

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 2 February 2017

COMMITTEE: Quality Assurance Committee

CHAIRMAN: Colonel (Retired) I Crowe

DATE OF COMMITTEE MEETING: 22 December 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:

- **Minute 140/16/2 (Assurance Report for EWS and Sepsis)** – to particularly note the progress made by the Trust in relation to sepsis.

DATE OF NEXT COMMITTEE MEETING: 26 January 2017

**Colonel (Retired) I Crowe
Non-Executive Director and QAC Chairman
27 January 2017**

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

**MINUTES OF A MEETING OF THE QUALITY ASSURANCE COMMITTEE HELD ON THURSDAY
22 DECEMBER 2016 AT 2PM 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)
Mr A Furlong – Medical Director (from Minute 135/16 to Minute 141/16/2 inclusive)
Mr A Johnson – Non-Executive Director
Mr R Moore – Non-Executive Director
Mr B Patel – Non-Executive Director
Mr K Singh – Trust Chairman (up to and including Minute 143/16/2)
Ms J Smith – Chief Nurse
Mr M Traynor – Non-Executive Director

In Attendance:

Mr S Barton – Director of CIP and Future Operating Model (for Minute 138/16)
Mrs G Belton – Trust Administrator
Dr A Doshani – Associate Medical Director
Miss M Durbridge – Director of Safety and Risk
Mrs S Hotson – Director of Clinical Quality
Dr A Rickett – Clinical Director (CSI) – for Minute 137/16/1
Mr I Scudamore – Clinical Director, Women's and Children's CMG – for Minute 141/16/2

RESOLVED ITEMS

135/16 APOLOGIES FOR ABSENCE

Apologies for absence were received from Mr J Adler, Chief Executive, Ms C Ribbins, Deputy Chief Nurse and Ms C West, Director of Nursing and Quality, Leicester City CCG.

136/16 MINUTES

Resolved – that the Minutes of the meeting held on 24 November 2016 (papers A1 and A2 refer) be confirmed as a correct record.

137/16 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 122/16/1a from the QAC meeting held on 24 November 2016, Mr Moore, Non-Executive Director, advised that a completion date had not yet been confirmed by External Audit re the long-term follow-up review. Confirmation was expected during the first week in January 2017;
- in respect of Minute reference 123/16, the Medical Director noted that an update report relating to Fractured Neck of Femur would now be submitted to the February 2017 QAC meeting, rather than the January 2017 meeting as originally anticipated, and
- with regard to Minute references 124/16/1a and 124/16/1b, it was agreed that the Trust Administrator would continue to chase an update on progress against these

actions from the Director of Estates and Facilities.

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

(B) the Trust Administrator be requested to:-

(i) update the Matters Arising Report to reflect the updates provided as described under the first two bullet points above, and

(ii) continue to chase an update on progress against the actions described in relation to Minute References 124/16/1a and 124/16/1b from the Director of Estates and Facilities.

TA

137/16/1 Report from the Clinical Director (CSI) and Chief Information Officer

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

137/16/2 Outcome of the Trust Board Thinking Day on Patient and Public Involvement

Mr Caple, Patient Partner, presented paper 'D', which captured discussion and issues raised during (and prior to) the Trust Board Thinking Day session held on 11 August 2016 relating to patient and public involvement along with responses from senior UHL staff. A system of addressing further issues raised by all patient groups was presently being considered by the Deputy Chief Nurse and the Director of Communications and Marketing. The current proposal was the establishment of a bi-monthly meeting of a group of patient representatives which would feed into the UHL Patient Involvement, Patient Experience and Equality Assurance Committee (PIPEEAC), as suggested at a meeting of representatives of patient groups held on 10 November 2016, albeit it was noted that the terms of reference for PIPEEAC would need revising for this purpose if the proposal was agreed. Mr Caple noted that the meeting of patient group representatives held on 10 November 2016 had not been well attended and he would be writing to the Chairmen of the relevant patient groups in the New Year to seek to gain an enhanced level of engagement.

Particular discussion took place regarding the need to encourage more people with the requisite skills and insights to become patient partners, with particular note made of the need to consider wide public engagement in relation to the STP at a future point in time. Also noted was the planned Open Day in January 2017, at which time it was hoped to recruit three patient partners per Clinical Management Group. Also highlighted in discussion was the need for all patient partners to cover all demographics of the Trust's population, and thought needed to be given to the best means of achieving this. Members also recognised the need to resource patient involvement, providing training and support mechanisms etc. The Director of Safety and Risk noted initiatives being undertaken within her own directorate in order to look at patient experience, for example, mystery shoppers and the use of 'google glass'. In conclusion, Mr Caple and the Deputy Chief Nurse were requested to provide a further verbal update on progress at the next QAC meeting in January 2017.

PP/
DCN

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

(B) Mr Caple, Patient Partner and the Deputy Chief Nurse be requested to provide a verbal update on further progress at the next QAC meeting in January 2017.

PP/
DCN

138/16 CIP – QUALITY AND SAFETY IMPACT ASSESSMENT

Paper 'E', as presented by the Director of CIP and the Future Operating Model, provided an update on the risk and potential impact that the CIP programme may have on quality at Month 7 (2016/17). All of the 2016/17 CIP programme schemes had now been through the quality assurance sign off, with 93% of schemes signed off, 6% of schemes having queries against them where issues had been raised by the Chief Nurse or Medical Director and four schemes rejected on the grounds of quality and safety impact. The process employed was considered to be working well and the Committee expressed their assurance in light of the contents of the report provided. Particular note was made of the need for robustness on the quality KPIs for next year's (2017/18) schemes. The Director of CIP and the Future Operating Model noted the work which was being undertaken to look at variation, however noted that achievement of enhanced clinical engagement was required in this respect and this was being assisted by the implementation of the Red 2 Green process.

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

139/16 MONTH 8 QUALITY AND PERFORMANCE REPORT

The Chief Nurse and Medical Director presented paper F, which detailed a briefing on quality and performance for November 2016, with particular regard to patient experience and quality issues. The following points were particularly highlighted:-

- (a) Flu Vaccinations – the Trust had now vaccinated 75.2% of frontline staff against flu this winter, which represented a significant achievement;
- (b) C Diff – whilst cases remained at a low level, the Trust had exceeded its year to date trajectory. Antibiotic stewardship continued to be monitored;
- (c) Single Sex Accommodation Breaches – numbers had reduced to 1 in November 2016. The Ophthalmology Suite had been highlighted as a risk in respect of issues relating to single sex accommodation and work was being undertaken to make improvements in this area;
- (d) Grade 4 pressure ulcer – one grade 4 pressure ulcer had been reported for the first time this year and an investigation was underway into this matter;
- (e) SHMI – analysis was underway to determine the cause behind the rise in SHMI and further detail would be provided to the Committee at its next meeting in January 2017; MD
- (f) Fractured Neck of Femur – the target had been achieved during November 2016. The Medical Director's team were leading work to deliver this on a sustainable basis and a report would be presented to QAC in February 2017; MD
- (g) Cancelled operations – there had been further deterioration during November 2016 to 1.4% and the indicator relating to patients 're-booked within 28 days' continued to be non-compliant. In light of the overlap between issues considered by both QAC and IFPIC in respect of the quality and performance report, it was agreed to further consider how best to deal with these during the planned review at the Trust Board Thinking Day in January 2017, and QAC
Chair
- (h) Catering – there had been real improvements observed with regard to patient catering in respect of which staff were commended. Particular note was made of recruitment issues in relation to cleaning staff and the consequent negative impact of this in the cleaning of communal areas given the understandable priority given to ward areas.

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

(B) the Medical Director be requested to provide a report on SHMI to the next QAC meeting in January 2017;

MD

(C) the Medical Director be requested to provide a report relating to Fractured Neck of Femur to the QAC meeting in February 2017, and

MD

(D) consideration be given as to how best to address the overlap between issues considered by both QAC and IFPIC in relation to quality and performance at the Trust Board Thinking Day in January 2017.

QAC
Chair /
TB
members

140/16 COMPLIANCE

140/16/1 Report from the Chief Nurse and Medical Director

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

140/16/2 Assurance Report for EWS and Sepsis

The Committee received details of the work programme to improve the care of patients with a deteriorating Early Warning Score (EWS) and Red Flag Sepsis trust-wide. This was the first of a series of monthly reports to be provided and was accompanied by a presentation from the Chief Nurse and Medical Director detailing the Trust's journey in this respect, documenting the significant progress and achievements made to-date along with the remaining challenges, including antimicrobial stewardship (in light of the conflicting messages given to staff regarding antibiotic usage) and the need for automation of the data currently collected manually in order to provide sustainability of the approach adopted. Also noted was the difficulty in determining time '0' with regard to a ward patient, as opposed to an emergency patient, in terms of the identification of sepsis. The Committee received and noted the contents of the report and presentation and acknowledged the significant progress made to date.

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

141/16 SAFETY

141/16/1 Reports from the Director of Safety and Risk

The Director of Safety and Risk presented paper 'H', which detailed (1) the Patient Safety Report for November 2016 (2) the Complaints Performance Report for November 2016 and (3) a report on Duty of Candour. Particular issues flagged for the attention of QAC within these reports included concerns regarding the functionality of EMRAD, the condition, filing of, transfer of and availability of patient notes which was being monitored accordingly, the Patient Story presented at the Trust Board on 1 December 2016 and increasing complaints with regard to ENT, Ophthalmology and Imaging Services. In discussion regarding the availability of patient notes, it was noted that the Chief Information Officer was due to submit a report to the Executive Strategy Board on 10 January 2017 specifically regarding EDRM, with a further wider IT strategy paper to be submitted to the next EIM&T Board meeting on 28 February 2017. The Committee suggested that, further to the completion of this work and presentation of reports at relevant Committee meetings, this area could potentially be the focus of an internal audit. In further discussion, it was also noted that the Regulation 28 letter and the Trust's

response would be submitted to the QAC meeting in January 2017.

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

(B) the Regulation 28 Letter and the Trust’s response be submitted to the QAC meeting in January 2017.

DSR

141/16/2 Report from the Associate Medical Director

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

142/16 PATIENT EXPERIENCE

142/16/1 Friends and Family Test Scores – October 2016

Paper J, as presented by the Chief Nurse, provided the Committee with an overview of the Friends and Family Test scores for October 2016. The Trust had achieved expected coverage within in-patients, day case and maternity. Improved coverage was required in the Emergency Department and out-patients. In October 2016, the Trust was just below the required Friends and Family Test score of 97% recommend for in-patients. Specific areas with low levels of satisfaction continued to be adult ED, particularly the Urgent Care Centre and postnatal maternity wards. Improvements had now been made and it was hoped that these would translate into an improvement in patient experience in the next month’s figures.

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

142/16/2 Triangulation of Patient Feedback

Paper K, as presented by the Chief Nurse, detailed triangulation of patient feedback for the second quarter (July – September) of the 2016/17 financial year. Particular note was made of the fact that the management of medical care was the second most highlighted area for improvement within this quarter, in response to which the CMG Clinical Directors were undertaking a deep dive to gain an enhanced understanding as to the potential reasons for this. Waiting times in ED remained the most highlighted area for improvement.

In discussion, it was noted that the third column of the Quality Commitment required further refinement and it was suggested that complaint information could help to inform this process. The Chief Nurse undertook to give this further consideration.

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

143/16 QUALITY

143/16/1 Nursing and Midwifery Quality and Safe Staffing Report – October 2016

The Chief Nurse presented paper L, 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. The Level 3 concern criteria had been slightly modified and Level 2 concern wards would no longer be escalated to a Level 3 Concern on the third consecutive month if they only triggered for one individual metric. It was noted that no wards had triggered for a Level 3 concern this month.

Particular note was made of significant and positive progress in HCA and registered nursing recruitment and also the progression of plans to commence the Nursing Associate Programme in January 2017, with thirty Nursing Associates due to start then. In further discussion, specific note was made of the need to refresh and re-launch the Hand Hygiene campaign in light of observed declining standards in practice, which was strongly supported by the Committee.

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

143/16/2 UHL Policies and Guidelines Progress Update

Paper M, as presented by the Director of Clinical Quality, noted the focussed work which continued to be progressed in respect of policies and guidelines past their review date. A series of actions had been supported at the EQB meeting held on 6 December 2016, as documented on the cover sheet of paper M, which would facilitate the tracking of these through EQB on a monthly basis.

Specific discussion took place regarding the need to ensure that key policies achieved the right level of consultation within the Trust and it was considered that consultation groups for key policies should be determined as part of this on-going work. The Director of Clinical Quality advised members that she had made a request to become a member of the Trust's Policy and Guideline Committee.

Discussion also took place regarding the review of patient information and it was noted that a parallel process was being developed around patient information, utilising a similar model as that employed for policies and guidelines.

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

144/16 **ITEMS FOR INFORMATION**

144/16/1 2017/18 Quality Schedule and CQUIN Schemes

Resolved – that the contents of paper 'N' (detailing the 2017/18 Quality Schedule and CQUIN Schemes) be received and noted.

144/16/2 Mental Health Update

Paper O detailed information aimed at sighting the Committee on the issues and risks associated with patients attending the Trust who had a mental health illness. The report also provided an update on the work programme and governance structure. It was noted that a quarterly update would be provided through the EQB and QAC.

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

145/16 **MINUTES FOR INFORMATION**

145/16/1 Executive Quality Board

Resolved – that the notes of the meeting of the Executive Quality Board held on 6 December 2016 (paper N refers) be received and noted.

145/16/2 Executive Performance Board

Resolved – that the notes of the meeting of the Executive Performance Board held on 22 November 2016 (paper Q refers) be received and noted.

145/16/3 QAC Calendar of Business

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

146/16 **ANY OTHER BUSINESS**

Resolved – that there were no further items of business.

147/16 **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 5 January 2017, and the following items, in particular, be brought to the attention of the Trust Board:

- (1) the progress made by the Trust in respect of sepsis (Minute 140/16/2 above refers), and
- (2) the discussion held regarding the report from the Chief Information Officer and the Clinical Director (CSI) – Minute 137/16/1 above refers.

148/16 **DATE OF NEXT MEETING**

Resolved – that the next meeting of the Quality Assurance Committee be held on Thursday 26 January 2017 from 1.00pm until 4.00pm in the Board Room, Victoria Building, Leicester Royal Infirmary.

The meeting closed at 5pm.

Gill Belton
Trust Administrator

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

Voting Members

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
J Adler	9	7	78	K Kingsley – Leicester City CCG	4	0	0
P Baker	6	0	0	R Moore	9	9	100
I Crowe (current Chair)	9	8	89	B Patel	6	5	83
S Dauncey (former Chair)	3	3	100	K Singh	9	8	89
A Furlong	9	7	78	J Smith	9	6	67
A Goodall	2	0	0	M Traynor	9	9	100
A Johnson	9	9	100	C West – Leicester City CCG	4	1	25

Non-Voting Members

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
M Caple	9	8	89	D Leese – Leicester City CCG	4	0	0
M Durbridge	9	8	89	C Ribbins	9	8	89
S Hotson	9	8	89	L Tibbert	8	2	25