


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: 4 June 2015**

**COMMITTEE: Quality Assurance Committee**

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

**DATE OF COMMITTEE MEETING: 30 April 2015**

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

- East Midlands Congenital Heart Centre (Minute 32/15 refers)
- Whistleblowing Update (Minute 33/15 refers)
- Jimmy Savile Investigation (Minute 34/15 refers)
- Update on CQC Applications (Minute 35/15 refers)

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

- None

**DATE OF NEXT COMMITTEE MEETING: 28 May 2015**

Dr S Dauncey  
QAC Chairman  
29 May 2015

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**

**MINUTES OF A MEETING OF THE QUALITY ASSURANCE COMMITTEE HELD ON THURSDAY, 30  
APRIL 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 (until Minute 26/15/7 and including Minute 30/15/1)  
Mr M Caple – Patient Adviser (non-voting member)  
Mr A Furlong – Acting Medical Director  
Ms E Meldrum – Assistant Chief Nurse (on behalf of Acting Chief Nurse)  
Ms J Wilson – Non-Executive Director

**In Attendance:**

Colonel (Ret'd) I Crowe – Non-Executive Director  
Dr A Doshani – Associate Medical Director  
Miss M Durbridge – Director of Safety and Risk  
Mrs S Hotson – Director of Clinical Quality  
Mrs A Hunte – Interim Trust Administrator  
Mr R Moore – Non-Executive Director  
Ms C O'Brien – Chief Nurse and Quality Officer, East Leicestershire CCG  
Mr M Traynor – Non-Executive Director  
Mr K Singh – Trust Chairman

**ACTION**

**RECOMMENDED ITEMS**

**32/15 EAST MIDLANDS CONGENITAL HEART CENTRE – EXTERNAL PEER REVIEW  
REPORT AND ACTION PLAN**

Further to Minute 30/15/1 of 26 March 2015, the Acting Medical Director presented paper C and provided detail on the actions already undertaken. He advised that a Project Group had been established with members from the Women's and Children's CMG and East Midlands Congenital Heart Services. This group would develop an action plan and monitor progress through the Trust's NHS governance processes and in addition an Oversight Group with members from NHS England, the NHS Trust Development Authority and UHL representatives would be established to monitor and review progress of the action plan.

In response to a query from the Acting Medical Director, the Committee members' view was that a Non-Executive Director representative was not required to attend the Assurance Oversight Group.

The Committee endorsed the recommendations following the external review and a further update was requested to be provided at the QAC meeting in July 2015 and it was agreed that the report would be sent to the TDA and NHS England.

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

**(B) a further update be provided at the QAC meeting in July 2015, and**

**AMD**

**(C) the report be submitted to TDA and NHS England.**

**AMD**

**33/15 WHISTLE-BLOWING UPDATE**

Ms E Meldrum, Assistant Chief Nurse presented paper E, which outlined an investigation into a number of care and practice concerns raised by a whistle-blower to

the Care Quality Commission in August 2014 and provided detail of actions that had been undertaken across UHL and future plans to ensure full completion of all the recommendations in the original report.

A full and thorough investigation was undertaken using the Root Cause Analysis Investigation Process, this was reported to the Nursing Executive Team (NET), and then onwards to the Executive Quality Board and Quality Assurance Committee. Members were advised that the concerns had originally been raised in the CHUGGS Clinical Management Group but the action plan would be implemented across all Clinical Management Groups.

The main focus had been on leadership at night time where Matrons and Departmental Managers had made unannounced visits at night time and had engaged with staff, and there had been no further issues. Night time standards had been reiterated and although the wards were busy at night, staff needed to be mindful of the patients' need to sleep.

In response to a query from Mr M Traynor, Non-Executive Director as to how staff could report any concerns that they may have, the Director of Clinical Quality advised that there were several options such as contacting the HR Department, line-management route, and the 3636 reporting line. The Chief Executive advised that his next Chief Executive Briefing would focus on this subject.

In response to a query from the Chief Executive with regards to Commissioner unannounced night time visits the Chief Nurse and Quality Officer, East Leicestershire CCG advised that these were not performed at present but they would consider undertaking them at night. The Acting Medical Director further advised that there would be weekly walkabouts at night time by the Acting Chief Nurse and Acting Medical Director at all 3 hospital sites.

QAC members were supportive of the investigation and ownership at CMG level with appropriate corporate oversight, the process of which would be identified at NET. It was agreed that the report would be submitted to the CQC.

**Recommended – that (A) the contents of paper E be received and noted;**

**(B) the Chief Nurse and Quality Officer, East Leicestershire CCG be requested to give consideration to undertaking night time visits, and**

CN&QO/  
EL CCG

**(C) the Trust's report be submitted to CQC.**

ACN

34/15

## **JIMMY SAVILE INVESTIGATION**

Ms E Meldrum, Assistant Chief Nurse presented paper H, which outlined the Trust's position in respect of the recommendations in the Kate Lampard report as requested by the Trust Development Authority. The report highlighted that the key areas that the Trust needed to focus on were volunteers and charitable funds.

The content and recommendations of the Kate Lampard 'Savile Report' and UHL's proposed response to it, were discussed. QAC members were fully assured by the response and action plan. The response formed the basis of the report requested by the TDA and outlined UHL's position on the recommendations. The report and action plan would be submitted to the Trust Board on 7 May 2015 and the report and action plan would be provided to the TDA by the end of May 2015.

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

**(B) the report and action plan be submitted to the Trust Board on 7 May 2015, and**

ACN

**(C) the report and action plan to be provided to the TDA by the end of May 2015.**

**ACN**

**35/15 UPDATE ON CQC APPLICATIONS**

Members received and noted the contents of paper L and noted in particular;

- an application had been made to remove Harborough Lodge from UHL's registration;
- an application had been made to add the Northampton Renal and Dialysis Unit (Riverside House) as a new location, and
- a declaration of non-compliance regulation 22 (staffing) at the Northampton Renal and Dialysis Unit (Riverside House) and that it was planned to be compliant by 31 August 2015.

The Director of Clinical Quality was requested to report back to QAC in September 2015 that compliance had been achieved at the Northampton Renal and Dialysis (Riverside House) Unit by 31 August 2015.

**Recommended – that (A) the update on CQC applications be endorsed and recommended for approval to the Trust Board, and**

**DCQ**

**(B) the Director of Clinical Quality be requested to report back to QAC in September 2015 that compliance had been achieved at the Northampton Renal and Dialysis (Riverside House) Unit by 31 August 2015.**

**DCQ**

**RESOLVED ITEMS**

**36/15 APOLOGIES**

Apologies for absence were received from Mrs C Ribbins, Acting Chief Nurse.

**37/15 MINUTES**

**Resolved – that the Minutes of the Quality Assurance Committee meeting held on 26 March 2015 (papers A and A1 refer) be confirmed as a correct record.**

**38/15 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 26/15/10 (draft Quality Account 2014/15) – the Director of Clinical Quality undertook to liaise with the Non-Executive Directors outwith the meeting in respect of the actions previously agreed on this matter, and
- (ii) Minute 16/15/3a – (patient story) – the Assistant Chief Nurse provided assurance that the patient story relating to a multiple cancelled cancer operation would be presented to the Trust Board, as appropriate.

**DCQ**

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

**38/15/1 Update on TTO Errors**

Further to Minute 109/14/2 of 15 December 2014, Ms C Ellwood, Chief Pharmacist attended the meeting to present paper D, an update on the action plan. She advised that the underlying reasons for errors were now clear and work had commenced on these areas developing improvements in accurately prescribing pre-admission medicines, pharmacy providing 7 day support, work on AMU simplifying process and

transfer of information to GPs and the extension of the ePIFFANY project. It was anticipated, that with the introduction of EPR, TTO error rates would be significantly diminished.

A further TTO error rate audit was repeated in February 2015. This had shown similar error rates to the December audit. This was anticipated as the majority of actions had not been implemented at the time of the repeat audit.

Another TTO error rate audit was in progress and the results were anticipated in May 2015.

Members queried as to whether TTOs could be written on the wards, Ms C Ellwood, Chief Pharmacist advised that this should be possible.

A further update for assurance was requested to be provided at the QAC meeting in August/September 2015.

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

**(B) a further update on TTO error rates be presented at the QAC meeting in August or September 2015.**

**AMD**

38/15/2 Feedback regarding the Theatre Production ‘Inside out of Mind’

The Patient Adviser provided verbal feedback to members on this production. He advised that it was an excellent play about life on a dementia ward and provided real insight into the difficulties of dementia sufferers, their families and carers. He also made comment that it would be a useful training aid for UHL staff.

In response to a query from the Trust Chairman as to whether the play could be commissioned for all dementia staff on a DVD, Ms E Meldrum, Assistant Chief Nurse undertook to progress the query at the Patient Experience Group meeting.

**ACN**

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

**(B) Ms E Meldrum, Assistant Chief Nurse undertook to progress the query about the play being made available on DVD at the Patient Experience Group meeting.**

**ACN**

## **39/15 SAFETY**

39/15/1 Patient Safety Report

The Director of Safety and Risk presented paper F, which provided a monthly update on internal safety issues, serious incidents, external safety news and developments. She advised that critical issues would be carried forward into the Trust's Quality Commitment.

Further highlighted was the continuous tracking and monitoring that was performed. Focus continued on the reduction of harm which showed a slight decrease in the data and the priorities in the Quality Commitment where diligence around reports, safety improvements and team dynamics continued.

The NHSLA bid had been successful as had been a bid to the National Institute for Healthcare Research for a three year fellowship post, and a bid for Charitable funds would be made to assist the appointment of a Safety Researcher for the next year. In response to a query from the Chief Nurse and Quality Officer, East Leicestershire CCG requesting if there would be any action with regard to the rise in number of incidents related to EWS not being escalated in page 2 of paper F, the Director of Safety and Risk advised that there would be a report to the Executive Quality Board and the

data would be broken down for review and then followed up.

Responding to a comment from Colonel (Ret'd) I Crowe, Non-Executive Director the Director of Safety and Risk advised that further consideration would be given to featuring a RIDDOR dashboard.

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

**(B) the Director of Safety and Risk to submit a report to EQB with regard to the rise in EWS scores, and**

DSR

**(C) the Director of Safety and Risk undertook to give further consideration to featuring a dashboard on RIDDOR.**

DSR

39/15/2 Freedom to Speak Up Report

The Director of Safety and Risk presented paper G, which provided an update on the gap analysis against the recommendations featured in the Freedom to Speak Up report published on 11 February 2015 by Sir Robert Francis QC which revealed that further work was likely to be required but for the interim the Trust would use the mechanisms that existed and further work would be commenced to comply with the national programme.

The initial gap analysis had shown that there were a number of mechanisms within UHL which supported staff to speak up safely:-

- a) whistle-blowing policy;
- b) bullying and harassment helpline;
- c) 3636 staff concerns reporting line;
- d) junior doctor gripe tool;
- e) breakfast with the boss;
- f) safety walkabout programme, and
- g) 'the staff room'.

Further to a discussion in relation to the existing mechanisms and their functionality, Mr M Traynor, Non-Executive Director queried as to whether the staff room was well utilised. The Director of Safety and Risk confirmed that it was. She further advised that the junior gripe tool was also well utilised with over 200 hits, to date.

Members expressed concerns as to whether patients were also able to express concerns anonymously. The Chief Nurse and Quality Officer, East Leicestershire CCG advised that these concerns should be captured via GP feedback but due to a lack of escalation of these concerns by GPs this had led to increased complaints. Members further queried what other routes were available to patients and carers. The Director of Safety and Risk advised that there were many different avenues and they were all transparent and further details were available in the Trust's PILS literature. The Acting Medical Director suggested a review be undertaken to assess any gaps and the Patient Safety Advisor undertook to liaise with patients to ensure all routes were transparent.

Members requested that progress updates be submitted to QAC whilst the gap analysis work continued and it was noted that this work would then progress to the Trust Board once completed.

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

**(B) progress updates on the 'Freedom to Speak Up Report' be submitted to QAC whilst the gap analysis work continued and would then progress to the Trust Board once completed.**

DSR

39/15/3 Prevent Training

Ms E Meldrum, Assistant Chief Nurse provided a verbal update on the 2 hour Prevent safeguarding training packages.

**Resolved – that members received and noted the verbal update**

**40/15 QUALITY**

40/15/1 Month 12 – Quality and Performance Update

Ms E Meldrum, Assistant Chief Nurse presented paper I which provided an overview of the March 2015 Quality and Performance (Q&P) report. Particular note was made in respect of the deterioration in performance against the Fractured Neck of femur target, performance in respect of pressure ulcers and nutrition assessments. Improvements had been made in respect of mortality rates.

Further work on out of hospital mortality was planned. The work would be completed by July 2015 and the actions to be taken would be presented to EQB and then QAC at the beginning of Autumn.

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

**(B) an update on out of hospital mortality be presented to EQB and then QAC at the beginning of Autumn.**

**AMD**

40/15/2 Nursing Report

The Assistant Chief Nurse presented paper J, 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. She provided a brief update in respect of a specific ward where potential issues had been identified advising that a new Sister had commenced work on the ward and had implemented some new practices and good ideas.

The Patient Advisor requested further detail on the recruitment of Health Care Assistants. The Assistant Chief Nurse advised that due to the new Health Care Certificate and new literacy testing there were difficulties recruiting candidates with the necessary literacy skills.

Following a brief discussion by members on how recruitment activity for Health Care Assistants could be supported, the Assistant Chief Nurse advised that the Trust would partner with local authorities to hold open events and signpost people to support for literacy skills.

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

40/15/3 Friends and Family Test Scores – January 2015

Members received and noted the contents of paper L, noting in particular that all Clinical Management Groups were to continue focused attention on achieving minimum coverage in outpatients of 5%.

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

40/15/4 CQUINs and Quality Schedule Monthly Report

Members received and noted the contents of paper M noting in particular amendments to the ratings of PS02, PS03, PS08, PS12 and CE08.

In response to a query by Ms J Wilson, Non-Executive Director, the Director of Clinical Quality undertook to provide a further update once she had clarified the latest position on the early recruitment of posts identified as a priority to ensure achievement of the CQUIN indicator thresholds.

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

(B) the Director of Clinical Quality to provide a further update once she had clarified the latest position on the early recruitment of posts identified as a priority to ensure achievement of the CQUIN indicator thresholds.

DCQ

#### 41/15 ITEMS FOR THE ATTENTION OF QAC

41/15/1 EQB Meeting of 3 March 2015 – Items for the attention of QAC

**Resolved** – that the action notes of the 3 March 2015 Executive Quality Board meeting (paper N refers) be received and noted.

41/15/2 EQB Meeting of 7 April 2015 – Items for the attention of QAC

**Resolved** – that the action notes of the 7 April 2015 Executive Quality Board meeting (paper O refers) be received and noted.

41/15/3 Trust's response to the Royal College of Anaesthetists regarding National Audit Project on Major Airway Complications of Airway Management.

**Resolved** – that paper P be received and noted.

#### 42/15 MINUTES FOR INFORMATION

42/15/1 Executive Performance Board

**Resolved** – that the action notes of the 24 March 2015 Executive Performance Board meeting (paper Q refers) be received and noted.

#### 43/15 ANY OTHER BUSINESS

43/15/1 Ongoing Court Case

The Director of Safety and Risk advised members of a court hearing that would be held on Friday, 1 May 2015 and it was noted that the trial would commence on 5 October 2015.

**Resolved** – that the verbal update be noted.

43/15/2 CQC Intelligent Monitoring report

QAC members were sighted to the fact that the Trust had received a priority banding of 4.

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

#### 44/15 DATE OF NEXT MEETING

**Resolved** – that the next meeting of the Quality Assurance Committee be held on Thursday, 28 May 2015 from 1.00pm until 4.00pm in the Board Room, Victoria Building, LRI.

The meeting closed at 3:33pm.



**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>	1	1	100%	<i>C Ribbins</i>	1	0	0%
<i>S Dauncey (Chair)</i>	1	1	100%	<i>J Wilson</i>	1	1	100%
<i>A Furlong</i>	1	1	100%				

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

Angela Hunte  
**Interim Trust Administrator**