


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: 7 May 2015

COMMITTEE: Quality Assurance Committee

CHAIRMAN: Dr S Dauncey, QAC Chair

DATE OF COMMITTEE MEETING: 26 March 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:

- The Trust Board to note the two locations that had been incorporated within UHL's CQC registration (Minute 30/15/2 refers).

DATE OF NEXT COMMITTEE MEETING: 30 April 2015

**Dr S Dauncey
QAC Chairman
1 May 2015**

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

MINUTES OF A MEETING OF THE QUALITY ASSURANCE COMMITTEE HELD ON THURSDAY, 26 MARCH 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 P Panchal – Non-Executive Director
Ms C Ribbins – Acting Chief Nurse
Ms J Wilson – Non-Executive Director

In Attendance:

Ms E Broughton – Head of Midwifery (for Minutes 25/15/1 and 26/15/7)
Colonel Ret'd I Crowe – Non-Executive Director
Miss M Durbridge – Director of Safety and Risk
Mr M Hotson – Business Manager (for Minute 26/15/1)
Mrs S Hotson – Director of Clinical Quality
Mrs H Majeed – Trust Administrator
Ms E Meldrum – Assistant Chief Nurse (for Minutes 26/15/2 and 26/15/3)
Ms L Tebbutt – Head of Performance and Quality Assurance (for Minute 26/15/1)

RESOLVED ITEMS

ACTION

23/15 APOLOGIES

Apologies for absence were received from Mr A Furlong, Deputy Medical Director, Dr K Harris, Medical Director, Ms C O'Brien, Chief Nurse and Quality Officer, East Leicestershire CCG, Mr K Singh, Trust Chairman, Mr M Traynor, Non-Executive Director and Mr M Williams, Non-Executive Director.

24/15 MINUTES

Resolved – that the Minutes of the Quality Assurance Committee meeting held on 26 February 2015 (paper A refers) be confirmed as a correct record.

25/15 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 76/14 (QAC draft work programme) – the Chairs of the Quality Assurance Committee (QAC), Integrated Finance Performance and Investment Committee (IFPIC) and Audit Committee were scheduled to have a discussion in May 2015 re. the work programme for all these Committee alongside the Board Intelligence work and a formal work programme for the QAC was expected to be available by June 2015;
- (ii) Minute 16/15/3a – the Acting Chief Nurse undertook to confirm to the Trust Administrator, the date of the Trust Board meeting when the patient story relating to a multiple cancelled cancer operation would be presented. The matters arising log to be updated accordingly, and
- (iii) Minute 103/14/1 (item referred from the Finance and Performance Committee on 24 September 2014) – (re. arrangements for monitoring small clinical teams) – it was noted that this matter would be actioned through the CMG quality and safety reviews and any issues would be reported to the Executive Quality Board by exception. Therefore, it was considered complete

ACN/TA

TA

and could be removed from the matters arising log.

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

25/15/1 Update on Puerperal Sepsis

Further to Minute 77/14/1 of 24 September 2014, Ms E Broughton, Head of Midwifery attended the meeting to present paper C, an update on the action plan following the CQC Puerperal Sepsis alert in August 2013. Actions 1d and 1e of the action plan remained outstanding, although the process for clinical coding of sepsis going forward was expected to be more robust and independent of individual clinical case review with regular reporting through the Women's and Children's CMG dashboard. In respect of action 1d 'benchmark coding practice against another organisation', members were advised that colleagues in the Women's CMG were scheduled to meet colleagues in Sheffield Teaching Hospitals NHS FT to take this action forward. The Head of Midwifery was confident that the planned improvement processes were appropriate to prevent a CQC re-alert. A further update was requested to be provided at the QAC meeting in September 2015.

HM

Resolved – that an update on the puerperal sepsis action plan (including feedback from the visit to Sheffield Teaching Hospitals NHS FT) be provided to the QAC in September 2015.

HM

26/15 QUALITY

26/15/1 Interserve Estates and Facilities Contract Quality Performance Report (Quarterly)

Mr M Hotson, Business Manager and Ms L Tebbutt, Performance and Quality Assurance Manager attended the meeting to present paper D, performance in respect of the quality aspects of the Interserve contract for the 12 month period leading up to December 2014 for the top ten quality KPIs.

Due to the reporting cycles, the figures provided in paper D outlined performance prior to December 2014 and therefore did not include the recent concerns raised in respect of cleaning and catering services.

The Chief Executive noted that Interserve were undertaking further service transformations particularly in relation to cleaning and catering services where the levels of resources were planned to be reduced and queried whether contractual requirements allowed the Trust to decline any of the proposed changes if they proved unacceptable – in response, the Business Manager confirmed that a letter had been sent to Interserve colleagues to this effect. The Chief Executive requested that a copy of this letter be forwarded to him.

BM

The Acting Chief Nurse reported that at the Infection Prevention Assurance Committee (IPAC) meeting on 25 March 2015, concerns had been particularly raised in respect of the cleaning standards and the reduction in staff to undertake cleaning. Responding to a query, it was noted that a report on the recent audit of cleaning, catering and portering services would be presented to IFPIC in April 2015.

The Patient Adviser expressed concern that an Interserve representative chaired the Food Forum and suggested that it should be chaired by a member of UHL staff. In response, the Acting Chief Nurse advised that at the IPAC meeting on 25 March 2015 it had been agreed that a monthly Operational Group (comprising Cleaning Forum, Food Forum etc) would be established and chaired by the Interim Director of Estates and Facilities.

The Head of Performance and Quality Assurance provided a brief update on the

unannounced PLACE visits which had taken place in March 2015 highlighting that the Trust's scores had decreased in comparison to the previous visit.

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

(B) the Business Manager be requested to forward a copy to the Chief Executive of the letter sent recently to Interserve regarding the Trust's right to decline any of the proposed changes arising via service transformation if they prove unacceptable.

BM

26/15/2 National Care Certificate

Ms E Meldrum, Assistant Chief Nurse attended the meeting to present paper E, which outlined the background and content of the National Care Certificate, a training and assessment programme for health and social care support workers in England which had been launched nationally in February 2015 and was due to commence in UHL in April 2015. The National Care Certificate would be rolled out across UHL from 1 April 2015 starting with all new Health Care Assistants commencing their employment in the Trust.

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

26/15/3 Revalidation for Nurses and Midwives

Ms E Meldrum, Assistant Chief Nurse presented paper F, which provided an update on the work taking place in UHL regarding revalidation for Nurses and Midwives, following the revised Nursing and Midwifery Code (NMC) published in January 2015.

Members were advised that all registered nurses and midwives in clinical practice, education or management roles would need to comply with the requirements of revalidation to maintain registration. As of January 2015, revalidation was being piloted nationally across a range of healthcare and education providers including individuals, small groups of registrants and nursing agencies. Revalidation would replace the NMC post registration education and practice standards from April 2016.

Members were advised that with almost 5000 nurses working in UHL there would be challenges to the rollout particularly for the 300 bank only nurses who, because of the transient nature of their employment, might struggle to gain third party feedback and confirmation of their practice.

Responding to a query from the Patient Adviser, it was noted that the Trust was currently implementing a revised appraisal process that would support the pay progression policy which would also assist in ensuring that appraisals were undertaken in a timely manner.

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

26/15/4 Month 11 – Quality and Performance Update

The Acting Chief Nurse presented paper G, which provided an overview of the February 2015 Quality and Performance (Q&P) report. Particular note was made in respect of improvement in C Diff, Maternity Friends and Family Test and Fractured Neck of Femur performance.

Members expressed concern that the Medical Director/Deputy Medical Director were not present at the meeting. A query was raised regarding whether the Associate Medical Director should also be an attendee at the Quality Assurance Committee – in response, the Chief Executive suggested that Mr A Furlong, Deputy Medical Director could take a decision on this matter when he was in post as the Interim Medical Director in April

DMD

2015.

In response to a further query, the Acting Chief Nurse and the Director of Safety and Risk undertook to liaise outwith the meeting regarding an apparent discrepancy between the SUI figures set out in the Q&P report and the Patient Safety report, respectively

ACN/
DSR

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

(B) the Deputy Medical Director be requested to consider whether the Associate Medical Director should be an attendee at the Quality Assurance Committee, and

DMD

(C) the Acting Chief Nurse and the Director of Safety and Risk be requested to liaise outwith the meeting regarding an apparent discrepancy between the SUI figures set out in the Q&P report and the Patient Safety report, respectively and provide an update to the Quality Assurance Committee, as appropriate.

ACN/
DSR

26/15/5 Nursing Acuity Report – Overview Regarding Review findings and resource implications for the Trust

The Acting Chief Nurse reported verbally advising that 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. The CMG would be supported with additional investment.

Resolved – that the verbal update be noted.

26/15/6 Nursing Report

The Chief Nurse presented paper H, 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 on some potential issues in respect of a specific ward advising that any wards put on “special measures” would be included within the quarterly nursing report.

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

26/15/7 Midwifery Staffing Report

The Head of Midwifery presented paper I, a report which detailed the outcome of a review of maternity staffing in relation to the birth rate plus staffing ratio. A 90:10 skill mix with midwives and band 3 maternity support workers/nursery nurses had been achieved. Maternity staffing would be reviewed further in light of the recently published NICE guidance. 34% of midwives worked in the community but given that UHL midwives cared for an extra 1500 women who did not deliver in UHL, this percentage appeared appropriate. There were higher than average sickness rates, maternity leave and attrition rates particularly on one hospital site.

The Acting Chief Nurse commended the Women’s and Children’s CMG for the significant improvement recently in the Maternity Friends and Family Test score.

In response to a query regarding temporary transfers of activity when one maternity unit (i.e. LRI/LGH) was closed due to capacity issues, it was confirmed that this information was appropriately collated and monitored.

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

26/15/8 Patient Experience Triangulation Report

The Acting Chief Nurse presented paper J which detailed the variety of patient feedback

via formal complaints, verbal complaints, GP concerns, NHS Choices, Patient Opinion, Patient surveys (electronic and paper formats), Message to Matron, Message through a Volunteer and the feedback from staff in the Friends and Family Test surveys. This data had been formally triangulated, building from quarter one with the projection that comparisons from each quarter could occur formally from quarter three. The top three themes overall remained waiting times for appointments, in clinic and Emergency Department and these three issues accounted for the top issue in five of the seven CMGs.

In response to a query on how the information gathered from feedback was being responded to, it was noted that this was discussed at CMG Board meetings and further action was taken through those fora. In discussion on whether assurance needed to be sought directly from CMGs on actions taken in response to such feedback, members were advised that the Chairs of the Quality Assurance Committee, Integrated Finance Performance and Investment Committee and Audit Committee were scheduled to have a discussion in May 2015 re. the work programme for all these Committees and they would ensure that the themes from the triangulation would be included in the work programme, as appropriate.

Responding to a query from the Director of Safety and Risk regarding complaints information to be presented to the Trust Board, a variety of views were expressed. In conclusion, it was agreed that any information that needed to be brought to the attention of the Trust Board could be done so through the minutes of the Quality Assurance Committee which were presented to the Trust Board on a monthly basis.

The Acting Chief Nurse advised that 500 places had been secured through the Leicester Hospitals Charity for staff to attend a theatre production called 'Inside Out of Mind' – this was in respect of caring for dementia patients. The Patient Adviser undertook to provide feedback to the Committee on his views of the production which he was scheduled to attend on 27 March 2015.

PA

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

(B) the Patient Adviser be requested to provide feedback on the theatre production called 'Inside Out of Mind' at the QAC meeting on 30 April 2015.

PA

26/15/9 Friends and Family Test Scores – January 2015

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

26/15/10 Draft Quality Account 2014-15

The Director of Clinical Quality presented paper L, which detailed the Draft Quality Account 2014-15, and requested that members provided feedback on the draft Quality Account noting that certain content was mandatory in nature and could, therefore, not be re-worded. It was noted that the Draft Quality Account would be issued to stakeholders imminently for comments to be received back within one month.

Further to a detailed discussion on whether a section for comments from Patient Advisers should be included within the Quality Account, it was agreed that a section describing the role of Patient Advisers should be included instead.

DCQ

In relation to the cancer target section, Ms J Wilson, Non-Executive Director suggested that the narrative regarding joint workstreams with the CCG (from the exception report (i.e. Cancer Waiting Time Performance) to the Quality and Performance report) be included.

DCQ

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

(B) the Director of Clinical Quality be requested to include the following within the Quality Account 2014-15 document:-

DCQ

- (i) a section describing the role of Patient Advisers, and**
- (ii) narrative regarding joint workstreams with the CCG (from the exception report (i.e. Cancer Waiting Time Performance) to the Quality and Performance report).**

26/15/11 Quality Commitment

The Director of Clinical Quality presented paper M which proposed priorities for improvement for 2015-16 (appendix 2 refers), these would be included in the Trust's 2014-15 Quality Account and the Trusts Strategic Objectives/Priorities for 2015-16.

In discussion on the Quality Commitment, the following points were raised in particular:-

DCQ

- (i) consideration be given to changing the colours used in Appendix 2 – the Director of Clinical Quality undertook to action this;
- (ii) in response to a query re. whether '2015-16' needed to be included within the title of the document, members advised that this was not necessary;
- (iii) a comment was made that the 'Experience' section was mainly focused on 'End of Life' – however, members did not agree any changes, and
- (iv) a suggestion whether the 'care for older people' needed to be re-worded to 'older people with frailty' – the Director of Clinical Quality undertook to discuss this suggestion with the Acting Chief Nurse outside the meeting.

DCQ

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

(B) the Director of Clinical Quality be requested to take forward the actions listed in points (i) and (iv) above.

DCQ

26/15/12 CQUINs and Quality Schedule Monthly Report

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

26/15/13 CQC Guidance – Regulation for Service Providers and Managers

The Director of Clinical Quality advised that paper O was the new guidance published by the CQC which would come into effect from 1 April 2015 and would replace the CQC's guidance about 'Compliance: Essential standards of quality and safety and its 28 outcomes'. Respective leads/experts would be asked to review the Trust's position against these standards at the CMG Quality and Safety Board meetings.

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

27/15 SAFETY

27/15/1 Safer Staffing Performance Indicator Development

The Acting Chief Nurse presented paper P, a letter from the NHS Trust Development Authority (TDA) which benchmarked the Trust's nurse staffing arrangements. In order to do this, the TDA had chosen the following indicators:-

- (i) question in patient survey re. nurse staffing;
- (ii) question in staff survey re. nurse staffing;
- (iii) appraisal data from ESR;
- (iv) mandatory training information from ESR, and
- (v) 'hard truths' staffing % reported every month on NHS Choices.

UHL was denoted as a Trust performing at 'expected levels across all indicators'.

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

27/15/2 Patient Safety Report

The Director of Safety and Risk presented paper Q, which provided a monthly update on internal safety issues, serious incidents, external safety news and developments.

The issue in respect of the use and functionality of the Nerve Centre Task Allocation system was highlighted in particular. This system had been introduced into the Trust in February 2013 to aid medical staff with timely and effective prioritisation of clinical tasks. Over the months, since its introduction the number and type of tasks had increased significantly. The Director of Safety and Risk advised that these issues had been highlighted to Mr A Furlong, Deputy Medical Director and work was underway to resolve the issues.

The Committee also noted that the NHSLA had approved the Trust's recent bid to support safety work at UHL.

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

27/15/3 Statutory Duty of Candour

Resolved – that the contents of paper R and the need for all CMG staff to be conversant with the expectations of Regulation 20: Duty of Candour be noted.

27/15/4 Learning from Claims and Inquests

The Director of Safety and Risk presented paper S and advised that most issues identified during the claims and inquests process had been incorporated within safety work streams of the Quality Commitment actions/KPIs. However, in respect of the emerging issues that had arisen through this process – the Acting Chief Nurse, Director of Clinical Quality, Director of Safety and Risk and the Medical Director would be discussing the workstreams that would need to be put in place to resolve the issues. An update on this would be provided to QAC in June 2015.

DSR

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

(B) the Director of Safety and Risk be requested to provide an update to QAC in June 2015 regarding the workstreams that had been and would be put in place to resolve the emerging issues that had arisen through the learning from claims and inquests process.

DSR

27/15/5 Report from the Acting Chief Nurse

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

28/15 ITEMS FOR THE ATTENTION OF QAC FROM EQB

28/15/1 EQB Meeting of 3 February 2015 – Items for the attention of QAC

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

28/15/2 EQB Meeting of 3 March 2015 – Items for the attention of QAC

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

29/15 MINUTES FOR INFORMATION

29/15/1 Executive Performance Board

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

30/15 ANY OTHER BUSINESS

30/15/1 Report by the Chief Executive

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

30/15/2 CQC Registration Update

The Director of Clinical Quality advised verbally that applications had been made to add two more locations to UHL's CQC registration - firstly, the National Centre for Sports and Exercise Medicine (East Midlands) and secondly, Syston Health Centre where surgical procedures would be undertaken as part of the Alliance contract. The Committee Chair undertook to highlight this information to the members of the Trust Board.

Chair

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

(B) the Committee Chair be requested to inform the Trust Board in respect of the two locations that had been incorporated within UHL's CQC registration.

Chair

30/15/3 Medical Director, Mr P Panchal, Non-Executive Director and Mr M Williams, Non-Executive Director

The Committee Chair thanked Dr K Harris, Medical Director, Mr P Panchal, Non-Executive Director and Mr M Williams, 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.

31/15 DATE OF NEXT MEETING

Resolved – that the next meeting of the Quality Assurance Committee be held on Thursday, 30 April 2015 from 1.00pm until 4.00pm in the Board Room, Victoria Building, LRI.

The meeting closed at 4:37pm.

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

Voting Members

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
J Adler	12	10	83%	R Overfield	11	9	81%
S Dauncey (Chair)	12	11	91%	P Panchal	12	8	67%
K Harris	12	7	58%	J Wilson	12	10	83%
K Jenkins	1	0	0%	D Wynford-Thomas	11	3	27%
				C Ribbins	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>	12	10	83%	<i>K Singh</i>	6	5	83%
<i>I Crowe</i>	6	4	66%	<i>M Traynor</i>	6	2	33%
<i>R Moore</i>	2	0	0%	<i>M Williams</i>	6	2	33%
<i>C O'Brien – East Leicestershire/Rutland CCG*</i>	12	6	50%				

Hina Majeed
Trust Administrator