

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 4 May 2017

COMMITTEE: Quality Assurance Committee

CHAIRMAN: Colonel (Retired) I Crowe

DATE OF COMMITTEE MEETING: 30 March 2017

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

- Minute 176/16 – Draft Quality Account, and
- Minute 177/16 – NPSA Alert on Nasogastric Tube Misplacement.

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

- None

DATE OF NEXT COMMITTEE MEETING: 27 April 2017

**Colonel (Retired) I Crowe
Non-Executive Director and QAC Chairman**

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

MINUTES OF A MEETING OF THE QUALITY ASSURANCE COMMITTEE HELD ON THURSDAY 30 MARCH 2017 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
Ms S Crawshaw – Non-Executive Director
Mr A Furlong, Medical Director (from Minute 183/16/2 onwards)
Mr B Patel – Non-Executive Director
Mr K Singh - Chairman
Ms J Smith, Chief Nurse
Mr M Traynor – Non-Executive Director (from Minute 185/16)

In Attendance:

Mr S Barton – Director of CIP and FOM – for Minute 183/16/1
Mr J Clarke – Chief Information Officer – for Minute 180/16/1
Miss M Durbridge – Director of Safety and Risk
Mrs S Everatt – Interim Trust Administrator
Mrs S Hotson – Director of Clinical Quality
Ms L Joy – Deputy Chief Nurse, NHS North Derbyshire CCG (shadowing Ms J Smith)
Mr D Kerr – Director of Estates and Facilities - for Minutes 180/16/2 and 181/16/3
Mr W Monaghan – Director of Performance and Information – for Minutes 180/16/3, 180/16/4 and 181/16/1
Air Cdre A Reid QHP – Ministry of Defence (shadowing Col. (Ret'd) I Crowe)
Ms C West - Director of Nursing and Quality, Leicester City CCG

RECOMMENDED ITEMS

176/16 DRAFT QUALITY ACCOUNT

The Committee received paper L, the draft Quality Account 2016/17, which had been produced following national guidance and followed a similar structure to the previous year. A section had been included regarding Patient Partners, although it was noted that this was not a national requirement. The paper was being presented to QAC as a draft prior to circulation to external partners for a 28 day feedback period, following which it would be externally audited by KPMG. KPMG would audit two of the indicators in the report around patient safety and clostridium difficile to gain assurance regarding the process rather than the target. It would then be formally signed off at the Trust Board meeting on 1 June 2017. It was noted that the report did not include the full year performance due to the timescales for dissemination. The Committee suggested no changes to the document prior to circulation to external partners.

**Cttee
Chair**

Recommended - that (A) the content of paper L be received and noted, and

(B) that the Committee formally supports and recommends to the Trust Board for endorsement: (a) release of the Draft Quality Account to external stakeholders for their comments and (b) final sign off of the Quality Account at the Trust Board meeting on 1 June 2017.

**Cttee
Chair**

177/16 NPSA ALERT – NASOGASTRIC TUBE MISPLACEMENT – CONTINUING RISK OF DEATH AND SEVERE HARM NHS/PSA/RE/2016/006

The Committee received paper S which detailed the Trust's response to a patient safety alert around nasogastric tube misplacement issued in July 2016 by NHS Improvement. In response to the requirement to review the Trust's current systems and processes against the revised guidance, a gap analysis and action plan had been produced against the standards identified in the alert. The action plan would be monitored through the Trust Nutrition and Hydration Assurance Committee. The Committee received assurances that a scoping exercise had been undertaken in relation to NPSA Alert NHS/PSA/RE/2016/006 and that corrective actions had been taken.

**Cttee
Chair**

Recommended - that (A) the contents of paper S be received and noted, and

(B) that the Committee received assurances that corrective actions had been taken regarding a NPSA Alert NHS/PSA/RE/2016/006. This matter will be fully recorded in the minutes of the QAC meeting of March 2017 reported to the Trust Board on 4 May 2017.

**Cttee
Chair**

RESOLVED ITEMS

178/16 APOLOGIES FOR ABSENCE

Apologies for absence were received from Dr A Doshani, Associate Medical Director; Mr A Johnson, Non-Executive Director; Ms C Ribbins, Deputy Chief Nurse; Ms L Tibbert, Director of Workforce and Organisational Development; Mr R Moore, Non-Executive Director, and Mr M Caple, Patient Partner (non-voting member).

The Chair welcomed two visitors – Mrs L Joy from NHS North Derbyshire and Air Cdre A Reid QHP from the Ministry of Defence.

179/16 MINUTES

Resolved – that the Minutes of the meeting held on 30 March 2017 (papers A1 and A2 refer) be confirmed as a correct record.

180/16 MATTERS ARISING

Paper B detailed both the actions from the most recent meeting, and also any which remained outstanding from previous QAC meetings. The Chair noted that good progress had been made in completing actions. No further updates were required for the entries on the Matters Arising log.

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

180/16/1 Report from the Chief Information Officer

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

180/16/2 Patient Car Parking at LRI

The Director of Estates and Facilities presented paper D, which detailed the current provision of disabled parking spaces for patients. Currently 9.8% of parking spaces were

allocated for disabled use at the LRI and 12% across the Trust. The LRI provision would reduce to 8% temporarily during ED Phase 2. It was noted that the Trust currently provides a greater percentage of public disabled parking spaces than recommended by the Department of Health guidance, local planning requirements or the Disabled Parking Award, and that parking was constantly being reviewed. There was a discussion around whether there was sufficient disabled spaces, and whether the spaces were conveniently located. The report also detailed plans for future provision.

The Disabled Access Group had been re-established and were looking at way finding to aid the impending changes to site access. Forty-nine enforcement notices had been issued at LRI in the last 3 months to ensure parking rules were being adhered to. It was noted that there had been some recent queues at the Havelock Street car park. In discussion of this item it was agreed that a verbal update would be provided at the next QAC meeting regarding provision of parking spaces outside the Windsor Building to address the loss of spaces outside Balmoral Building, during Phase 2 of the ED build. The update would also address any necessary changes in the provision of the Trust's buggy service.

DEF

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

(B) that an update be provided to the Chief Executive immediately and then a verbal update be taken at the April QAC meeting, on the provision of car parking spaces outside the Windsor Building to address the loss of spaces outside the Balmoral Building, during Phase 2 of the ED build. The update should also address any necessary changes in the provision of the Trust's buggy service.

DEF

180/16/3 Report from the Director of Performance and Information 1

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

180/16/4 Report from the Director of Performance and Information 2

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

181/16 EFFECTIVENESS

181/16/1 Data Quality and Clinical Coding Quarterly Update

The Director of Performance and Information presented paper G, which provided a quarterly update on data quality and clinical coding indicators. With regards to the Data Quality Maturity Index produced by NHS Digital, it was noted that compared to peers UHL was ranked 2nd for completeness and range of dataset for the quarter July to September 2016. To date this year 23 of the Trust's clinical coders had had their work audited, which overall had accumulated to a good Information Governance Toolkit (IGT) score of Level 2. Coders from NUH were due to visit the Trust in May 2017 to recode a sample of UHL notes alongside UHL staff coding the same notes to identify any variances in coding. UHL coders would then do the same piece of work with Nottingham clinical notes. In this way best practice would be shared. By July 2017 it was anticipated that agency coders would cease as the UHL team became fully staffed, and the team were commended for improving in-house staffing.

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

181/16/2 Month 11 Quality and Performance Report

The Chief Nurse presented paper H, which provided a briefing on quality and performance for February 2017, with particular regard to patient experience and quality issues. The following points were particularly highlighted:-

- (a) *MRSA* – there had been two suspected unavoidable MRSA cases detailed in the report, but these had been confirmed as third party allocations and the report would be subsequently updated to reflect this;
- (b) *Ambulance Handover 60+ minutes* – performance of 6% had been achieved for February 2017, which was last seen in June 2016;
- (c) *Never Events* – none had been reported for the month;
- (d) *Pressure Ulcers* – there were no Grade 4 pressure ulcers reported this month and Grade 3 pressure ulcers remained within the month and year to date trajectories;
- (e) *Diagnostic 6 Week Wait* - remained compliant;
- (f) *Single Sex Accommodation Breaches* – there was a reduction in breaches (4 breaches in February 2017) from the previous month when 6 breaches were reported. Thorough investigation and reporting of each breach occurred. There was a discussion around the relative importance attached to single sex breaches by staff on the frontline;
- (g) *Mortality* – the latest published SHMI is 101. It was noted that Mr A Fulong, Medical Director, Col. (Ret'd) Ian Crowe (Committee Chair) and Professor Furness (Medical Examiner) had attended a Learning from Deaths event in London and the Trust appeared to be ahead of other Trust's interms of data capture, provision of the medical examiner role and a bereavement service, and
- (h) *Fractured Neck of Femur* – 67.6% of patients were operated on within the 35 hour target in February 2017. A long-term solution was being identified to increase theatre capacity.

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

181/16/3 Facilities Update

The Director of Estates and Facilities presented paper I, the second quarterly Estates and Facilities performance report to provide assurances on the provision of services across the Trust. Following feedback on the previous report a number of additional metrics had been included. There had been a notable improvement in patients receiving their meals on time which was helping to achieve protected meal times. The Director of Estates and Facilities and the Chief Nurse were in regular discussion around cleaning and collaborative working between Facilities and Nursing on this matter, particularly with regards to communal areas. There remained challenges with recruiting to the significant number of vacancies, which were now in excess of one hundred.

In consideration of this report, it was agreed that a summary of the key areas of improvement and challenges would be produced and included in the May 2017 Chief Executives Briefing. It was also agreed that indicators requested in Minute 124/16/2a of February 2017, such as on fire and waste, would be added to the next iteration of the report.

DEF/
DDCE

DEF

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

(B) that the Director of Estates work with the Deputy Director of Communications and Engagement to produce a summary of the key areas of improvement and challenges contained within this report, to be included in the May 2017 Chief

DEF/
DDCE

Executives Briefing, and

(C) that for the next iteration of this report (which will move to bi-annual), indicators requested in minute reference 124/16/2a which were not included in this report such as fire and waste, and additional indicators suggested at the meeting such as health and well-being and energy sustainability. [The following indicators were requested in minute reference 124/16/2a - cleanliness scores by risk/priority area, fire, waste, trend analysis, a baseline as at the Interserve transfer, security, management of car parks, engagement of security with patients, and interim PLACE results.]

DEF

182/16 COMPLIANCE

182/16/1 Care Quality Commission (CQC) Action Plan

The Director of Clinical Quality presented paper J, which detailed an updated report on the CQC compliance actions developed in response to the Trust inspection report, following a CQC inspection in June 2016. The Committee noted that monthly progress reports would be provided to the EQB in the form of an actions tracker. The action plan had been submitted to the CQC and other partners, including the CCG's and NHSI. The action plan was positively received by the CQC at the Quality Summit which took place on 28 March 2017. Evidence would be required for each action before they could be closed, and this was currently being sought and confirm and challenge was taking place.

In consideration of this report it was agreed that the Director of Clinical Quality would write to the CQC to receive written confirmation that they were content with the action plan and the actions the Trust were taking to gain assurance that actions were on track. A future report would include actions for how to move to 'good'. The Trust had been nominated for piloting the Well-led Domain. The Chief Executive would include a summary of the Quality Summit in his briefing to staff.

DCQ

**CE/
DDCE**

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

(B) that the Director of Clinical Quality write to the CQC to receive written confirmation that they are content with the action plan and the actions that the Trust are taking to gain assurance that actions are on track.

DCQ

(C) To feedback to staff via the Chief Executive's Briefing a summary of the Quality Summit.

**CE/
DDCE**

182/16/2 Assurance Report for EWS and Sepsis

The Chief Nurse provided an update on the work programme being undertaken to improve the care of patients with a deteriorating Early Warning Score (EWS) and Red Flag Sepsis trust-wide. Following the sepsis team appointment, improvements had been made with the IV antibiotics indicator within an hour in the Emergency Department which would be seen in the improved performance in the April 2017 committee report. There had also been some improvements made at ward level.

It was also noted that the sepsis pathway was due to be relaunched imminently. Following an application to the National Patient Safety Awards for sepsis, the Trust had been shortlisted and the Chief Nurse and her team would be attending to present the data. Work was underway to further improve performance and to digitalise the data required to report on indicators.

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

183/16 QUALITY

183/16/1 CIP Quality and Safety Impact Assessment Update M10 (2016-17)

The Director of CIP and FOM presented paper M, which provided an update on the risk and potential impact that the cost improvement programme may have on quality at the end of month 10 2016/17. The paper explained that the cost improvement programme for 2016/17 was coming to a conclusion and that no new adverse impacts on quality from the schemes had been identified other than what had already been reported in previous reports.

The main focus was now on identifying schemes for 2017/18, with a planned completion date of May 2017. As in previous years, the CCGs would receive a presentation on 2017/18 schemes. The Committee received assurances that some schemes had been rejected on the grounds of an impact on quality, and a discussion took place on one such scheme in outpatients. The Chief Nurse would speak to the Outpatient Group outwith the meeting to determine whether the 15 minute maximum arrival time applied to all clinics or just the eye clinic, and to identify whether there had been any adverse impact on patients travelling from rural areas on public transport. Leicester City CCG colleagues had recently visited the Trust and received assurances around the CIP process.

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

183/16/2 Nursing and Midwifery Quality and Safe Staffing Report – January 2017

The Chief Nurse presented paper N which detailed triangulated information (using both hard and soft intelligence) relating to nursing and midwifery quality of care and safe staffing. This information provided an overview of patient areas to highlight where improvement was required and also to highlight areas of high performance. No wards had triggered as a Level 3 concern and 7 wards had triggered as a Level 2 concern. One ward at LGH continued to trigger as a particular concern to the Chief Nurse and Corporate Nursing Team. It was noted that these concerns were not around safety. Following a recent visit from the CCG and NHSI an updated action plan had been produced.

The Trust had seen a reduction in applications from European nurses following the Brexit announcement, although there had been a recent intake of nurses from Italy. Successful completion of the IELTS requirement for these posts was proving challenging. A new fee was being introduced from 1 April 2017 for future overseas recruitment which would equate to £1,000 for 3 years per nurse. HCA recruitment continued to be successful, and an open day on 4 March 2017 attracted over 350 attendees. The Nursing Associate programme had commenced with a cohort of 50. There was a discussion around continuing professional development for nursing staff, and making best use of nursing skills and how this could be facilitated by use of the new education facility to improve nurse retention.

The Infection Prevention metrics continued to be challenging, but the Corporate Infection Prevention Team were providing support to improve practice and performance. The metrics were comprised of five observations.

183/16/3 Safer Staffing – Nursing and Midwifery Establishment Review

Paper O was withdrawn as it had already been discussed at the EQB and was due to be considered at the Trust Board on 6 April 2017.

183/16/4 Reports from the Director of Clinical Quality including (1) involving employees in improving standards of care, and (2) update on progress being made with the review of UHL policies and guidelines

The Director of Clinical Quality presented paper P, which was comprised of two reports which had previously been discussed at the EQB. The first section of the report detailed the quarter 3 2016/17 data for sources of how staff had raised concerns internally and externally. The Committee were assured by the relatively low number of concerns. It was noted that since the publication of this report there had been three CQC whistleblowing complaints in January 2017. In discussion of this item it was noted that the Freedom to Speak Guardian had now been appointed.

The second section of the report provided an update on progress being made with reviewing policies and guidelines past their due date. It was noted that this would be reported on quarterly in the future. Outstanding policies and guidelines were being tracked through the CMG Quality and Performance meetings, and all policies and guidelines were signed off at the Policy and Guidelines Committee.

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

184/16 SAFETY

184/16/1 Report from the Director of Safety and Risk 1

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

184/16/2 Report from the Chief Nurse

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

185/16 PATIENT EXPERIENCE

185/16/1 Friends and Family Test Scores – January 2017

The Chief Nurse provided paper T, a summary of the friends and family scores. The report was received and noted but limited discussion took place due to time constraints. It was noted that the 5% Outpatient coverage target had been achieved for the month with the use of SMS texting. The report had been discussed in further detail at the March 2017 EQB meeting.

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

186/16 ITEMS FOR INFORMATION

186/16/1 There were no reports for this month.

187/16 MINUTES FOR INFORMATION

187/16/1 Executive Quality Board

Resolved – that the notes of the meeting of the Executive Quality Board held on 7 March 2017 (paper U refers) be received and noted.

187/16/2 Executive Performance Board

Resolved – that the notes of the meeting of the Executive Performance Board held on 21 February 2017 (paper V refers) be received and noted.

187/16/3 QAC Calendar of Business

Resolved – that the QAC Calendar of Business (paper W refers) be received and noted.

188/16 ANY OTHER BUSINESS

188/16/1 Information Governance - the Chief Executive confirmed that the Trust had achieved its annual Information Governance training target of 95%, and Estates and Facilities were commended for their contribution in achieving this target.

188/16/2 IR35 – following new rules for contractors, the Trust had seen an impact on staffing levels.

188/16/3 NHS Litigation Authority – would be changing its name from 1 April 2017 to NHS Resolution. The organisations remit would change to focus on safety and learning. One of their primary goals would be to reduce high volume/high cost claims via mediation.

189/16 IDENTIFICATION OF ANY KEY ISSUES FOR THE ATTENTION OF THE TRUST BOARD

Resolved – that a summary of the business considered at this meeting be presented to the Trust Board meeting on 4 April 2017, and the following items, in particular, be brought to the attention of the Trust Board:

- (1) recommendation to the Trust Board for endorsement: (a) release of the Draft Quality Account to external stakeholders for their comments and (b) final sign off of the Quality Account at the Trust Board meeting on 1 June 2017 (Paper L), and
- (2) the Committee received assurances that corrective actions had been taken regarding a NPSA Alert NPSA/PSA/RE/2016/006. This matter will be fully recorded in the minutes of the QAC meeting of March 2017 (Paper S) reported to the Trust Board on 4 May 2017.

190/16 DATE OF NEXT MEETING

Resolved – that the next meeting of the Quality Assurance Committee be held on Thursday 27 April 2017 from 1.00pm until 4.00pm in the Board Room, Victoria Building, Leicester Royal Infirmary.

The meeting closed at 3.57pm.

Sarah Everatt
Interim Trust Administrator

Cumulative Record of Members' Attendance (2016-17 to 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>	12	9	75	<i>K Kingsley – Leicester City CCG</i>	7	0	0
<i>S Crawshaw</i>	3	3	100	<i>R Moore</i>	12	9	75
<i>I Crowe (current Chair)</i>	12	11	92	<i>B Patel</i>	9	8	89
<i>S Dauncey (former Chair)</i>	3	3	100	<i>K Singh</i>	12	10	83
<i>A Furlong</i>	12	9	75	<i>J Smith</i>	12	8	67
<i>A Goodall</i>	2	0	0	<i>M Traynor</i>	12	11	92
<i>A Johnson</i>	12	11	92	<i>C West – Leicester City CCG</i>	7	2	29

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>D Leese – Leicester City CCG</i>	7	0	0
<i>M Durbridge</i>	12	11	92	<i>C Ribbins</i>	12	10	83
<i>S Hotson</i>	12	11	92	<i>L Tibbert</i>	12	2	17