moore – Non-Executive Director
Ms C Ribbins – Deputy Chief Nurse
Mr K Singh – Trust Chairman
Mr M Traynor – Non-Executive Director

RECOMMENDED ITEM

104/15 Report from the Director of Safety and Risk

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

RESOLVED ITEMS

105/15 **APOLOGIES**

Apologies for absence were received from Mr J Adler, Chief Executive and Ms S Hotson, Director of Clinical Quality.

106/15 **MINUTES**

Resolved – that the Minutes of the meeting held on 24 September 2015 (paper A refers) be confirmed as a correct record subject to the amendment to the title of Mr J Jameson, Acting Deputy Medical Director.

107/15 **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 93/15c (the posts that needed to be recruited to in order to achieve CQUIN compliance) – it was noted that the recruitment control panel had requested for further information on some of these posts and it was anticipated that these posts would be approved imminently;
- (ii) Minute 94/15/5 (actions to improve TTO prescribing accuracy) – it was agreed that this action could be removed from the log as the red-rated entry on the action plan would be appropriately updated in the next iteration;

TA

- | | | |
|--------|--|-------------|
| (iii) | Minute 94/15/5b – members were advised that a definitive position on the winter plan would be available week commencing 2 November 2015, further to which internal communication would be sent out; | |
| (iv) | Minute 95/15/1 – it was agreed that the Director of Safety and Risk would include information on the 3636 (Raising Staff Concerns Line) update in the whistleblowing quarterly report prepared by the Director of Clinical Quality; | DSR/
DCQ |
| (v) | Minute 95/15/3 (10 X insulin medication error – root cause analysis (RCA) report) – the Director of Safety and Risk advised the comments of QAC members had been taken into account and the RCA report would be amended to reflect this. Therefore, it was agreed that this item could be removed from the log; | TA |
| (vi) | Minute 98/15/1 – the Director of Safety and Risk advised that the Duty of Candour policy had been revised and a number of different templates had been developed. This would be discussed at all CMG Quality and Safety Board meetings. Bespoke training sessions would also be organised. At the end of 2015/early 2016, road shows to communicate the duty of candour requirements would be held. Therefore, it was agreed that this item could be removed from the log; | TA |
| (vii) | Minute 98/15/2 – the Director of Safety and Risk advised that some safety walkabouts had been arranged in outpatient areas and some out of hours walkabouts across some areas within the Trust had also been scheduled. Two safety walkabouts across Alliance sites and one in a Satellite Unit had also been conducted. Therefore, it was agreed that this item could be removed from the log; | TA |
| (viii) | Minute 84/15/2b – it was noted that the Director of Performance and Information had provided an update to Colonel Ret'd I Crowe, Non-Executive Director outwith in respect of his query regarding the completion of the 'comment field' on Patient Centre. Therefore, this item be removed from the log; | TA |
| (ix) | Minute 60/15/3a – in discussion with the Acting Medical Director and the Director of Safety and Risk, it was noted that the Head of Service, Transplant Laboratory was appropriately progressing actions on the action plan following the UKAS visit and it was felt that there was no merit in undertaking a deep-dive of the Transplant Service. Therefore, this item be removed from the log, and | TA |
| (x) | Minute 39/15/2 b – it was noted that an update on Freedom to Speak Up would be presented to EQB in November 2015 and subsequently to QAC on 26 November 2015. | |

Resolved – that the matters arising report (paper B refers) be confirmed as a correct record and the above verbal update be noted.

108/15 SAFETY

108/15/1 Orthodontics Waiting List Issue – Update re. impact on patients

The Director of Safety and Risk introduced paper C, a report which provided a summary of a serious incident (and the Trust's response) in relation to the management of planned waiting lists and referral to treatment clocks within the Orthodontic service. The report also considered the management of planned waiting lists within the Endoscopy service.

The Director of Performance and Innovation attended the meeting to provide an update on the root causes, implications for patients, remedial actions and lessons learned following this incident. In both cases, the Trust found a number of patients who should have been on active waiting lists, instead had inappropriately remained on planned waiting lists with consequential RTT data inaccuracy. The cause was multifactorial, including a delay in escalation of the issues when the errors were first noticed. Insufficient capacity (clinical and administrative) to manage the demand for Orthodontic and Endoscopy services, with demand for the services being consistently far in excess of the service capacity. Both teams within Orthodontics and Endoscopy had also

experienced a reduction in the number of administrative posts, as a result of the recent administrative and clerical (A&C) review. It was highlighted that lack of certainty and understanding regarding the application of RTT rules and waiting list management principles was also one of the causes.

Further to this incident, Orthodontics and Endoscopy specialities now have robust plans in place for the management of capacity requirements in relation to planned care waiting list. All clinical and administrative staff who managed outpatient clinics would undertake RTT e-learning training.

Responding to a query from the Patient Adviser, it was noted that a letter had been sent to the patients on the waiting list to determine the accuracy of patient contact detail as well as establish if they had recently received treatment elsewhere.

In response to a query from Colonel Ret'd I Crowe, Non-Executive Director regarding confidence that there were no more waiting lists that had been missed, the Director of Performance and Information advised that recently an issue had been identified within Cardiac Investigations, where planned waiting lists were not being administrated effectively. However, the scale of this incident was small in comparison to the Orthodontics and Endoscopy incident. A robust review of all waiting lists and patient tracking lists was being undertaken to ensure that the Trust had full sight and understanding of all waiting list related issues.

In response to a query from Ms J Wilson, Non-Executive Director in respect of evidence that lessons had been learned by the individuals and teams concerned, it was noted that the Director of Performance and Information and his team were continually ensuring that standards were being met by CMG colleagues.

QAC members were assured that appropriate actions had been put in place to address the current position and reduce on-going risk not only within the Endoscopy and Orthodontics Services but across the Trust.

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

108/15/2 Mental Health Update

Ms D Mitchell, Integrated Services Programme Lead attended the meeting to present paper D, an update on mental health review at UHL and the multiagency mental health policies. She advised that the voluntary inspection as part of a review on crisis care specifically for Leicester City did not capture all of the issues relating to mental health services within UHL. In preparation for the Trust's own CQC inspection expected in 2016, it was agreed that a full review of issues would be undertaken in order to formulate a comprehensive action plan to improve service provision and the interface between UHL and the local Mental Health provider.

Further to a discussion at the Executive Strategy Board in September 2015, it had been agreed that a Mental Health Board be established. This Board would be chaired by the Director of Strategy and the first meeting was scheduled to take place on 4 November 2015. In discussion on the membership of the Mental Health Board, it was noted that currently the membership comprised of UHL colleagues, however, discussions were underway regarding broadening the membership to include multi-agency colleagues and representation from the police and patients. A job description was being drafted for a Clinical Mental Health Lead. The Director of Quality, Leicester City CCG undertook to liaise with UHL's Director of Strategy and Integrated Services Programme Lead outwith the meeting to fully sight them to the children's work stream (particularly children with mental health issues) of the Better Care Together programme as she was the senior responsible officer for this workstream.

DoQ, LC
CCG

In respect of the recommendation that UHL took responsibility for commissioning

Liaison Psychiatry services, it was noted that further discussion on this was scheduled for the first meeting of the Mental Health Board.

The remit of the Emergency Care Vanguard proposal had been broadened to include a sub-project aimed at the integration of all age Mental Health related crisis interventions to reduce presentations to ED, and accelerate passage to appropriate interventions and this was welcomed.

In discussion, the Integrated Services Programme Lead agreed to provide an update to QAC in six months time (i.e. April 2016) on progress with the action plan that had been developed to address the mental health issues further to the mental health review.

ISPL

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

(B) the Director of Quality, Leicester City CCG be requested to liaise with UHL's Director of Strategy and Integrated Services Programme Lead outwith the meeting to fully sight them to the children's work stream (particularly children with mental health issues) of the Better Care Together programme, and

DoQ, LC
CCG

(C) the Integrated Services Programme Lead be requested to provide an update to QAC in six months time (i.e. April 2016) on progress with the action plan that had been developed to address the mental health issues further to the mental health review.

ISPL

108/15/3 Report from the Acting Medical Director/ Chief Nurse

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

108/15/4 Patient Safety Report

The Director of Safety and Risk presented paper F1, patient safety data report for July 2015 highlighting that this report was the new style patient safety data report incorporating Statistical Process Control (SPC) charts to display data.

The SPC chart on page 3 of the report showing the rate of reported serious incidents per 100 reported incidents indicated that there were no statistically significant variations in 2014-15. The CMG patient safety incidents and prevented patient safety incidents chart indicated that Emergency and Specialist Medicine CMG consistently reported the highest numbers of patient safety incidents every month followed by Women's and Children's CMG.

There had been a focus on 'near miss' reporting and this was supported as being valuable data in its own right as well as contributing to an open and transparent culture.

The Director of Safety and Risk briefed members on a fall from height incident which took place in September 2015 by a patient suffering from post-operative delirium. An inspection of windows and window restrictors across UHL would be undertaken and a survey on the need for window restrictors would also be conducted. The incident had been reported to the Health and Safety Executive. In response to a comment from the Chief Nurse, the Acting Medical Director confirmed that the management of patients suffering from post-operative delirium would be considered through the root cause analysis investigation of this incident.

Members were advised that an in-depth human factors review had taken place on Ward 17 due to some recent serious incidents and complaints. Paper F2 provided an update on this review. A series of qualitative interviews had taken place with 28 randomly selected staff members who worked on ward 17. Data from the ward review and

interview analysis would be triangulated and key learning identified. The members of QAC supported this new initiative.

Resolved – that the contents of papers F1 and F2 be received and noted.

108/15/5 Update on UHL's Action Plan in response to the External Review of the East Midlands Congenital Heart Centre

Further to Minute 74/15/3 of 30 July 2015, the Acting Medical Director presented paper H, an update on progress in respect of the external review of the East Midlands Congenital Heart Centre (EMCHC). He highlighted that the Assurance Oversight Group had noted that significant progress had been made against actions following the external review of the EMCHC. A list of evidence to support the agreed closure of actions would be sent to NHS England. Subject to review of this evidence, it was expected that NHS England would write to UHL to confirm that they were content for UHL to internally monitor progress of the remaining actions, most of which were more long-term and linked to site reconfiguration and the Midlands Congenital Heart Network bid. The Acting Medical Director advised that this letter (once received) and the action plan would be circulated to members of the QAC outwith the meeting.

AMD

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

(B) the Acting Medical Director be requested to circulate to QAC members, the Trust's action plan in response to the external review of EMCHC and letter from NHS England (once received) confirming that they were content for UHL to internally monitor progress of the remaining actions.

AMD

108/15/6 Report from the Deputy Chief Nurse

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

109/15 **QUALITY**

109/15/1 CQC Compliance and PwC Feedback

The Chief Nurse presented paper J on behalf of the Director of Clinical Quality and advised that the CQC steering group monitored progress with compliance against the CQC fundamental standards and plans for a future inspection.

Members noted that there had been a recent internal audit review of progress against the action plan for compliance with CQC regulations. Members felt that this audit was worthwhile as it strengthened further the preparation for the forthcoming CQC inspection. The Chief Nurse advised that the CQC had recently published a consultation document re. 'Building on strong foundations: shaping the future of health and care quality regulation' – this document was the basis for developing the new CQC strategy, which would commence in April 2016.

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

109/15/2 Month 6 – Quality and Performance Update

Paper K provided an overview of the September 2015 Quality and Performance (Q&P) report. The following points were noted in particular:-

- C Diff figures were above monthly trajectory but within year to date trajectory;
- Pressure ulcers - the overall numbers were within the trajectory collectively as the trend was down for grade 3 pressure ulcers – this was attributed to earlier detection, which was then increasing the number of grade 2 pressure ulcers

(above plan) which was positive;

- Fractured Neck of Femur - the standard had been achieved for the second month in a row;
- the Trust's readmission rate had increased during 2015-16 when compared with other Trusts and a review had indicated that the Trust's 'risk adjusted readmission rate' had been higher than expected for the past 3 years, and
- in discussion on the eight-week action plan that had been agreed to speed up the time it took for EMAS crews to pass patients to ED staff at the LRI – it was noted that an update on actions being taken by UHL in partnership with EMAS to reduce ambulance handover times was scheduled for the Integrated Finance, Performance and Investment Committee (IFPIC) meeting in November 2015. It was suggested that this report took into account the clinical considerations (i.e. whether any patients had come to harm whilst waiting in an ambulance prior to be being transferred to ED).

Chair

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

(B) the Committee Chair be requested to inform the Chief Operating Officer to ensure that the report on actions being taken by UHL in partnership with EMAS to reduce ambulance handover times which was scheduled for the IFPIC meeting in November 2015 took into account the clinical considerations (i.e. whether any patients had come to harm whilst waiting in an ambulance prior to be being transferred to ED).

Chair

109/15/3 Nursing and Midwifery Safe Staffing Report

The Chief Nurse presented paper L, an update on nursing and midwifery position within UHL for August 2015. There had been an increase in nurse bank utilisation and reduction in agency usage.

Members' attention was brought specifically to appendix 4 of paper L which listed all actions being taken to support safe staffing across the Trust. The Committee Chair particularly noted the improved position in respect of maternity staffing.

The Chief Nurse highlighted that the immigration restriction on nurses had been lifted until 16 February 2016. It was suggested that innovative ways of recruiting and retention of nurses needed to be considered – in response, the Chief Nurse provided assurance that a number of ways to progress this were being considered including discussions with De Montfort University.

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

109/15/4 Friends and Family Test Scores – August 2015

Paper M detailed the friends and family test scores for August 2015. The Deputy Chief Nurse advised that although, the Emergency Department had not achieved expected coverage of 20%, the Senior Team within the CMG had agreed a number of new approaches and it was anticipated that with the introduction of the 'new easy' surveys for both children and adults from 1 October 2015, there would be an increased coverage in the department.

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

109/15/5 Nutrition and Hydration Update

The Deputy Chief Nurse advised that further to the Patient Led Assessment of the Care Environment (PLACE) programme in 2015 and evidence from ward based audits indicating that work was required to ensure ward level nutritional screening was undertaken on all patients, a draft food strategy and nutritional action plan had been

developed (paper N refers). However, she highlighted that the food strategy encompassed wider aspects including focus on the food and hydration concerns raised through the PLACE audit.

The strategic actions were listed in section 7 of paper N. It was highlighted that a number of workstreams were underway and there was requirement for work to be integrated to provide oversight on the work plan to improve nutrition and hydration across the Trust. Therefore, a Nutrition and Hydration Committee had been established to progress work to oversee all Trust activity relating to nutrition and hydration. This Committee would report to the Executive Quality Board.

Members welcomed the approach of establishing a Nutrition and Hydration Committee and suggested that consideration be given to educating patients on food and hydration whilst they were being discharged from hospital.

In response to a query from the Patient Adviser in respect of the difference between the Food Forum and the Nutrition and Hydration Committee – the Deputy Chief Nurse advised that the Nutrition and Hydration Committee would focus on a wider range of food and hydration issues for patients and support would be provided to Interserve colleagues to ensure that a joint approach was being taken.

A brief discussion also took place regarding provision of health eating options in the Trust's restaurants and other food and beverage outlets across the Trust. Members also noted opportunities to strengthen UHL's sustainability by increasing utilisation of local produce.

The Director of Quality, Leicester City CCG commented on the potential public health involvement and the need for a quality impact assessment to be developed in order to reflect concerns raised by the PLACE audit.

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

110/15 ANNUAL REPORTS FROM EQB SUB COMMITTEES

110/15/1 Learning from Experience Group Annual Report 2014-15

The contents of paper O were received and noted. It was suggested that improvements were required in respect of dissemination of learning to all levels of staff.

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

110/15/2 Point of Care Testing Committee Annual Report 2014-15

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

111/15 ITEMS FOR INFORMATION

111/15/1 Window Safety Update

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

111/15/2 Claims and Inquests Report

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

112/15 ITEMS FOR THE ATTENTION OF QAC FROM EXECUTIVE QUALITY BOARD (EQB)

112/15/1 EQB Meeting of 1 September 2015 – Items for the attention of QAC

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

112/15/2 EQB Meeting of 6 October 2015 – Items for the attention of QAC

Resolved – that there were no items for the attention of QAC from the EQB meeting on 6 October 2015.

113/15 MINUTES FOR INFORMATION

113/15/1 Executive Performance Board

Resolved – that the action notes of the 22 September 2015 Executive Performance Board meeting (paper T refers) be received and noted.

113/15/2 QAC Calendar of Business

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

114/15 ANY OTHER BUSINESS

114/15/1 Proficiency in English of Doctors

In response to a query from the Patient Adviser, it was noted that currently English Proficiency Tests were undertaken only for non-EU candidates, however it was anticipated that the legislation would change. There was a need to ensure that the Trust had a structured interview process to ensure that such tests were made.

AMD

Resolved – that the Acting Medical Director be requested to ensure that the Trust had a structured interview process to ensure that English Proficiency tests for Doctors were made.

AMD

115/15 ITEMS TO BE HIGHLIGHTED TO THE TRUST BOARD

Resolved – that the discussion under item 104/15 be highlighted to the Trust Board.

116/15 DATE OF NEXT MEETING

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

The meeting closed at 3:54pm.

Cumulative Record of Members' Attendance (2015-16 to date):

Voting Members

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
J Adler	7	4	57	C Ribbins (Acting Chief Nurse capacity)	4	1	25
I Crowe	7	7	100	J Smith	3	3	100
S Dauncey (Chair)	7	5	71	J Wilson	7	7	100
A Furlong	7	5	71				

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>	7	5	71	<i>K Singh</i>	7	7	100
<i>C O'Brien – East Leicestershire/Rutland CCG</i>	6	3	50	<i>M Traynor</i>	7	6	85
<i>D Leese – Leicester City CCG</i>	1	1	100	<i>R Moore</i>	7	7	100

Hina Majeed, Trust **Administrator**