

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: 27 November 2014**

**COMMITTEE: Quality Assurance Committee**

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

**DATE OF COMMITTEE MEETING: 29 October 2014**

**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:**

- Minute 89/14/7 (Patient Falls – specifically the robustness of the work undertaken).

**DATE OF NEXT COMMITTEE MEETING: 26 November 2014**

**Dr S Dauncey  
Acting QAC Chairman  
20 November 2014**

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**

**MINUTES OF A MEETING OF THE QUALITY ASSURANCE COMMITTEE HELD ON WEDNESDAY  
29 OCTOBER 2014 AT 12:30PM IN THE LARGE COMMITTEE ROOM,  
LEICESTER GENERAL HOSPITAL**

**Present:**

Dr S Dauncey – Non-Executive Director (Acting Chair)  
Mr M Caple – Patient Adviser (non-voting member)  
Dr K Harris – Medical Director  
Ms R Overfield – Chief Nurse  
Mr P Panchal – Non-Executive Director (from Minute 88/14/1 onwards)  
Mr K Singh – Trust Chairman  
Ms J Wilson – Non-Executive Director

**In Attendance:**

Mrs G Belton – Trust Administrator  
Mr J Davison – Consultant Orthopaedic Surgeon (for Minute 89/14/1)  
Miss M Durbridge – Director of Safety and Risk (from Minute 89/14/3)  
Ms L Hale – Falls Prevention and Management Lead (for Minute 89/14/7)  
Mrs S Hotson – Director of Clinical Quality  
Ms E Meldrum – Assistant Director of Nursing (for Minute 89/14/7)  
Dr N Moore – Clinical Director, RRC CMG (for Minute 89/14/2)  
Ms C Ribbins – Deputy Chief Nurse

**RESOLVED ITEMS**

**ACTION**

**85/14      APOLOGIES**

Apologies for absence were received from Mr J Adler, Chief Executive, Ms C O'Brien, Chief Nurse and Quality Officer, East Leicestershire CCG and Professor D Wynford-Thomas, Non-Executive Director.

**86/14      CHAIRMANSHIP OF QAC**

Ms J Wilson, QAC Chair, verbally briefed the Committee that due to changes of personnel in both the Trust Chairman and Non-Executive Director roles there would be a review of the Trust's Corporate Committees and their sub-committees. In the interim period, Ms Wilson had been requested to take on the role of Acting Chair for the Finance and Performance Committee and Dr Dauncey had been requested to take on the role of Acting Chair for the Quality Assurance Committee. It was therefore noted that Dr Dauncey would be Acting Chair for this and future QAC meetings until further notice.

Dr Dauncey expressed thanks to Ms Wilson for all of the work she had undertaken in her role as QAC Chair.

**Resolved** – that this verbal information be noted.

**87/14      MINUTES**

**Resolved** – that the Minutes of the Quality Assurance Committee meetings held on 27 August 2014 and 24 September 2014 (papers A – A3 refer) be confirmed as a correct record.

**88/14      MATTERS ARISING REPORT**

**88/14/1      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.	TA
Members specifically reported on progress in respect of the following actions:-	
(i) <b>Minute reference 76/14</b> (regarding the QAC Work Programme) – for the reasons detailed in Minute 86/14 above, further work would not be undertaken in respect of the QAC Work Programme until the Committee Review had been completed and its outcome used to assist the finalisation of this work. It was agreed that this action should remain on the log as ‘work in progress’ (level 4);	TA
(ii) <b>Minute reference 76/14c</b> (regarding the planned discussion between the Chief Nurse and the Patient Adviser in respect of Interserve performance) – the Chief Nurse noted that this had now been actioned;	
(iii) <b>Minute reference 77/14/2a</b> (regarding the Renal Transplant Action Plan Update) – it was noted that this action could now be graded ‘5’ (completed);	TA
(iv) <b>Minute reference 77/14/6</b> (regarding the provision of an update on progress in respect of LIIPS to the Trust Board in March / April 2015) – it was noted that this item was now scheduled into the Trust Board programme, and could be graded ‘5’ (completed);	TA
(v) <b>Minute references 77/14/7 and 77/14/7a</b> (regarding the ED SUI Report and action plan) – it was noted that these actions could now be graded as ‘5’ (completed), as they were addressed under item 4.3 on the agenda (paper F refers);	TA
(vi) <b>Minute reference 78/14/1</b> (regarding the Stroke Services report linked to CQUINS and vital signs) – it was noted that a verbal update on progress against this action could not be provided at today’s meeting in light of the absence of the Chief Nurse and Quality Officer, East Leicestershire CCG;	CNQO/ TA
(vii) <b>Minute reference 78/14/1a</b> (regarding availability of ringfenced stroke beds) – it was noted that the Acting QAC Chair would discuss this operational issue with the Chief Executive, and thereafter advise the Trust Administrator if it could be removed from the QAC action log;	Acting QAC Chair
(viii) <b>Minute reference 78/14/2 and 78/14/2a</b> (regarding CQC compliance actions specifically in respect of the accommodation for paediatric dentistry) – it was noted that these were being addressed through the EQB, and could be marked ‘5’ (complete) and removed from future iterations of the matters arising log;	TA
(ix) <b>Minute reference 78/14/4</b> (regarding the cancer 62 day target) – this matter would comprise an agenda item for the November 2014 QAC meeting;	CD,CSI/ TA
(x) <b>Minute reference 79/14/1a</b> (relating to actions arising from the complaints process review and engagement event) – Mr Caple noted that he had met with the Director of Safety and Risk that morning to progress this matter. A further update would be presented at either the next or a future QAC meeting. It was noted that relevant work was also being progressed through PIPEEAC. Specific discussion took place regarding the process of triangulation to ascertain the consistent themes arising via complaints and other feedback mechanisms available to patients. Also discussed was the need to continue to seek feedback from those patient groups which were traditionally harder to reach via the proactive development of strategies to ensure the feedback received was representative of all patient groups served by the Trust;	DSR/TA
(xi) <b>Minute reference 79/14/2a</b> (regarding determination of the most appropriate forum for handling any GP concerns) – the Chief Nurse verbally confirmed that such concerns were discussed at the Clinical Quality Review Group with any relevant themes arising from these submitted to QAC;	
(xii) <b>Minute reference 65/14/3a</b> (re the progression of feedback to staff for specific incident types within the Incident Reporting Policy) – the Chief Nurse undertook to track back the specific nature of this item within the QAC Minutes and confirm progress for the next iteration of the Matters Arising log;	CN
(xiii) <b>Minute reference 43/14I</b> (re circulation of the In-Patient Survey to Trust Board members for information when available) – this was not currently available, but would be issued to Trust Board members for information when	

- it was. It was agreed that this action could be removed from future iterations of the QAC Matters Arising log;
- (xiv) **Minute reference 34/14/1a** (re the provision of an update on perinatal mortality to the QAC meeting in November 2014) – members noted that the Clinical Director of the Women’s and Children’s Clinical Management Group was scheduled to attend the November 2014 QAC meeting for this purpose. A wider discussion took place regarding the need (as part of the Committee review) for consideration of how the Trust Board engaged with clinicians, how the Trust Board and QAC received an appropriate level of assurance and how the Trust responded to ‘live’ issues.

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

88/14/2 Interserve Performance – Proposed Reporting Route for Concerns

The Chief Nurse presented paper ‘C’, which provided an update on the Interserve contract and performance reporting routes and mechanisms following recent changes to the governance of the contract with Interserve and also the Trust’s internal assurance systems.

Particular discussion took place regarding the anticipated improved ease of access for CMGs in raising any issues via these new mechanisms, and it was noted that the (newly titled) Trust’s Director of Estates and Facilities would be attending Executive Team meetings in future. Note was made of the helpline also available for staff to report relevant issues. Discussion also took place regarding the Audit Committee’s role in the review of the contract (with specific reference to issues such as procurement and value for money). Note was made that an audit commissioned by NHS Horizons was currently being undertaken and that the outcome of this audit was currently awaited.

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

**89/14 SAFETY**

89/14/1 Fractured Neck of Femur Update

Mr J Davison, Consultant Orthopaedic Surgeon, attended to present paper ‘D’, which provided information in respect of current performance against the Fractured Neck of Femur indicator.

Particular discussion took place regarding specific factors affecting performance with recognition of the need to achieve the right input at the right time. Whilst a good quality service was provided by the Anaesthetists and the Orthogeriatricians, the level of cover that could be provided was not always adequate for the demand. Furthermore, efficiency and theatre turnover was below the desired level due to various factors. Also discussed were specific issues in preparing for an anticipated increased level of demand over Winter, with the desire to produce a flexible service with an extension to the operating day. In discussion, members recognised that whilst the right actions were being progressed, the actions for progression required the involvement of more than one CMG in order for these to be delivered. Whilst the MSS CMG Management Team were in discussion with the ITAPS CMG Management Team in respect of these issues, it was agreed appropriate to request an EQB response to the inter-CMG issues described within this report.

CN/  
CD,MSS

QAC members noted the need for assurance on the updated improvement plan, in order to determine whether additional resources over and above those already detailed in the plan were required. Note was made of the MDT approach undertaken and also that the progression of this work formed a LiA workstream, and Mr Davison explained the

benefits behind adopting such an approach.

Assurance was sought (and provided) in respect of mortality figures and the fact that appropriate clinical priority was achieved within the processes employed. QAC members noted the positive outcomes on the ward treating fractured neck of femur patients (in relation to incidence of pressure sores, chest infections etc) which was of testament to the staff involved in their care and offered assurance to QAC, particularly as such patients were often the most frail and vulnerable patients.

In conclusion, members looked forward to the receipt of information in relation to the Improvement Plan (either via the EQB or an alternative appropriate forum), and requested an EQB response to the inter-CMG related issues described within the report.

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

**(B) the Improvement Plan be submitted to the EQB (or other relevant forum) and thereafter be reported through to QAC, as appropriate, and**

CD,MSS

**(C) an EQB response be requested to the inter-CMG related issues described within the report.**

CD,MSS/  
CN

89/14/2 Report by the Clinical Director, Renal, Respiratory and Cardiac

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

89/14/3 ED Risk Review Action Plan

In the absence of the General Manager for the Emergency and Specialist Medicine CMG, the Chief Nurse presented paper 'E', the purpose of which was to provide assurance in respect of progress made against the Emergency Department Risk Review action plan and briefed members on the background to this review. She further noted that the Executive Quality Board were happy with the progress made notwithstanding one 'red' action, which was outwith the control of the Trust.

The Chief Nurse noted that the Deputy Chief Nurse undertook a weekly quality audit of ED, the findings of which to-date indicated that the quality of the service held, despite the pressures when faced with increasing demand.

QAC members made note of the progress being made, and queried whether the action outlined under reference 2.2 would have been completed by the end of October 2014. The Chief Nurse noted that this action plan was up-to-date at the time of its presentation to EQB at the start of October 2014, and further progress would have been made in the intervening period. It was noted that the Chief Nurse would feed back on the discussion at today's meeting to the General Manager for the Emergency and Specialist Medicine CMG.

CN

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

**(B) the Chief Nurse be requested to feedback discussion on this item to the General Manager of Emergency and Specialist Medicine.**

CN

89/14/4 Report by the Medical Director

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

89/14/5 Patient Safety Report

The Director of Safety and Risk presented paper 'G', which provided Committee members with an update on internal safety issues and serious incidents, and external safety news and developments. She particularly highlighted the information contained in sections 2, 3 and 4 of the report, which detailed information, respectively, with regard to the backlog of typing in the Renal, Respiratory and Cardiac CMG, Patient Group Directions and the Epidural Service. She also noted that work continued in respect of themes relating to sepsis and management of the deteriorating patient, and a report was to be submitted to the next meeting of the EQB on this matter.

Particular discussion took place regarding the following:

- (i) the reasons behind the backlog of typing in the RRC CMG. The Acting QAC Chair requested that the Committee was kept informed in respect of this matter in light of the potential risks to patient safety. Also noted was the fact that all CIPs now had to be signed off by both the Chief Nurse and the Medical Director from a quality and safety perspective before they could be implemented. The Trust also benchmarked against other similar trusts nationally through the learning collaborative in place;
- (ii) recognition that implementation of the Electronic Patient Record would assist greatly in respect of issues discussed under point (i) above, and
- (iii) the fact that the Trust's five key safety actions had been incorporated into the Trust's quality commitment this year.

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

89/14/6 Report from the Director of Safety and Risk

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

89/14/7 Patient Falls

Ms E Meldrum, Assistant Director of Nursing, attended to present paper 'I', which updated Committee members in respect of the prevention and management of falls at UHL and provided data in relation to the UHL falls incidence and prevalence rates for 2014/15, both of which confirmed the gradual reduction in falls.

In discussion on this item, members:

- (i) noted the significant amount of work undertaken in relation to falls prevention, as described by Ms Meldrum, including the fact that Ms L Hale, who led the work on falls prevention, belonged to a national network of Trusts who shared data and good practice in relation to falls prevention and management;
- (ii) noted that this sharing of data, as described above, had led to the realisation that there was a disparity in the way in which UHL was recording its data compared to other Trusts (i.e. UHL used all ages and types of treatment, including day cases, as its denominator rather than using bed data in relation specifically to over 65 year old patients only as other Trusts did). When UHL re-ran its data using the same denominator as other Trusts, the figures showed an improvement from those previously quoted. Ms Meldrum noted that an exercise would be undertaken to re-run all relevant data, and an exception report would be presented to EQB in this respect;
- (iii) noted the information provided regarding the training of staff in falls prevention and management during induction, and of the work underway to look at potential cultural factors involved in falls management, along with the changes made to the physical environment to ensure that nursing staff were better able to observe patients when they were completing documentation etc;
- (iv) noted the planned changes from 1 November 2014 when the corporate responsibility for falls prevention would transfer to the Patient Experience

- Team, and the reasons behind this change, and
- (v) noted the specific work undertaken if any falls occurring resulted in serious harm.

In conclusion, members thanked Ms Meldrum and Ms Hale for attending today's meeting and for the submission of their excellent report.

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

89/14/8 Clinical Implications of the Relocation of Vascular Services

The Medical Director presented paper 'J', which outlined the specific proposals for the relocation of vascular services and identified a potential framework for the impact assessment that should be undertaken for all future service moves and changes (appendix B to the report refers).

Members received and noted the contents of this report, noting particularly the benefits of the Impact Assessment Framework that had been developed. They queried the outcome of the Impact Assessment Framework (IAF) specifically with regard to the vascular moves, and it was explained that the IAF had been developed as a consequence of the work undertaken in relation to vascular services. As such, there had not been a retrospective analysis. Members felt that such a retrospective analysis would be helpful, and noted that the Outline Business Case would be submitted through the usual approval mechanisms. Note was also made of the need to consider any impact of service moves upon CQC registration and it was suggested that this aspect could potentially be included for consideration within the IAF form.

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

89/14/9 LLR Learning Lessons to Improve Care Review

The Medical Director presented paper 'K' which detailed, on behalf of the health community, an update on the progress made to implement the recommendations arising out of the learning lessons to improve care review.

The Medical Director specifically made note of the need for further work on how this work fitted into the governance structure of 'Better Care Together' and also the work required to agree a method for a repeat impact assessment of the work undertaken as a result of LLIC. With regard to the latter, the Taskforce was seeking appropriate expert advice.

In discussion on this item, members debated potential means by which to encourage clinical engagement across the health community. Also discussed was public involvement and the feedback from the families involved in the process, which offered a learning opportunity for the health community in the future.

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

**90/14 QUALITY**

90/14/1 CQC Action Plan (compliance actions)

Paper L, as presented by the Director of Clinical Quality, detailed an update on progress against the compliance actions detailed in the CQC action plan, noting that a further updated position would be presented at next week's EQB meeting.

Specific discussion took place regarding the likely timing of a re-inspection.

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

90/14/2 CQC Approach to Inspecting and Rating NHS Hospitals

Paper M, as presented by the Director of Clinical Quality, detailed the CQC's new approach to inspecting and rating NHS acute hospitals, specialist mental health and community health services, noting that it was this new approach to which UHL had been subject during its CQC inspection in January 2014, which was now detailed within the document.

She further noted that the CQC's Intelligent Monitoring Report for the Trust would be refreshed by 3 December 2014.

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

90/14/3 Claims and Inquest Report

Members received and noted the contents of paper N, which was the third in a series of quarterly reports presented to the EQB and QAC on the matter of Inquests and Claims.

In discussion on this item, members:

- (i) requested that the Director of Safety and Risk discussed with the Head of Legal Services how best to provide QAC with relevant assurances in respect of the Regulation 28 reports via the Claims and Inquest reports, noting the need for triangulation;
- (ii) requested that the Director of Safety and Risk provided an update to the Committee at its next meeting on the process now utilised by the NHSLA to determine the annual premium to be paid to the NHSLA by Trusts;
- (iii) noted that the Director of Safety and Risk intended to produce a report on embedding lessons from claims at the EQB meeting in December 2014, and
- (iv) debated the use of a centrally held budget for claims management, and noted that the use of a central budget particularly assisted in cross-CMG claims.

DSR/  
HoLS

DSR

DSR

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

**(B) the Director of Safety and Risk be requested to undertake the following actions:**

- (1) to discuss with the Head of Legal Services how best to provide QAC with relevant assurances in respect of Regulation 28 reports via the Claims and Inquest reports;**
- (2) to provide an update to the Committee at its next meeting on the process utilised by the NHSLA to determine the annual premium to be paid to the NHSLA by Trusts, and**
- (3) to submit a report on embedding lessons from claims at the EQB meeting in December 2014.**

DSR/TA

90/14/4 Nursing Workforce Report

The Chief Nurse presented paper 'O', which provided assurance to the Committee that matters relating to nursing workforce were being managed and that risk, wherever possible, was mitigated.

The Chief Nurse noted that a particular flaw to the tool utilised was the fact that it did not allow for flexing of the planned position, albeit she noted that there was nothing of concern within paper O for reporting.

Particular discussion took place regarding the following:

- (i) the reduced number of training places for paediatric nurses, meaning that it

- could sometimes be harder to recruit to these posts;
- (ii) assurance was sought that current staffing constraints did not pose a risk in terms of safeguarding issues – note was made that the Trust employed many more nursing staff now than it had previously due to the investment made in this area. Whilst there were more nursing staff, some nursing staff were only newly qualified and therefore required support from their more senior colleagues. It was noted that the TDA measured Trusts on an 80% threshold (for nurse staffing levels) and would be concerned if any wards fell below that;
  - (iii) members expressed their congratulations to the Chief Nurse and Deputy Chief Nurse regarding the success of the Trust's overseas recruitment programme, noting that NHS England regarded the Trust as an exemplar in this area, and
  - (iv) noted the number of nursing vacancies within one CMG (Medicine) albeit recognising that it was important to keep nursing staff within the areas in which they wanted to work, otherwise the Trust risked being unable to retain their services.

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

90/14/5 Ward Clinical Measures Dashboard

The Chief Nurse presented paper 'P', which provided an update on the revised nursing clinical measures dashboard in terms of changes to the nursing metrics, suggested performance thresholds, reporting and monitoring arrangements that would take place at the monthly data Nursing Executive Team (NET) and proposed actions and measures that would be taken if a ward or department continued to show a decline.

In discussion members noted that they would find it helpful, in future iterations of this report, to receive a summarised list of those wards in special measures (levels 2 and 3).

**Resolved – that (A) the contents of this report be received and noted, and (B) the Chief Nurse be requested, in future iterations of this report, to summarise in a list format those wards in special measures (levels 2 and 3).**

CN

90/14/6 Month 6 – Quality and Performance Update

Members received and noted the contents of paper 'Q', which detailed the Quality and Performance Report for the period ending 30 September 2014.

Discussion took place regarding specific aspects of the report relating to capacity issues and mortality figures.

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

**91/14 ITEMS FOR THE ATTENTION OF QAC FROM EQB**

91/14/1 EQB Meeting of 9 September 2014 and 7 October 2014 – Items for the attention of QAC

**Resolved – that the action notes of the EQB meetings held on 9 September 2014 (paper R refers) and 7 October 2014 (paper R1 refers), which specifically highlighted within them items for the attention of QAC, be received and noted.**

**92/14 MINUTES FOR INFORMATION**

92/14/1 Finance and Performance Committee

**Resolved – that the public Minutes of the 24 September 2014 meeting of the Finance and Performance Committee (paper S refers) be received and noted.**

92/14/2 Executive Performance Board

**Resolved** – that the action notes of the 23 September 2014 Executive Performance Board meeting (paper T refers) be received and noted.

93/14 **ANY OTHER BUSINESS**

Resolved – that there were no further items of business.

94/14 **IDENTIFICATION OF ANY KEY ISSUES FOR THE ATTENTION OF THE TRUST BOARD**

**Resolved** – that the QAC Chair be requested to bring the following issues to the attention of the Trust Board at its meeting the following day:

- Minute 89/14/2 (report from the Clinical Director, RRC CMG), and
- Minute 89/14/7 (Patient Falls – specifically to highlight the robustness of the work undertaken in this area).

95/14 **DATE OF NEXT MEETING**

**Resolved** – that the next meeting of the Quality Assurance Committee be held on Wednesday 29 October 2014 from 12.30pm until 3.30pm in Seminar Rooms A & B, Clinical Education Centre, Leicester General Hospital.

The meeting closed at 4.10pm.

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

<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>	7	5	71%	<i>R Overfield</i>	7	6	86%
<i>M Caple*</i>	7	5	71%	<i>P Panchal</i>	7	4	57%
<i>S Dauncey</i>	7	6	86%	<i>J Wilson (Chair)</i>	7	6	86%
<i>K Harris</i>	7	6	86%	<i>D Wynford-Thomas</i>	7	3	43%
<i>K Jenkins</i>	1	0	0%				
<i>C O'Brien – East Leicestershire/Rutland CCG*</i>	7	4	57%				

\* non-voting members

Gill Belton – Trust Administrator