


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: 1 October 2015

COMMITTEE: Quality Assurance Committee

CHAIRMAN: Dr S Dauncey, QAC Chair

DATE OF COMMITTEE MEETING: 27 August 2015

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

- None

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

- None

DATE OF NEXT COMMITTEE MEETING: 24 September 2015

Dr S Dauncey
QAC Chairman
25 September 2015

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

**MINUTES OF A MEETING OF THE QUALITY ASSURANCE COMMITTEE HELD ON THURSDAY, 27
AUGUST 2015 AT 1:00PM IN THE BOARD ROOM, VICTORIA BUILDING, LEICESTER ROYAL
INFIRMARY**

Present:

Colonel Ret'd I Crowe – Non-Executive Director (Acting Chair)
Mr J Adler – Chief Executive
Mr A Furlong – Acting Medical Director
Ms C O'Brien – Chief Nurse and Quality Officer, East Leicestershire CCG (non-voting member)
Ms J Smith – Chief Nurse
Ms J Wilson – Non-Executive Director

In Attendance:

Dr A Doshani – Associate Medical Director
Miss M Durbridge – Director of Safety and Risk
Mrs S Hotson – Director of Clinical Quality
Mrs H Majeed – Trust Administrator
Mr W Monaghan – Director of Performance and Information (for Minute 83/15/1 and 84/15/2)
Mr R Moore – Non-Executive Director
Ms C Ribbins – Deputy Chief Nurse
Mr K Singh – Trust Chairman
Ms L Tebbutt – Head of Performance and Quality Assurance (for Minute 83/15/2)
Mr M Traynor – Non-Executive Director.

RESOLVED ITEMS

80/15 APOLOGIES

Apologies for absence were received from Dr S Dauncey, Non-Executive Director (Chair) and Mr M Caple, Patient Adviser (non-voting member).

81/15 MINUTES

Resolved – that the Minutes of the meeting held on 30 July 2015 (paper A refers) be confirmed as a correct record.

82/15 MATTERS ARISING REPORT

Members received and noted the contents of paper B, noting that those actions now reported as complete (level 5) would be removed from future iterations of this report. Members specifically reported on progress in respect of the following action:-

- (i) Minutes 76/15/2 and 76/15/2a (Inquests and Claims Report) – the Chief Executive reported verbally that a robust process had been put in place to ensure that the Executive Quality Board (EQB) and the Quality Assurance Committee (QAC) were sighted to Regulation 28 letters and actions arising from these were appropriately monitored. The Adverse Events Committee would monitor actions following the receipt of Regulation 28 letters and any exceptions would be reported to EQB and QAC. A flow chart describing this process had been developed. The Safety team would now be involved in preparing the response to Regulation 28 letters. It was agreed that this action could be removed from the log.

Resolved – that the matters arising report (paper B refers) be confirmed as a correct record and the above verbal update be noted.

83/15 QUALITY

83/15/1 Orthodontics Waiting List Issue – Update re. impact on patients

The Director of Performance and Information attended the meeting to provide a verbal update on the impact on patients in respect of the orthodontics waiting list issue. It was expected that every patient on the waiting list would be requested to attend a review appointment and a summary report of any harms identified would be reported to QAC. The SUI report was expected to be completed by 20 September 2015. This report would inform the root cause analysis (RCA) report and the RCA report would be submitted to the EQB and QAC in October 2015. In response to a query from Ms J Wilson, Non-Executive Director, an update on the ongoing service provision of the Orthodontics service would be submitted to the Executive Performance Board and QAC in October 2015.

DPI

DPI

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

(B) the Director of Performance and Information be requested to submit:- (i) the root cause analysis report following the planned waiting list issue within the Orthodontics service to EQB and QAC in October 2015, and (ii) an update on the ongoing service provision of the Orthodontics service to EPB and QAC in October 2015.

DPI

83/15/2 PLACE 2015 Results

Ms L Tebbutt, Head of Performance and Quality Assurance attended the meeting to present paper C, results of the Patient Led Assessment of the Care Environment (PLACE) programme in 2015. Overall, the results achieved in the PLACE audits were disappointing. At Trust level, all aspects except Privacy, Dignity and Wellbeing had deteriorated since 2014 and the Trust was below national averages in all aspects. In the 2015 assessment, Dementia-Friendly criteria were a scored element and it was noted that there were compliance issues with flooring and signage. The Head of Performance and Quality Assurance suggested that in future refurbishments and new developments, consideration to dementia friendly environment should be given.

Particular concern was expressed in respect of cleanliness and food. In discussion on this matter, the Chief Nurse and Deputy Chief Nurse undertook to review the position and develop an action plan particularly to improve the PLACE scores in respect of 'food' and provide an update to QAC in October 2015. A review of the 'Food and Nutrition Strategy' was also suggested. Further to this, it was suggested that consideration should be given to undertaking a PLACE 'light' audit in respect of catering services to patients. The Chief Executive undertook to liaise with the Chief Nurse and Director of Estates and Facilities on the best method of measuring performance in this area.

CN/DCN

CE

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

(B) the Chief Nurse and Deputy Chief Nurse be requested to review the position in respect of 'food and hydration' and develop an action plan particularly to improve the PLACE scores in respect of 'food' and provide an update to QAC in October 2015, and

CN/DCN

(C) further to point (B) above, the Chief Executive be requested to liaise with the Chief Nurse and Director of Estates and Facilities in respect of undertaking a PLACE 'light' audit in relation to catering services to patients and the best method of measuring performance in this area.

CE

83/15/3 Quality Commitment 2015-16 Quarter 1 Report

The Director of Clinical Quality presented paper D, the 2015-16 quarter 1 performance report in respect of the Trust's Quality Commitment. Further to previous discussions at

the Executive Quality Board and Quality Assurance Committee, the 2015-16 Quality Commitment priorities had been refreshed and the aim was to reduce UHL's SHMI to 100 or less, reduce harm events by 5% and have a Trust level Friends and Family Test (FFT) score of 97% by March 2016.

The Chief Nurse and Acting Medical Director noted that the reported provided a detailed update on workstreams and key performance indicators that had been put in place to monitor the Quality Commitment priorities, however, suggested that a high level report should instead be provided to QAC in future indicating progress to annual targets and addressing issues requiring particular attention.

DCQ

In discussion on the 'Acting on Results' workstream, it was noted that Dr A Doshani, Associate Medical Director had been leading this work and discussions were on-going with Specialties to seek assurance on the processes in place and the key performance indicators to monitor performance.

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

(B) the Director of Clinical Quality be requested to submit high level quarterly Quality Commitment performance reports to QAC indicating progress to annual targets and addressing issues requiring particular attention.

DCQ

83/15/4 Month 4 – Quality and Performance Update

Paper E provided an overview of the July 2015 Quality and Performance (Q&P) report. The following points were noted in particular:-

- (a) MRSA and avoidable grade 4 pressure ulcers remained at zero;
- (b) there had been an increase in C Difficile figures in comparison to previous months, however, performance had been within trajectory, and
- (c) increase in readmissions had been noted and an update on this had been scheduled to be presented to EQB and QAC in September 2015.

In discussion on whether there was any scope to further reduce pressure ulcer incidence, the Chief Nurse suggested that there might be an opportunity to consider 'moisture lesions' and undertook to liaise with the Tissue Viability team to take this work forward. Responding to a query, it was noted that benchmarking information was now not available in relation to pressure ulcer performance. In discussion on ambulance turnaround times, the Chief Nurse and Quality Officer, ELR CCG undertook to liaise with the Director of Performance and Information to ascertain the actions that had been agreed further to some joint work previously being undertaken by UHL and EMAS.

CN

CNQO,
ELR
CCG

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

(B) the Chief Nurse be requested to liaise with the Tissue Viability team and give consideration to 'moisture lesions' in respect of further reduction in pressure ulcer incidence, and

CN

(C) the Chief Nurse and Quality Officer, ELR CCG be requested to liaise with the Director of Performance and Information to ascertain the actions that had been agreed further to some joint work previously being undertaken by UHL and EMAS in relation to ambulance turnaround times.

CNQO,
ELR
CCG

83/15/5 Nursing and Midwifery Report

The Chief Nurse presented paper F, an update on nursing and midwifery position within UHL for June 2015. There were no significant changes in-month in respect of nursing vacancies. Discussions had taken place between the Chief Nurse and Director of Workforce and Organisational Development regarding the recruitment and retention

strategies that could be put in place, including reduction in agency usage and improvement in bank activity. An update on these matters would be included within future Nursing and Midwifery reports.

In discussion on the Trust Board thinking day session scheduled to be held in September 2015 where there would be a focus on workforce issues, the Chief Executive sought clarity on the scope of this discussion – in response, the Non-Executive Directors suggested that the update should particularly cover workforce gaps, actions taken to mitigate issues and the workforce position of the Trust in 5 years time.

In response to a query from Ms J Wilson, Non-Executive Director, members were advised that the midwifery staffing position had improved. However, it was also noted that there were two recent maternity related serious incidents and one of these was due to capacity issues. The Director of Safety and Risk advised that she had undertaken a safety walkabout with Mr M Traynor, Non-Executive Director to a number of areas within the Trust at night time and the key message from these were also related to staffing issues.

The Acting Chair highlighted that the waterfall charts particularly indicated the need for focus to be given to retention of nursing and midwifery staff and increasing training of nursing staff. In response, the Deputy Chief Nurse reported that Health Education England (HEE) would be increasing the number of nurses trained in the region.

Responding to a query from the Trust Chairman, the Chief Nurse noted the need to review the recruitment process, particularly for healthcare assistants.

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

83/15/6 Friends and Family Test Scores – June 2015

Paper G detailed the friends and family test scores for June 2015. The Acting Chair queried whether there had been any improvement in friends and family test coverage for outpatients, in response the Deputy Chief Nurse advised that an internal target of 5% had been agreed, however, currently only 1.1% had been achieved. The Patient Experience team had visited a number of areas and actions had been put in place to improve coverage in Emergency Department and inpatient areas. In discussion on the need for improving outpatient coverage, the Chief Nurse undertook to ensure that an email was sent to appropriate colleagues to take this action forward.

CN

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

(B) the Chief Nurse be requested to email appropriate colleagues to ensure that there was an improvement in friends and family test coverage in outpatient areas.

CN

83/15/7 CQUIN and Quality Schedule Update

The Director of Clinical Quality advised that paper H had been presented to EQB on 4 August 2015. She provided a brief verbal update on the changes to the RAG ratings further to the Clinical Quality Review Group on 20 August 2015.

In discussion on the 'red' rating regarding the requirement for discharge letters to include details of Acute Kidney Injury, the Acting Medical Director advised members of the challenges in taking this forward noting that it was not entirely in UHL's 'gift' to complete this action. The Chief Nurse and Quality Officer, ELR CCG undertook to discuss this matter with colleagues and provide an update to the Acting Medical Director regarding the way forward in respect of this indicator.

CNQO,
ELR
CCG

The Acting Chair queried whether the relevant Executive Leads and Lead Officers had been agreed for each of the indicators – in response, the Director of Clinical Quality

advised that approximately seven indicators did not currently have a Lead Officer. She undertook to discuss this matter with the Chief Nurse outwith the meeting and ensure that appropriate leads were assigned for each indicator. DCQ

The Trust Chairman noted the 'amber' rating of the local CQUIN relating to 'Implementation of the Think Glucose Education programme' and suggested the need for appropriate education highlighting that one in eight hospital beds was occupied by patients with diabetes – in response, the Director of Clinical Quality undertook to follow-up with relevant colleagues in respect of progress with this CQUIN. DCQ

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

(B) the Chief Nurse and Quality Officer, ELR CCG be requested to discuss with colleagues regarding the way forward in respect of the requirement for discharge letters to include details of Acute Kidney Injury and provide an update to the Acting Medical Director outwith the meeting; CNQO, ELR CCG

(C) the Director of Clinical Quality be requested to discuss with the Chief Nurse and ensure that relevant Executive Leads and Lead Officers had been assigned for each of the CQUIN and Quality Schedule indicators, and DCQ

(D) the Director of Clinical Quality be requested to follow-up with relevant colleagues regarding progress with the local CQUIN relating to 'Implementation of the Think Glucose Education programme'. DCQ

84/15 SAFETY

84/15/1 Patient Safety Monthly Report

The Director of Safety and Risk presented paper I, patient safety data report for July 2015 highlighting that future reports would have SPC charts and ensure that information was appropriately linked to the Quality Commitment workstreams. She highlighted a typographical error in the safety dashboard on page 1 of the report – the number of never events in May 2015 should read '0' and not '1' as currently stated.

A review of Early Warning Score non-escalation incidents in quarter 1 of 2015-16 had been undertaken to identify the level of harms. This had indicated that there had been a reduction in incidents reported that resulted in harm.

There were still a high number of Datix incidents requiring review and CMG colleagues had been requested to put actions in place to ensure that these incidents were closed within the required timescales.

A total of 5 Serious Incidents were escalated in July 2015, of which 4 were Patient Safety Incidents and 1 was a Healthcare acquired infection. The Director of Clinical Quality provided a brief update on these incidents. An update on the investigation reports completed and signed off by the Trust in July 2015 was also provided. Responding to a query in respect of one of these incidents, the Acting Medical Director undertook to follow-up whether an electronic blood management system had now been put in place. In response to another query on assurance in respect of incidents that fell outside the remit of CMGs, it was noted that these were mainly in relation to Interserve and it was suggested that any issues should be reported to the Director of Estates and Facilities/Mr M Hotson, Business Manager. AMD

The Director of Safety and Risk and the Acting Medical Director commended the new policy and guidelines library that was available via the Trust's intranet system.

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

(B) the Acting Medical Director be requested to follow-up whether an electronic blood management system had been put in place.

AMD

84/15/2 Ophthalmology Waiting List Incident – Root Cause Analysis Report

Further to Minute 49/15/1 of 28 May 2015, the Director of Safety and Risk presented paper J, the root cause analysis report following an ophthalmology waiting list incident. In discussion on this incident, the Director of Performance and Information assured members that all necessary actions had now been put in place and capacity issues in the Ophthalmology service had been resolved. The Chief Nurse and Quality Officer, ELR CCG queried whether the capacity for Ophthalmology also included Eye Casualty highlighting that there were some medical staffing capacity issues in the latter – in response, the Director of Performance and Information advised that as far as he was aware, the demand/capacity position in Eye Casualty was appropriate, however, he undertook to double-check with the Head of Operations, MSS CMG. It was suggested that a brief update on this incident should be included within the Chief Executive's staff briefing in September 2015.

DPI

DPI/DSR

Responding to a query in relation to use of the comment field on the Patient Centre system, the Director of Performance and Information undertook to liaise with the Head of Performance Improvement and provide an update to the Acting Committee Chair outwith the meeting.

DPI

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

(B) the Director of Performance and Information to liaise with the Head of Operations, MSS to double-check whether there were any medical staffing capacity issues in Eye Casualty;

DPI

(C) the Director of Performance and Information and the Director of Safety and Risk to ensure that an update on the ophthalmology waiting list incident was included in the Chief Executive's briefing in September 2015, and

DPI/DSR

(D) Director of Performance and Information undertook to liaise with the Head of Performance Improvement and provide an update to the Acting Committee Chair outwith the meeting regarding whether the comment field on the Patient Centre system was being appropriately completed.

DPI

84/15/3 Health and Safety Quarter 1 Report 2015-16

The Director of Safety and Risk presented paper K, a quarterly report in relation to Health and Safety, Manual Handling (which included the UHL bed management contract) and Local Security Management.

At the end of quarter 1 of 2015-16, the number of RIDDOR incidents had been within the predicted threshold. The Trust did not routinely benchmark RIDDOR performance against other organisations due to differing performance measures. The proposal was to use 'the days lost per 1000 employees due to RIDDOR incidents' as a more effective measure. As this measure had been recommended by the Health and Safety Executive, it might enable the Trust to benchmark performance against other Trusts.

Manual Handling training performance had been below the agreed threshold of 95% (currently 90.95%) mainly because clinical staff were not able to attend training sessions.

The Director of Safety and Risk highlighted that the lack of appropriate training space for Conflict Management Training within UHL was becoming a significant challenge to the provision of this service and a request had been submitted to the UHL Space Utilisation Committee in an attempt to resolve this.

The significant cost to provide equipment for the care of bariatric patients had been exacerbated by a 50% increase in bariatric admissions during 2014-15 compared to the previous year.

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

85/15 ANNUAL REPORTS FROM EQB SUB COMMITTEES

85/15/1 Medicines Optimisation Committee Annual Report 2014-15

The Acting Medical Director introduced paper L and highlighted the following in particular:-

- (a) an update on the on-going concerns with Homecare would be provided to EQB in September 2015;
- (b) a review of the revised medicine code policy was being undertaken, and
- (c) a self-assessment against CQC pharmacy requirements was expected to commence imminently.

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

85/15/2 Medical Equipment Executive Annual Report 2014-15

The Acting Medical Director advised that further to discussion at EQB on 4 August 2015, the scope of the Medical Equipment Executive had been widened to include medical devices. Paper M provided the Medical Equipment Executive Annual Report for 2014-15. The Acting Chair highlighted the importance for medical devices, many of which had digital outputs, to be linked with the Trust's incoming Electronic Patient Record system. The Chief Executive undertook to flag this to the Director of Estates and Facilities and Chief Information Officer.

CE

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

(B) the Chief Executive be requested to inform the Director of Estates and Facilities and Chief Information Officer regarding the importance for medical devices, many of which had digital outputs, to be linked with the Trust's incoming Electronic Patient Record system.

CE

86/15 ITEMS FOR THE ATTENTION OF QAC FROM EXECUTIVE QUALITY BOARD (EQB)

86/15/1 EQB Meeting of 7 July 2015 – Items for the attention of QAC

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

86/15/2 EQB Meeting of 4 August 2015 – Items for the attention of QAC

Resolved – that there were no items for the attention of QAC from the EQB meeting on 4 August 2015.

87/15 MINUTES FOR INFORMATION

87/15/1 Executive Performance Board

Resolved – that the action notes of the 28 July 2015 Executive Performance Board meeting (paper O refers) be received and noted.

87/15/2 QAC Calendar of Business

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

88/15 ANY OTHER BUSINESS**88/15/1 Health and Safety Inspection – 21 September 2015**

The Director of Safety and Risk advised that a Health and Safety Executive Inspection focussing on sharps safety was expected on 21 September 2015.

Resolved – that the position be noted.

88/15/2 Chief Nurse and Quality Officer, ELR CCG

The Chief Executive thanked Ms C O'Brien, Chief Nurse and Quality Officer, ELR CCG for her contribution to the QAC noting that this would be her last meeting of the Committee.

Resolved – that the position be noted.

89/15 ITEMS TO BE HIGHLIGHTED TO THE TRUST BOARD

Resolved – that there were no items to be highlighted to the Trust Board.

90/15 DATE OF NEXT MEETING

Resolved – that the next meeting of the Quality Assurance Committee be held on Thursday, 24 September 2015 from 1.00pm until 4.00pm in the Board Room, Victoria Building, LRI.

The meeting closed at 3:25pm.

Cumulative Record of Members' Attendance (2015-16 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>	5	3	60%	<i>C Ribbins</i>	4	1	25%
<i>S Dauncey (Chair)</i>	5	3	60%	<i>J Smith</i>	1	1	100%
<i>A Furlong</i>	5	4	80%	<i>J Wilson</i>	5	5	100%

Non-Voting Members

<i>Name</i>	<i>Possible</i>	<i>Actual</i>	<i>% attendance</i>	<i>Name</i>	<i>Possible</i>	<i>Actual</i>	<i>% attendance</i>
<i>M Caple</i>	5	3	60%	<i>K Singh</i>	5	5	100%
<i>I Crowe</i>	5	5	100%	<i>M Traynor</i>	5	4	80%
<i>C O'Brien – East Leicestershire/Rutland CCG</i>	5	3	60%	<i>R Moore</i>	5	5	100%

Hina Majeed
Trust Administrator