

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 6 April 2017

COMMITTEE: Quality Assurance Committee

CHAIRMAN: Colonel (Retired) I Crowe

DATE OF COMMITTEE MEETING: 23 February 2017

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

- following advice from Mr M Wightman, Director of Communication, Integration and Engagement and Mr S Ward, Director of Corporate and Legal Affairs, the Committee recommended that in future the quarterly PPI Engagement report to the Trust Board would include as an appendix a quarterly strategic paper from the patient partners, and
- that the Committee formally supports and recommends to the Trust Board for endorsement: (a) support of the proposal to extend the Medical Examiner process to the LGH and Glenfield sites and (b) support for continuation of the Bereavement Service.

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

None

DATE OF NEXT COMMITTEE MEETING: 30 March 2017

Colonel (Retired) I Crowe
Non-Executive Director and QAC Chairman
30 March 2017

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**MINUTES OF A MEETING OF THE QUALITY ASSURANCE COMMITTEE HELD ON THURSDAY
23 FEBRUARY 2017 AT 1PM IN THE BOARD ROOM, VICTORIA BUILDING, LEICESTER
ROYAL INFIRMARY****Present:**

Col. (Ret'd) I Crowe – Non-Executive Director (Chair)
 Mr M Caple – Patient Partner (non-voting member)
 Ms S Crawshaw – Non-Executive Director
 Mr A Johnson – Non-Executive Director
 Mr B Patel – Non-Executive Director
 Mr K Singh - Chairman
 Mr M Traynor – Non-Executive Director

In Attendance:

Dr A Doshani – Associate Medical Director
 Miss M Durbridge – Director of Safety and Risk
 Mrs S Everatt – Interim Trust Administrator
 Mrs S Hotson – Director of Clinical Quality
 Mr D Kerr – Director of Estates and Facilities - for Minute 166/16
 Ms C Ribbins – Deputy Chief Nurse

RECOMMENDED ITEMS**162/16 Patient Partner 3 Monthly Summary Report**

The Patient Partner – Mr M Caple, presented paper G which provided a summary report of Patient Partner activities within the last 3 months, future plans and current concerns affecting patients. In consideration of this item, it was noted that the Patient Partner team would increase from thirteen to twenty-one in a month's time, and that appropriate support was required for both Mr M Caple and the new patient partners. A strategic framework (purpose, mission and vision), a support structure for all Patient Partners, training and the Patient Partner role were discussed. It was recognised that patient partners had a variety of skills and discussion took place around how these could be best captured, perhaps in the form of a skills matrix. In discussion of this item it was agreed that further thought was required as to whether patient partners could be given access to the Trust's mandatory training packages. It was also agreed that consideration should be given to reviewing the Patient Partner terms of reference in light of the issues discussed.

DCIE**DCIE**

The Trust Chairman encouraged colleagues to do walkabouts with a patient partner, as he had been doing for the past 4 months. Mr M Caple invited executive and non-executive colleagues to address the new patient partners, and it was proposed that new patient partners could attend QAC or the public Trust Board to understand the governance arrangements in place at the Trust.

In discussion of this item a recommendation to the Trust Board around future reporting of strategic Patient Partner issues was agreed. This would enable quality issues to continue to be raised at QAC meetings but strategic issues would be reported routinely to the Trust Board. Discussions took place around the role PIPPEAC could have in discussing patient engagement and experience. It was noted that the Trust Chairman was due to meet with external patient groups in March 2017.

**Cttee
Chair**

Recommended – that (A) the contents of this report, and the additional verbal information provided, be received and noted;

(B) that the Director of Communication, Integration and Engagement be asked to consider providing access for Patient Partners to Trust mandatory training packages; DCIE

(C) that the Director of Communication, Integration and Engagement be asked to consider updating the Patient Partner Terms of Reference in the light of discussions at today's QAC meeting, and DCIE

(D) following advice from Mr M Wightman, Director of Communication, Integration and Engagement and Mr S Ward, Director of Corporate and Legal Affairs, the Committee recommended that in future the quarterly PPI Engagement report to the Trust Board would include as an appendix a quarterly strategic paper from the patient partners'. Cttee Chair

163/16 **EFFECTIVENESS**

163/16/1 CQC Learning, Candour and Accountability

The Deputy Medical Director presented paper I, which provided a summary of the Secretary of State requirements for all NHS Trusts and Foundation Trusts around the collection of specific information relating to deaths that were potentially avoidable and serious incidents. In response to this the Trust had identified four recommendations which required Committee support.

The Committee agreed to support recommendations one and two and recommends these for further endorsement at the Trust Board, whilst noting that there would be a likely cost implication. Cttee Chair

Recommended – that (A) the contents of this report, and the additional verbal information provided, be received and noted, and

(B) that the Committee formally supports and recommends to the Trust Board for endorsement: (a) support of the proposal to extend the Medical Examiner process to the LGH and Glenfield sites and (b) support for continuation of the Bereavement Service. Cttee Chair

RESOLVED ITEMS

164/16 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Mr J Adler, Chief Executive, Mr A Furlong, Medical Director, Ms J Smith, Chief Nurse, Mr R Moore, Non-Executive Director, Mr R Mitchell, Chief Operating Officer, and Ms C West, Director of Nursing and Quality, Leicester City CCG.

165/16 **MINUTES**

Resolved – that the Minutes of the meeting held on 26 January 2017 (papers A1 and A2 refer) be confirmed as a correct record.

166/16 MATTERS ARISING

Paper B detailed both the actions from the most recent meeting, and also any which remained outstanding from previous QAC meetings. Updates were provided in respect of the following entries on the Matters Arising log:

- in respect of Minute reference 151/16/4a from the QAC meeting held on 26 January 2017, Col. (Ret'd) I Crowe advised that this could now be closed;
- in respect of Minute reference 151/16/4b from the QAC meeting held on 26 January 2017, the Director of Estates and Facilities advised that he had spoken to Charitable Funds and had been advised that these particular types of enhancements were normally funded by the Trust budget, item to be closed;
- in respect of Minute reference 151/16/5a from the QAC meeting held on 26 January 2017, the Director of Estates and Facilities advised that a group is being developed to determine what art work can be displayed or archived, item to be closed;
- in respect of Minute reference 151/16/5b from the QAC meeting held on 26 January 2017 the Director of Estates and Facilities confirmed that this had been actioned and could now be closed;
- in respect of Minute reference 154/16/1b from the QAC meeting held on 26 January 2017, the Deputy Chief Nurse agreed to speak to the Chief Nurse to determine a date, then the item could be closed, and
- in respect of Minute reference 27/16/3 from the QAC meeting held on 24 March 2016, Col. (Ret'd) I Crowe advised that this could now be closed.

Resolved – that (A) the content of paper B be received and noted, and

(B) that the Interim Trust Administrator be requested to update the Matters Arising Report to reflect the updates provided.

ITA

166/16/1 Contradictory Imperatives

The Deputy Chief Nurse verbally reported on this item which related to an action from the Executive Quality Board (EQB) to flag for the attention of the Committee around the conflicting priorities, discussions and decisions currently underway in the Trust. The Committee noted the need for prioritisation moving forward.

Resolved – that the verbal discussion be received and noted.

167/16 MONTH 10 QUALITY AND PERFORMANCE REPORT

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

- (a) *C Difficile* – 5 cases were reported for the month but the Trust remained within its year to date trajectory. It was agreed that narrative around quality of care would be included in subsequent reports;
- (b) *Falls per 1000 bed stays for patients >65 years* – reduced to 3.8 against a threshold of 5.5;

DCN

- (c) *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;
- (d) *Diagnostic 6 Week Wait* - remained compliant;
- (e) *Single Sex Accommodation Breaches* – there was a reduction in breaches (6 breaches in January 2017) compared to the previous month when 14 breaches were reported;
- (f) *Mortality* – the latest published SHMI was 101. There was a discussion around acute myocardial infarction and it was noted that an in-reach Cardiology service was due to commence at Leicester Royal Infirmary commencing from March 2017;
- (g) *Delayed Transfers of Care* – remained within the tolerance, however Red2Green had highlighted significant issues with social care packages;
- (h) *Fractured Neck of Femur* – the target had not been achieved during January 2017, and
- (i) *Cancelled operations not offered a date within 28 days of the cancellation* – continued to be non-compliant due to emergency pressures, and was an example of contradictory imperatives, as discussed in Minute 166/16/1.

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

(B) the Deputy Chief Nurse agreed to ensure that narrative would be included in future monthly Quality and Performance reports around quality of care for C Difficile cases.

DCN

168/16 COMPLIANCE

168/16/1 Care Quality Commission (CQC) Action Plan

The Director of Clinical Quality presented paper D, which detailed a report on the CQC action plan developed in response to the Trust inspection report, following a CQC inspection in June 2016. The Committee noted that this was submitted to the CQC last week following discussion at EQB. The Committee received assurances that a large number of the actions had already been completed and work was now underway to collate the evidence. The report contained the ‘must do’ actions, following which concentrated efforts would be focused on the ‘should do’ items. A Quality Summit with the CQC would take place on 28 March 2017, and it was suggested that Col (Ret’d) I Crowe should be invited to attend as Chair of the Quality Assurance Committee.

Resolved – that the contents of this report, and the additional verbal information provided, be received and noted.

168/16/2 Assurance Report for EWS and Sepsis

The Director of Clinical Quality 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. A sepsis team had been, based in the Emergency Department, which would help to embed good practice. The Committee acknowledged the significant progress made to-date, whilst recognising the areas which required further improvement, such as further work required in the Emergency Department around the IV antibiotics within an hour indicator and in Inpatients to bring performance in line with the Emergency Department. In discussion of the Inpatients variation in performance for the IV antibiotics indicator a number of reasons were cited for the delays. The Director of Clinical Quality went on to highlight the main themes

being identified from the EWS and Sepsis work.

Resolved – that the contents of this report, and the additional verbal information provided, be received and noted.

169/16 SAFETY

169/16/1 Report from the Director of Safety and Risk 1

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

170/16 PATIENT EXPERIENCE

170/16/1 Friends and Family Test Scores – December 2016

The Deputy Chief Nurse provided paper H, a summary of the friends and family scores. The report was received and noted but no specific discussion took place due to time constraints.

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

171/16 QUALITY

171/16/1 Nursing and Midwifery Quality and Safe Staffing Report – December 2016

The Deputy Chief Nurse presented paper J 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 this month.

Due to time constraints only limited discussion took place. Particular note was again made of the continued significant progress being made with HCA recruitment. The new non-medical education facility at Glenfield Hospital (the Centre for Clinical Practice) was proving very effective and was due to be officially opened on 10 March 2017. The Trust Chairman encouraged fellow Non-Executive Directors to visit the new facility.

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

171/16/2 Reports from the Director of Clinical Quality including (1) Schedule of external visits, (2) Quality Commitment 2016/17 quarter 3 performance, (3) 2016/17 Quality Schedule and CQUIN schemes quarter 3 performance, (4) update on progress being made with the review of UHL policies and guidelines, and (5) NICE guidance

The Director of Clinical Quality presented paper K which was received and noted. Due to time constraints only limited discussion took place. In discussion of the item on the Schedule of External Visits, it was noted that of the twenty-four action plans which remained open, three were RAG rated red. Following discussion of this item, it was agreed that further assurance was required and a verbal update would be provided to the next meeting. Proposed reporting of the 2017/18 Quality Commitment was also discussed.

DCQ

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

(B) that a verbal update be provided under Matters Arising at the March 2017 QAC meeting re the MHRA audit of compliance against EU cGMP (following a red RAG rating).

DCQ

172/16 ITEMS FOR INFORMATION

172/16/1 Claims and Inquests

It was noted that Musculoskeletal claims were on the increase, and the Director of Safety and Risk would speak to the Director of Corporate and Legal Affairs outwith the meeting.

A training session on claims had been organised for 4pm on 30 March 2017.

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

172/16/2 Summary of key points of the Trust Infection, Prevention and Assurance Committee

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

172/16/3 Internal Audit Report 2016/17 Governance and Risk Management Review

It was noted that whilst there remained an issue with regards to receiving some CMG papers in a timely manner, administrative support was often stretched and occupied with other priorities.

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

172/16/4 Organ Donation

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

172/16/5 Quality Account 2016-17

The Director of Clinical Quality noted that the report was provided to the meeting as a project plan and at the March QAC meeting there would be a first draft of the Quality Account. The Committee Chair noted the importance of ensuring there were measurable outcomes for each of the indicators.

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

173/16 MINUTES FOR INFORMATION

173/16/1 Executive Quality Board

Resolved – that the actions of the meeting of the Executive Quality Board held on 7 February 2017 (paper Q refers) be received and noted.

173/16/2 Executive Performance Board

Resolved – that the notes of the meeting of the Executive Performance Board held on 24 January 2017 (paper R refers) be received and noted.

173/16/3 QAC Calendar of Business

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

174/16 **ANY OTHER BUSINESS**

Resolved – that there were no further items of business.

175/16 **IDENTIFICATION OF ANY KEY ISSUES FOR THE ATTENTION OF THE TRUST BOARD**

Recommended – that a summary of the business considered at this meeting be presented to the Trust Board meeting on 2 March 2017, and the following items, in particular, be brought to the attention of the Trust Board:

- (1) in future the quarterly PPI Engagement report to the Trust Board would include as an appendix a quarterly strategic paper from the patient partners' (Minute 162/16 refers), and
- (2) recommends for endorsement: (a) support of the proposal to extend the Medical Examiner process to the LGH and Glenfield sites and (b) support for continuation of the Bereavement Service (Minute 163/16/1).

176/16 **DATE OF NEXT MEETING**

Resolved – that the next meeting of the Quality Assurance Committee be held on Thursday 30 March 2017 from 1.00pm until 4.00pm in the Board Room, Victoria Building, Leicester Royal Infirmary.

The meeting closed at 4.00pm.

Sarah Everatt
Interim Trust Administrator

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

Voting Members

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
J Adler	11	8	73	K Kingsley – Leicester City CCG	6	0	0
S Crawshaw	2	2	100	R Moore	11	9	82
I Crowe (current Chair)	11	10	91	B Patel	8	7	88
S Dauncey (former Chair)	3	3	100	K Singh	11	9	82
A Furlong	11	8	73	J Smith	11	7	64
A Goodall	2	0	0	M Traynor	11	10	91
A Johnson	11	11	100	C West – Leicester City CCG	6	1	17

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>	11	10	91	<i>D Leese – Leicester City CCG</i>	6	0	0
<i>M Durbridge</i>	11	10	91	<i>C Ribbins</i>	11	10	91
<i>S Hotson</i>	11	10	91	<i>L Tibbert</i>	11	2	18