

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 1 September 2016

COMMITTEE: Quality Assurance Committee

CHAIRMAN: Colonel (Retired) I Crowe

DATE OF COMMITTEE MEETING: 28 July 2016

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: 25 August 2016

Colonel (Retired) I Crowe
Non-Executive Director and QAC Chairman
25 August 2016

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

**MINUTES OF A MEETING OF THE QUALITY ASSURANCE COMMITTEE HELD ON THURSDAY
28 JULY 2016 AT 1PM IN THE BOARD ROOM, VICTORIA BUILDING, LEICESTER ROYAL
INFIRMARY**

Present:

Colonel (Retired) I Crowe – Non-Executive Director (Acting Chair)
Mr J Adler – Chief Executive (from Minute 75/16/1)
Mr M Caple – Patient Partner (non-voting member)
Mr A Furlong – Medical Director
Mr A Johnson – Non-Executive Director
Mr R Moore – Non-Executive Director
Mr B Patel – Non-Executive Director
Ms F Pimm – Acting Deputy Director of Nursing, Leicester City CCG (on behalf of Acting Director of Nursing and Quality)
Mr K Singh – Trust Chairman
Mr M Traynor – Non-Executive Director

In Attendance:

Dr A Doshani – Associate Medical Director
Miss M Durbridge – Director of Safety and Risk
Ms S Glover – Matron (for Minute 72/16/2)
Mrs S Hotson – Director of Clinical Quality (from Minute 72/16/3)
Mrs H Majeed – Trust Administrator
Mr W Monaghan – Director of Performance and Information (for Minute 72/16/1)
Ms C Ribbins – Deputy Chief Nurse
Dr G Warwick – Consultant Nephrologist (for Minute 72/16/2)

RESOLVED ITEMS

69/16 DR S DAUNCEY, FORMER CHAIR OF THE QUALITY ASSURANCE COMMITTEE

The Committee Chair paid tribute to Dr S Dauncey, former Non-Executive Director and Chair of the Quality Assurance Committee for her contribution to the Committee.

70/16 WELCOME AND APOLOGIES

The Committee Chair welcomed Ms F Pimm, Acting Deputy Director of Nursing, Leicester City CCG who was attending on behalf of Ms K Kingsley, Acting Director of Nursing and Quality. Apologies for absence were received from Mr P Baker, Non-Executive Director, Ms K Kingsley, Acting Director of Nursing and Quality, Leicester City CCG, Ms J Smith, Chief Nurse and Ms L Tibbert, Director of Workforce and Organisational Development.

71/16 MINUTES

Resolved – that the Minutes of the meeting held on 30 June 2016 (papers A1 & A2 refer) be confirmed as a correct record.

72/16 MATTERS ARISING

Resolved – that the matters arising report (paper B refers) be confirmed as a correct record.

72/16/1 Report from the Director of Performance and Information

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

72/16/2 Report from Dr G Warwick, Consultant Nephrologist

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

72/16/3 Management of Fractured Neck of Femur Patients (Minute 61/16/6 of 30 June 2016)

The Medical Director presented paper E and made reference to the contract performance notice issued to the Trust in respect of Fractured Neck of Femur (#NOF) performance targets, which remained a challenge. The ‘#NOF and other Fragility Fractures Steering Group’ had now been established and would be chaired by the Medical Director. The first meeting of this Group was scheduled to take place week commencing 1 August 2016. Members were advised that there were significant capacity and longstanding issues in the Service and the intention was to develop a well-structured, efficient and clinically effective Fragility Fracture Service (FFS). It was noted that this was a longer term piece of work, however, actions were in-train to take this forward. An action plan on this workstream would be presented to QAC in September 2016.

MD

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

(B) an action plan to improve the care of patients with #NOF and other fragility fractures be presented to QAC in September 2016.

MD

73/16 COMPLIANCE

73/16/1 Report on Compliance with CQC Enforcement Notice

Paper F updated QAC on Trust compliance with the CQC Enforcement Notice in respect of ED. In respect of time to assessment (the 15 minute standard), the Medical Director advised that the condition was largely being achieved but that consistent delivery of 90% remained an on-going focus and challenge during periods of high demand. The condition in respect of ED staffing was being achieved. In relation to sepsis performance, use of the sepsis screening tool was being delivered the majority of the time, but it had not yet been possible to achieve the required level of performance for delivery of IV antibiotics within 1 hour. QAC were advised that thematic analysis indicated that the majority of delay in administering IV antibiotics within 1 hour related to process and flow issues within ED, rather than to staff knowledge of the sepsis pathway, as evidenced by use of the screening tool. A weekly clinically-led, targeted action focused meeting would remain in place until the required performance had been achieved and sustained in respect of sepsis management.

QAC were advised of discussions that had taken place in the last week between the Medical Director, the UHL Sepsis Clinical Lead and the CQC National Clinical Fellow in light of the recent NICE guidance on sepsis in relation to harm reviews for ED patients where administration of antibiotics exceeded 2 hours. QAC was advised that following these discussions it had been agreed to keep the trigger for an RCA harm review at 2 hours for patients in ED but that we had agreed to amend our weekly CQC return to better highlight and clarify the reasons and actions taken for delays over 1 hour; with this revised report being submitted from 29 July 2016 onwards.

QAC were further advised that information on sepsis performance on the assessment units

was also now being captured using paper-based audits and that spot audits were being undertaken on base wards. Where delays in delivery of the iv antibiotics were identified, these would be fed back to the treating clinical teams via the identified CMG or Clinical Sepsis lead. QAC was advised that it was not the intention to undertake harm reviews for this group of patients at this time as the audits themselves were proving very resource intensive. QAC were updated of the roll-out of the electronic eOBs system to all wards by the end of September 2016 and advised on the development of a sepsis track and trigger tool using Nerve Centre. (A demonstration of the system to Trust Board members followed on from the QAC meeting). QAC were advised that once the electronic observations and the sepsis clinical escalation tool were rolled out to all clinical areas, we would be in a much better position to monitor real-time performance and at this point, we planned to scope how we roll out RCA harm reviews to all clinical areas noting that NICE evidence suggested that it would be difficult to provide objective evidence of attributable harm in patients where IV antibiotics are given in the window or 1-3 hours. QAC were advised that ED harm reviews to date had not identified any patient who had come to harm and that as a Trust, we remained fully committed to delivery of IV antibiotics within 1 hour for patients with red flag sepsis.

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

73/16/2 CQC Inspection Update

The Director of Clinical Quality advised that further to the CQC visit (announced) week commencing 20 June 2016, some unannounced, follow-up visits plus a planned inspection of the three Critical Care Units had now been completed. A letter from the CQC (paper G1 refers) requesting additional information in respect of a number of areas following the announced and unannounced inspections had been received on 11 July 2016 to which the Trust had responded (paper G2 refers) by the deadline of 12 July 2016. Verbal feedback had been received following the inspection of the Critical Care Units and the overall feedback was very positive. Members highlighted that the Trust had put in a lot of effort in preparing for the CQC inspections and noted the need for rigour to be maintained to address workstreams that had been put in place to tackle issues identified.

Responding to a query from the Committee Chairman in respect of how the Trust was kept abreast of the CQC's strategy and future ways of working, it was noted that:-

- a monthly meeting took place with the CQC Lead Inspector, Chief Nurse and Director of Clinical Quality;
- the monthly CQC newsletter was disseminated across the Trust;
- the Director of Clinical Quality met with colleagues from other Trusts to share experiences of the CQC inspection;
- key colleagues from the Trust attended the strategy meeting organised by the CQC on an annual basis which provided an update on changes/future direction, and
- the Director of Clinical Quality undertook CQC inspections at other Trusts.

The Director of Clinical Quality advised that she had presented a paper to EQB in 2015 in respect of the lessons learned and resources required further to the last CQC inspection and undertook to provide an updated version of that report to QAC in October 2016.

DCQ

Resolved – that (A) the contents of papers G1 and G2 be received and noted, and

(B) the Director of Clinical Quality to present to QAC in October 2016, an updated version of the paper presented to EQB in 2015 in respect of the lessons learned and resources required further to the last CQC inspection.

DCQ

74/16 SAFETY

74/16/1 Report from the Director of Safety and Risk (Paper H):-

- Patient Safety Report – June 2016
- Complaints Performance Report – June 2016

Paper H appendix 1 detailed patient safety data for UHL for June 2016. The number of incidents being reported had decreased over the past six months and CMG Leads had been requested to encourage staff to report incidents onto Datix. There had been an increase in the number of prevented patient safety incidents reported (near misses) which reflected a good safety culture. 100% compliance with CAS alerts had been achieved. There had been one SUI and one never event reported in June 2016. Colleagues from the Patient Safety team would be attending CMG Quality and Safety Board meetings to request CMG Leads to ensure that action plans for serious incidents remained on track and deadlines were met to reduce risk of future patient harm. CMG Leads would also be requested to remain focussed on ensuring that incidents were locally reviewed, actioned and closed within 14 calendar days to reduce the number of incidents that remained overdue.

Paper H appendix 2 summarised complaints activity and performance for June 2016. There had been a further deterioration in complaints performance for 10 day complaints but there had been a reduction in reopened complaints for June 2016. Work was in progress to address the volume of CCG concerns being received. A Freedom to Speak Up session had been hosted with Capsticks on 8 July 2016 to plan the consultation required ahead of appointment of an UHL Freedom to Speak up Guardian. All Trusts were required to develop plans for this new post by September 2016 and to have appointed the Guardian by March 2017.

In a comprehensive discussion on discharge processes within the Trust, it was noted that although there was huge focus on this workstream in some CMGs there were still many issues that were not being addressed. It was suggested that Ms S Leak, Director of Emergency Care and Ms J Dixon, Senior Site Manager be invited to attend the QAC meeting in September 2016 to provide granular detail on the discharge workstreams across the Trust.

DEC/
SSM

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

(B) Ms S Leak, Director of Emergency Care and Ms J Dixon, Senior Site Manager be invited to attend the QAC meeting in September 2016 to provide granular detail on the discharge workstreams across the Trust.

DEC/
SSM

75/16 PATIENT EXPERIENCE

75/16/1 Results of National 2015 Inpatient Survey

The Deputy Chief Nurse presented paper I, the results of the National Adult In-Patient Survey for 2015, the contents of which were received and noted by members. A postal survey was sent to a sample of 1250 patients treated in August 2015 as an inpatient. Response was received from 547 patients which equated to a 46% response rate. As the number of patients included in this survey was small and the experience was not specific to a particular ward or area it was difficult to set an action plan around these results. Therefore, CMGs / wards would continue to base their improvement plans for patient experience around the weekly feedback received locally as it was more area-specific and of a significantly higher volume. Particular issues identified through the national inpatient survey had included cleanliness, food and clinical staff speaking in front of patients as if

they were not present.

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

75/16/2 Friends and Family Test Scores – May 2016

The Deputy Chief Nurse presented paper J, an overview of FFT scores for May 2016. The 59.5% coverage in Maternity was impressive. Response rates in the Emergency Department had decreased, and the clinical team were working to improve the uptake and achieve the nationally expected coverage of 20%. Outpatient areas had shown a slight improvement and a report detailing actions to improve coverage in outpatient areas would be presented to EQB in August 2016. The peer analysis for the national Inpatient FFT data in April 2016 had ranked UHL in fourth position and second position for A&E FFT data in terms of patients expressing satisfaction.

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

76/16 **QUALITY**

76/16/1 Nursing and Midwifery Safe Staffing Report – May 2016

The Chief Nurse presented paper K, a report providing the current nursing and midwifery staffing position within UHL for May 2016. Overall a 90% fill rate had been achieved against planned staffing levels for Registered Nurses. Progress had been made in respect of recruitment and retention initiatives for Registered Nurses and Health Care Assistants. The Leicester City CCG representative advised that NHS England had provided positive feedback on the recruitment and retention initiatives in progress within the Trust.

In response to a query from the Director of Safety and Risk, the Deputy Chief Nurse advised that whilst it was felt that staffing levels had been reduced during this time of the year (i.e. due to the holiday period), in actual fact the activity levels had increased.

The Trust Chairman noted that the intention was to contact an agency to scope requirements to recruit nursing staff from India /Philippines and he suggested that all nurses currently employed by the Trust who are originally from India/Philippines be contacted to check if they were aware of anyone who might be interested to come to work for UHL – the Deputy Chief Nurse noted this.

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

76/16/2 Month 3 – Quality and Performance Update

The Committee received a briefing on quality and performance for June 2016 (paper L refers) from the Deputy Chief Nurse and Medical Director. Members were advised that there had been a never event. In respect of the 'Stroke – Access to TIA Clinic within 24 hours' indicator, there had been a dip in performance, however, the Stroke Service had put appropriate actions in place to address the issues. There had been a slight increase in grade 2 pressure ulcers and decrease in grade 3 pressure ulcers. There had been 2 same sex accommodation breaches with 4 persons being affected – the reason for this was due to timeliness of stepping down patients from level 2 care to level 1 care. It was noted that CCG colleagues had been pragmatic about SSA breaches and devised a criteria and had requested the Trust to report such cases only by exception.

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

77/16 MINUTES FOR INFORMATION

Resolved – that the following Minutes/items be received for information:-

- (A) Executive Quality Board – 7 June 2016 and 5 July 2016 (papers M1 & M2 refer);
- (B) Executive Performance Board – 28 June 2016 (paper N refers), and
- (C) QAC calendar of business (paper O refers).

78/16 ANY OTHER BUSINESS

There were no items of any other business.

79/16 DATE OF NEXT MEETING

Resolved – that the next meeting of the Quality Assurance Committee be held on Thursday 25 August 2016 from 1pm until 4pm in the Board Room, Victoria Building, LRI.

The meeting closed at 3:45pm.

Hina Majeed – 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>	4	3	75	<i>A Johnson</i>	4	4	100
<i>P Baker</i>	1	0	0	<i>K Kingsley</i>	1	0	0
<i>I Crowe</i>	4	4	100	<i>R Moore</i>	4	4	100
<i>S Dauncey (Chair)</i>	3	3	100	<i>K Singh</i>	4	4	100
<i>A Furlong</i>	4	3	75	<i>J Smith</i>	4	2	50
<i>A Goodall</i>	2	0	0	<i>M Traynor</i>	4	4	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>	4	3	75	<i>D Leese – Leicester City CCG</i>	2	0	0
<i>M Durbridge</i>	4	4	100	<i>C Ribbins</i>	4	4	100
<i>S Hotson</i>	4	3	75	<i>L Tibbert</i>	3	1	33