

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

**DATE OF TRUST BOARD MEETING: 1 December 2016**

**COMMITTEE: Quality Assurance Committee**

**CHAIRMAN: Colonel (Retired) I Crowe**

**DATE OF COMMITTEE MEETING: 27 October 2016**

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

- Minute 105/16 – application to add a location to UHL’s CQC registration as detailed in the attached Minutes.

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

None

**DATE OF NEXT COMMITTEE MEETING: 24 November 2016**

Colonel (Retired) I Crowe  
Non-Executive Director and QAC Chairman  
24 November 2016

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST****MINUTES OF A MEETING OF THE QUALITY ASSURANCE COMMITTEE HELD ON THURSDAY  
27 OCTOBER 2016 AT 1PM IN THE BOARD ROOM, VICTORIA BUILDING, LEICESTER ROYAL  
INFIRMARY****Present:**

Col. (Ret'd) I Crowe – Non-Executive Director (Chair)  
 Mr J Adler – Chief Executive  
 Mr M Caple – Patient Partner (non-voting member)  
 Mr A Furlong – Medical Director  
 Mr A Johnson – Non-Executive Director  
 Mr R Moore – Non-Executive Director  
 Mr B Patel – Non-Executive Director  
 Mr K Singh – Trust Chairman  
 Ms J Smith – Chief Nurse  
 Mr M Traynor – Non-Executive Director

**In Attendance:**

Mr A Currie – Clinical Director, MSS (for Minute 108/16/4)  
 Dr A Doshani – Associate Medical Director  
 Mrs S Hotson – Director of Clinical Quality  
 Mr D Kerr – Director of Estates and Facilities (for Minute 106/16 – 108/16/5)  
 Ms C Ribbins – Deputy Chief Nurse  
 Ms H Stokes – Senior Trust Administrator  
 Ms S Tate – Patient Partner (for Minute 108/16/1)

**RECOMMENDED ITEM****105/16 APPLICATION TO ADD A LOCATION TO UHL'S CQC REGISTRATION**

Paper R from the Director of Clinical Quality detailed an application to add the 'Dr Chandra Mistry Haemodialysis Unit' at Peterborough City Hospital to UHL's CQC registration, for the 'treatment of disease disorder or injury' and 'diagnostic and screening procedures'. This was a newbuild modular facility yet to be completed, although the site had been visited by appropriate UHL Clinical Management Group Managers. QAC supported this application and recommended it for Trust Board approval accordingly.

QAC  
CHAIR

**Recommended** – that the application to add the 'Dr Chandra Mistry Haemodialysis Unit' at Peterborough City Hospital to UHL's CQC registration for the 'treatment of disease disorder or injury' and 'diagnostic and screening procedures' be supported and recommended for Trust Board approval accordingly.

QAC  
CHAIR**RESOLVED ITEMS****106/16 APOLOGIES FOR ABSENCE**

Apologies for absence were received from Miss M Durbridge, Director of Safety and Risk, Ms L Tibbert, Director of Workforce and Organisational Development and Ms C West, Director of Nursing and Quality Leicester City CCG.

**107/16 MINUTES**

**Resolved** – that the Minutes of the meeting held on 29 September 2016 be confirmed as a correct record, subject to the inclusion of Mr B Patel Non-Executive Director in

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**the cumulative attendance figures.**

**108/16 MATTERS ARISING**

Paper B detailed both the actions from the most recent meeting, and also any which remained outstanding from previous QAC meetings. In respect of action 96/16/2 of 29 September 2016, the Director of Estates and Facilities advised that the Environmental Health Office had cancelled its re-inspection (although a subsequent EHO visit to the Leicester General Hospital site had resulted in a rating of 4-5 stars). The QAC Non-Executive Director Chair requested that – once known – the date of the re-visit be included in the matters arising log, and a verbal update provided to the November 2016 QAC if the outcome was not contentious.

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**Resolved – that the date of the EHO re-inspection be included in the matters arising log once known, and a verbal update be provided to the next QAC if the outcome was not contentious.**

DEF

**108/16/1 Patient Partner Story: Patient and Public Feedback – Engaging with Schoolchildren (Minute 17/16/1 of 25 February 2016)**

In the second of this quarterly series of stories, Ms S Tate Patient Partner for the Women's and Children's CMG attended to report on her proactive work to engage with schoolchildren and seek their views on the Trust's Children's Hospital project (paper C). Feedback had been sought from children ranging from 5-10 years old in 1 Leicester City and 1 Leicestershire school, and also from UHL inpatients aged between 11-16 years. The key themes from the engagement related to the need for age-appropriate facilities and décor, the children's wish for as much 'normality' as possible, and their desire to retain some degree of independence and own identity. Paper C went on to translate these findings into proposed recommendations for the design of the new Children's Hospital, and the Patient Partner noted the importance of being able to reflect the feedback in the end product (whilst recognising that not all suggestions could be accommodated).

QAC welcomed this innovative project, and queried the potential scope to expand child engagement further into appropriate involvement in decision-making and/or 'junior patient partners'. The Deputy Chief Nurse agreed to make contact with the Shadow Youth Board within Leicester, and advised learning appropriate lessons from the good experiences of the UHL Teenage and Young Adults cancer project. QAC also discussed the scope for Leicester Hospitals Charity to get involved in the 'softer' design aspects of the Children's Hospital. It was agreed to provide the Patient Partner with information on relevant building regulations and requirements (via the Children's Hospital Project Board). The QAC Non-Executive Director Chair also considered that the Trust would be able to provide Ms Tate with IM&T assistance if she wished to repeat or broaden her inpatient or youth engagement surveys, as a continuing flow of such information would be helpful.

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DCN

DEF

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(PP)

In further discussion, the Trust Chairman noted the benefit of involving Patient Partners in clinical site visits to other hospitals to view their Children's Hospital facilities.

**Resolved – that (A) contact be made with the Shadow Youth Board within Leicester, with a view to strengthening links with UHL;**

DCN

**(B) the youth engagement work previously undertaken at the time of developing the Teenage and Young Adults cancer facility be reviewed, to learn any transferable lessons going forward;**

DCN

**(C) Ms S Tate, Patient Partner be provided with information on relevant building**

DEF

**regulations and requirements (via the Children's Hospital Project Board), and**

**(D) Ms S Tate, Patient Partner, consider the offer made by the Trust of help with any further e-surveys she might undertake on the issue of youth engagement.**

**ST  
(PP)**

108/16/2 Reports from the Director of Performance and Information (Minutes 72/16/1 of 28 July 2016 and 38/16/1 of 28 April 2016)

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

108/16/3 New Requirements for How Hospitals Work with GPs (action note 8.1.5 of the 23 August 2016 Executive Performance Board)

The Director of Performance and Information attended to provide an update on this issue, which had been referred to QAC from the August 2016 Executive Performance Board. Paper F therefore briefed members on UHL's position against 6 new requirements in the 2016-17 NHS Standard to reduce avoidable extra workloads for GPs. The requirements related to:- (1) local access policies; (2) discharge summaries; (3) clinic letters; (4) onward referral of patients; (5) medication on discharge, and (6) prompt and clear communication with patients and GPs re: results and treatments, specifically including a requirement for hospitals to notify patients of the results of clinical investigations and treatments in an appropriate and cost-effective manner.

The Director for Performance and Information was broadly confident of progress against all of these requirements, although the subjective wording of (6) was challenging. It was not clear, however, whether UHL compliance with the requirements would significantly reduce the burden on General Practice.

Requirement (3) carried particular challenges for the Women's and Children's Clinical Management Group, due to the volume of letters involved and administrative support constraints (letters predominantly sent hard copy). In response to a query from the QAC Non-Executive Director Chair, the Director of Performance and Information outlined a project underway to resolve dictation software issues, with a view to selecting one preferred supplier by the end of 2016.

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

108/16/4 Management of Fractured Neck of Femur Patients Action Plan (Minute 35/16/6 of 29 September 2016)

Mr A Currie, Clinical Director of Musculoskeletal and Specialist Surgery (MSS) attended to advise QAC on the development of a remedial action plan following an earlier contract performance notice on the fractured neck of femur service. He outlined the steps taken to increase junior medical staffing levels and noted new ways of working including 'hot weeks' and 'hot beds' (latter as per the stroke service), and more consistently extended theatre sessions to improve theatres utilisation. The trauma service had worked particularly hard to address medical workforce issues, with the result that a 16-man rota would be in place from 1 December 2016. The junior doctor resource had been strengthened and there would also be an increased medical presence at night, and the changes were expected to improve service performance significantly. 2 Physicians' Associates had also been appointed (in trauma and spinal services). In response to a comment from the Chief Executive, the MSS Clinical Director advised that there might be a need to review the on-site resident position of middle grades, going forward.

The issues outlined were beyond only fractured neck of femur, extending into a 'fragility fracture service'. A detailed gap analysis was also planned for the trauma service as a whole, with an anticipated need for 2 additional Consultants. In the absence of an EPR, there was also a key need to resolve IT challenges and ensure appropriate communication between different clinical systems.

**Resolved – that the update on the fractured neck of femur action plan be noted.**

108/16/5 Statutory Compliance Report (Minute 52/16/1 of 26 May 2016)

The Director of Estates and Facilities attended for this item, which was introduced by the Medical Director. Detailed discussion took place on how best to provide an appropriate level of process assurance to QAC, in terms of UHL's compliance with statutory requirements. Although noting the increased robustness of risk register discussions with CMGs through the monthly quality and safety performance review meetings, Non-Executive Directors suggested also considering a hierarchical quality manual and/or quality system to set out the applicable requirements and related risks. Recognising the possible scale of the work involved, and given that the Trust was potentially shortly expecting both the draft CQC report and the results of an external review of UHL quality governance systems, it was agreed to await those reports before taking any further decisions on this issue.

DCQ

In further general discussion, members noted:-

- (a) comments from the Chief Executive on the need for the organisation to become better at escalating and resolving the issues identified through the risk registers;
- (b) concerns from the IFPIC Non-Executive Director Chair regarding compliance with estates requirements – in response, the Director of Estates and Facilities confirmed that his team had developed a quality manual for hard FM services which was currently also being expanded to cover soft FM issues. He was also working with the Director of Clinical Quality to include estates in her quarterly report on external visits and accreditations;
- (c) that an external governance review was currently exploring the approach adopted by other Trusts on this issue, and
- (d) that NICE guidance requirements were regularly reported to UHL's Executive Quality Board.

**Resolved – that the outcome of the awaited CQC inspection report and an external review of UHL quality governance systems be taken into account before revisiting the issues of a quality governance system/framework and quality manual.**

DCQ

109/16 **MONTH 6 QUALITY AND PERFORMANCE REPORT**

In introducing paper I, the Chief Nurse and the Medical Director highlighted good performance on the inpatients Friends and Family Test with scores of 97%, and on infection prevention, with 0 MRSA cases in 2016-17 and the Trust still performing well on C. Diff cases being only 1 above trajectory. Pressure ulcers were also within trajectory, despite a rise in grade 2s over the summer (thought to be due to the heat-related conversion of moisture lesions to pressure ulcers). QAC was also advised however of a number of Same Sex Accommodation breaches relating to the LRI discharge lounge, and was briefed on the physical segregation plans now underway in that area to address this issue. The Medical Director also highlighted a slight rise in UHL's SHMI to 99, further detail on which would be provided to the November 2016 QAC via the quarterly mortality report. Although not of concern, the Medical Director was closely reviewing UHL's mortality rate, and QAC was advised that an organisation's SHMI was a relative

MD

performance indicator rather than a static baseline.

In further discussion on the month 6 quality and performance report at paper I, Non-Executive Directors noted the deterioration in ambulance handover performance during September 2016, which was reflective of overall operational pressures within emergency care. It was agreed to highlight this to the Trust's Communications team prior to public discussion at the November 2016 Trust Board. In response to a query from the Audit Committee Non-Executive Director Chair, the Chief Nurse advised that nurse staffing vacancies within Medicine were covered in Minute 112/16/1 below. Members also noted that the Alliance had now agreed to adopt UHL standard operating procedures and policies, which was welcomed. In response to a query from the QAC Non-Executive Director Chair, the Medical Director advised that EMRAD issues (impact on reporting times) was being closely monitored at Executive level, and would be discussed further at the November 2016 Executive Quality Board.

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**Resolved – that the reduced performance on ambulance handovers be highlighted as appropriate to UHL's Communications Team ahead of the public November 2016 Trust Board.**

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## 110/16 SAFETY

### 110/16/1 Reports from the Director of Safety and Risk

Paper J comprised the **patient safety report for September 2016**, the **complaints performance report for September 2016**, and the **Adverse Events Committee report**. Introducing this item in the absence of the Director of Safety and Risk, the Medical Director noted two Serious Incidents currently under investigation from September 2016, and advised that waiting times remained the key complaints theme for September 2016. Overall, complaints performance had improved despite a rise in the number of complaints received. In response to a Non-Executive Director query, the Medical Director also outlined the work of the Adverse Events Committee [terms of reference appended to the report] and confirmed its reporting line to the Executive Quality Board. The QAC Non-Executive Director Chair queried whether clinic waiting time complaints related to ineffective running of such clinics – in response, the Chief Executive suggested that this issue could be raised at the November 2016 Trust Board thinking day session on outpatients.

COO/  
DSR

**Resolved – that the November 2016 Trust Board thinking day on outpatients also consider providing further detail on the clinic waiting times complaint theme.**

COO/  
DSR

### 110/16/2 Administration of Potassium Never Event – Root Cause Analysis

QAC received and endorsed the root cause analysis for this never event (paper K), which had previously been notified to the Trust Board in August 2016 via the Chief Executive's monthly report. In wider discussion, QAC noted the need for Trust policies to be deliverable by front-line staff, for staff to be appropriately involved at the consultation stage, and for regular audits of compliance with Trust policies to take place. The Senior Trust Administrator advised that the Trust format for policies included a section on how compliance with that policy would be monitored, although subsequent auditing of that compliance was not currently undertaken on a routine basis. It was agreed to ask Executive Directors to consider the issue of how best to monitor compliance.

MD/  
DCLA

**Resolved – that (A) the never event root cause analysis report be endorsed as detailed in paper K, and**

**(B) Executive Directors be requested to consider how best to monitor compliance with Trust policies.**

MD/  
DCLA

110/16/3 Report from the Deputy Chief Nurse

**Resolved – that this item be classed as confidential and taken in private accordingly.**

## **111/16 PATIENT EXPERIENCE**

111/16/1 Friends and Family Test (FFT) Scores – August 2016

Although commenting on the time lag in the report at paper M (FFT scores relating to August 2016), QAC noted the dip in ED FFT scores for that month to 86.9%. As this was thought to be due to UCC experiences, it was possible that subsequent improvements to UCC timeliness would also impact positively on ED FFT scores.

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

111/16/2 Carers' Charter Update

The Deputy Chief Nurse acknowledged that the introduction of a UHL Carers' Charter in May 2015 had not embedded as much as had been hoped. It had been planned to reinvigorate the Charter with a 'committed to carers' programme, but following Non-Executive Director comments on carer experiences it was agreed to review the current approach (as detailed in paper N) and report further to QAC in either January or February 2017 (having also sought appropriate Patient Partner input and looked at the cultural context).

DCN

**Resolved – that the current approach to embedding the Carers' Charter be reviewed and appropriate Patient Partner input sought, with an update report provided to the January or February 2017 QAC accordingly.**

DCN

111/16/3 Triangulation of Patient Feedback – quarter 1 of 2016-17

In discussion on paper O, members noted a significant reduction in the number of concerns raised over estates issues, thought to be due to the transfer of FM services back to UHL management. The key overall theme for improvement remained waiting times which accounted for 20% of all feedback.

**Resolved – that the 2016-17 quarter 1 report on triangulation of patient feedback be noted.**

## **112/16 QUALITY**

112/16/1 Nursing and Midwifery Quality and Safe Staffing Report – August 2016

Paper P provided detailed nursing and midwifery staffing data for August 2016, setting out areas of compliance/non-compliance with the 80% staffing threshold against plan (Ward Fill Rate), the vacancy position across the Trust, the usage of bank versus agency staff, and any wards currently of concern to the Chief Nurse. On the latter issue, the Chief Nurse noted that although 4 such wards were at level 2 concern, there were no wards at level 3 concern in August 2016. In response to a Patient Partner query on the rise in the overall number of 'wards of concern', the Chief Nurse advised that the relevant metrics had been made more challenging recently. The Chief Nurse also confirmed that appropriate

lessons had been learned from the de-escalation of Ward 28 Leicester General Hospital from Level 3 to 2.

In response to Non-Executive Director queries the Chief Nurse outlined the significant progress made on HCA recruitment, with 125 HCAs due to join the Trust on 28 November 2016. She detailed the new HCA 3-step recruitment process (which was just also being rerun), and welcomed the availability of non-medical training facilities at the Glenfield Hospital which would be available when those staff started. 35 of the most experienced of those 125 new starters would be deployed within Medicine, and QAC noted that all ED HCA vacancies had been filled. However, the recruitment position for registered nurses within Medicine had worsened despite offering enhanced pay and bank rates. Recruitment efforts continued however, including overseas recruitment with 45 overseas nurses due to join UHL in March 2017 and then monthly thereafter. QAC also noted UHL's successful bid to become a Nurse Associate pilot site, with 30 such posts due in place across LLR from January 2017.

**Resolved – that the August 2016 nursing and midwifery quality and safe staffing report be noted.**

#### **113/16 COMPLIANCE**

##### **113/16/1 Report on Compliance with CQC Enforcement Notice and CQC Comprehensive Inspection Update**

Paper Q updated QAC re: UHL's compliance with the CQC enforcement notice in respect of ED. Weekly updates were being provided to the CQC in respect of Emergency Department (ED) time to assessment (15 minute standard), ED staffing and sepsis care bundle (screening and antibiotics) for patients presenting to the ED. As per the existing conditions on the licence, performance was being monitored on a daily basis against the identification of ED patients with red flag sepsis, using the screening tool and sepsis 6 interventions, with a specific focus on ensuring patients with red flag sepsis received IV antibiotics within one hour. The use of the sepsis screening tool and time to IV antibiotics on Assessment Units (Medical, Surgical, Children's, Oncology, Gynaecology & CDU) and Adult wards was being monitored in a similar way to that being done in ED.

As noted in Minute 108/16/5 above, the CQC draft inspection report was awaited shortly.

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

#### **114/16 ITEMS FOR INFORMATION**

**Resolved – it be noted that there were no items for information.**

#### **115/16 MINUTES FOR INFORMATION**

**Resolved – that the following Minutes/items be received for information:-**  
**(A) Executive Quality Board – 4 October 2016 (paper S);**  
**(B) Executive Performance Board – 27 September 2016 (paper T), and**  
**(C) QAC calendar of business (paper U).**

#### **116/16 ANY OTHER BUSINESS**

There were no items of Any Other Business.

#### **117/16 IDENTIFICATION OF ANY KEY ISSUES FOR THE ATTENTION OF THE TRUST**

## BOARD

**Resolved** – that (A) a summary of the business considered at this meeting be presented to the Trust Board meeting on 3 November 2016, and

QAC  
CHAIR

(B) the following items be particularly highlighted for the Trust Board's attention:-

QAC  
CHAIR

- Minute 105/16 – recommendation to add a location to UHL's CQC registration.

## 118/16 DATE OF NEXT MEETING

**Resolved** – that the next meeting of the Quality Assurance Committee be held on Thursday 24 November 2016 from 1pm until 4pm in the Board Room, Victoria Building, LRI.

The meeting closed at 4.15pm

Helen Stokes  
Senior Trust Administrator

### Cumulative Record of Members' Attendance (2016-17 to date):

#### Voting Members

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
J Adler	7	6	86	K Kingsley – Leicester City CCG	2	0	0
P Baker	4	0	0	R Moore	7	7	100
I Crowe (current Chair)	7	6	86	B Patel	4	4	100
S Dauncey (former Chair)	3	3	100	K Singh	7	7	100
A Furlong	7	5	71	J Smith	7	4	57
A Goodall	2	0	0	M Traynor	7	7	100
A Johnson	7	7	100	C West – Leicester City CCG	2	1	50

#### Non-Voting Members

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
M Caple	7	6	86	D Leese – Leicester City CCG	2	0	0
M Durbridge	7	6	86	C Ribbins	7	7	100
S Hotson	7	6	86	L Tibbert	6	1	17