

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 5 January 2017

COMMITTEE: Quality Assurance Committee

CHAIRMAN: Colonel (Retired) I Crowe

DATE OF COMMITTEE MEETING: 24 November 2016

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

- Minute 119/16 – recommendation that Trust Board discuss the impact of the closure of the Balmoral Building main entrance at the LRI.

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

None

DATE OF NEXT COMMITTEE MEETING: 22 December 2016

Colonel (Retired) I Crowe
Non-Executive Director and QAC Chairman
29 December 2016

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

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

Present:

Col. (Ret'd) I Crowe – Non-Executive Director (Chair)
Mr J Adler – Chief Executive
Mr M Caple – Patient Partner (non-voting member)
Miss M Durbridge – Director of Safety and Risk
Mr A Furlong – Medical Director (up to Minute 128/16/1)
Mr A Johnson – Non-Executive Director
Mr R Moore – Non-Executive Director
Ms J Smith – Chief Nurse (from Minute 123/16)
Mr M Traynor – Non-Executive Director

In Attendance:

Dr A Doshani – Associate Medical Director
Mrs S Everatt – Interim Trust Administrator
Mr M Hotson – Head of Business, Commercial and Contracts on behalf of Mr D Kerr, Director of Estates and Facilities (for Minute 124/16/1 to 124/16/2)
Mrs S Hotson – Director of Clinical Quality
Mr W Monaghan – Director of Performance and Information (for Minutes 122/16/1 to 122/16/3)
Ms C Ribbins – Deputy Chief Nurse (for Minutes 119/16 to 123/16)
Dr Simon Robinson – Paediatric Intensivist
Ms L Tibbert – Director of Workforce and Organisational Development (for Minute 122/16/2)

RECOMMENDED ITEM

119/16 BALMORAL ENTRANCE

In discussing paper H (Facilities Update) it was noted that closure of the Balmoral Entrance following completion of Phase 2 of ED may affect patient flow. QAC recommended this for further discussion at the Trust Board.

**QAC
CHAIR**

Recommended – that discussion of closure of the Balmoral Entrance at LRI to take place at the November Trust Board.

**QAC
CHAIR**

RESOLVED ITEMS

120/16 APOLOGIES FOR ABSENCE

Apologies for absence were received from Mr B Patel, Non-Executive Director, Mr K Singh, Trust Chairman, and Ms C West, Director of Nursing and Quality Leicester City CCG.

121/16 MINUTES

Resolved – that the Minutes of the meeting held on 27 October 2016 be confirmed as a correct record.

122/16 MATTERS ARISING

Paper B detailed both the actions from the most recent meeting, and also any which

remained outstanding from previous QAC meetings. In respect of action 108/16/1 of 27 October 2016, it was confirmed that Mrs S Tate, Patient Partner for the Women and Children's CMG had now received the relevant building regulations and requirements for the Children's Hospital, and that help with any further e-surveys would be progressed as required. In respect of action 108/16/5 of 27 October 2016 relating to development of a quality governance system/framework and quality manual, a verbal update would be provided to January 2017 QAC. In respect of action 61/16/2 of 30 June 2016 relating to Intensive Care business case it was agreed that Mr M Caple, Patient Partner would provide an update at the December 2016 QAC meeting.

AF/SH

MC

Resolved – that (A) action note 108/16/1 be closed;

ITA

(B) an update be provided to January 2017 QAC on 108/16/5, and

AF/SH

(C) an update be provided to December 2016 QAC on 61/16/2.

MC

122/16/1 Reports from the Director of Performance and Information, and the Director of Safety and Risk (Minute 72/16/1 of 28 July 2016) – Update on concerns around long-term follow-ups being cancelled and not re-dated and the Root Cause Analysis report for Ophthalmology

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

122/16/2 Reducing Agency Spend – Sign Off NHSi Checklist

The Director of Workforce and Organisational Development noted that this paper had already been discussed at IFPIC and that there had been a Trust Board Thinking Day to discuss agency spend. NHS Improvement had introduced agency rules over 12 months ago, which applied to all Trusts. Strategies and actions to reduce agency spend were strictly monitored through NHSi. The purpose of the paper was to provide an overview of the current agency spend position within UHL and to summarise the additional NHSi requirements, including sign off of a checklist to be returned to NHSi by 30 November 2016. No safety or quality concerns were noted by the committee in relation to the report.

Resolved – that the lead for the paper remain with IFPIC but the position be noted.

122/16/3 Cancer Performance Q1 – Harm Review Findings

Mr W Monaghan, Director of Performance and Information presented paper D on behalf of Mr M Metcalfe, Consultant Hepatobiliary and Pancreatic Surgeon. It was noted that MDT leads completed 104+ days clinical harm reviews and in quarter 1 cases no cases of patient harm due to waits over 104 days+ had been identified. There were two remaining clinical harm reviews in progress. He provided assurances that there was a robust process in place for monitoring of 104 day+ clinical harm reviews (endorsed by the Cancer Board) and the Director of Safety and Risk outlined other safety mechanisms which would identify harm.

Resolved – that the update on cancer harm reviews be noted.

123/16 **MONTH 7 QUALITY AND PERFORMANCE REPORT**

In introducing paper F, the Chief Nurse and the Medical Director highlighted good performance on Cancer Referral to Treatment 52+ week waits and that the Trust remained on target to be at zero by the end of January 2017, the Cancer Two Week Wait was

achieved in September 2016 for the third consecutive month and was expected to remain compliant despite increased referrals. Reported delayed transfers of care remained within the tolerance with an improved position for the past two months. There had been no reported cases of MRSA which was the third consecutive month and 5 C DIFF cases were reported in October 2016 (below trajectory) but in terms of year to date this was 1 case above trajectory. No Grade 4 Pressure Ulcers had been reported this year and Grade 3 remained within trajectory. The Diagnostic 6 week wait had improved in October 2016.

In further discussions on the month 7 quality and performance report at paper I, members noted the deterioration in the ED 4 hour wait October performance and in the ambulance handover performance, which was reflective of sessional pressures within emergency care. RTT and cancelled operations worsened in October 2016, due to operational pressures. The cancer Standards 62 day treatment target remained non-compliant, although on a positive note there have been continued improvements in backlog numbers. A Fractured NOF action plan had been produced to meet pressures, and work was underway to improve this, further detail would be provided at the January 2017 QAC.

MD

Resolved – to provide an update on fracture neck of femur at the January 2017 QAC.

MD

124/16 REPORT FROM THE DIRECTOR OF ESTATES AND FACILITIES

124/16/1 Pharmacy Storage Update

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

124/16/2 Facilities Update

Mike Hotson, Head of Business, Commercial and Contracts, in presenting paper H on behalf of the Director of Estates and Facilities, provided the first of a proposed Estates and Facilities performance data report (as at September 2016) to provide assurance of the provision of services across UHL. Following discussion at the November 2016 EQB actions had been noted to broaden the report to include patient experience. It was noted that plans had been developed with regards to cleaning vacancies, and that future cleaning scores would be reported against a risk location threshold. The Patient Partner reported that at a recent PLACE visit, cleanliness and food taste had seen an improvement. There was a general discussion around smoking and cleanliness of toilets in public areas. It was agreed that the next iteration of the report would include: fire, waste, trend analysis and baseline with the previous service, interim PLACE results, further detail on cleanliness split by priority areas and non-priority areas, security and management of car parks, and engagement of staff. There was a general discussion on the positive impact of the new protocol in place for security and patient management. In answer to a question from Mr M Traynor, Deputy Chairman, on the Trust CCTV system the Director of Safety and Risk noted that a report on this would be discussed at the next Audit Committee. There was a general discussion around provision of disabled car parking spaces at LRI, the Head of Business, Commercial and Contracts was asked to provide an update with regards to provision and enforcement notices.

DEF

DSR

DEF

Resolved – (A) to include members' suggestions in the next iteration of the report which would feature in the Quality and Performance report;

DEF

(B) to provide an update on the current Trust CCTV system at the next Audit Committee, and

DSR

(C) to provide an update on provision of disabled car parking spaces and enforcement notices, in particular at LRI.

DEF

125/16 COMPLIANCE

125/16/1 Draft CQC Comprehensive Inspection Reports and Next Steps

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

126/16 SAFETY

126/16/1 Reports from the Director of Safety and Risk

Paper J comprised the **patient safety report for October 2016**, the **complaints performance report for October 2016**, and the **executive safety walkabout report**. The patient Safety report to be treated as confidential.

Resolved – that the patient safety report be classed as confidential and taken in private accordingly.

It was pleasing that for a fourth month in a row there remained a low percentage of re-opened complaints, despite complaints activity remaining high. Communication now featured in the top 5 primary subjects of formal complaints, as was being investigated. On 15th September 2016, the Data on Written Complaints in the NHS 2015/16 was published by NHS Digital, which revealed that during 2015-15 UHL had the most formal (1,558) written complaints reported to the Centre. The CQC had asked UHL to buddy with 3 other NHS Trust's to share learning on complaints systems and processes. Members noted that whilst 6 complaints had been referred to the Parliamentary Health Service Ombudsman (PHSO) since the last EQB meeting, but none had been upheld.

The Director of Safety and Risk reported that there had been a reduction in the number of executive walkabouts being undertaken in quarter 2, with 58 patient safety walkabouts undertaken, 20 of which were Director/Executive led, compared to 87 walkabouts in quarter 1 of which 58 were Director/Executive led. Members were asked to increase the number of walkabouts they undertook. Whilst it was noted that the majority of wards visited were clean and tidy and staff huddles were being used to promote communication, it was reported that there was a lack of storage in some wards and departments, lack of equipment and staffing issues.

Resolved – (A) that the complaints performance and executive safety walkabout reports be noted, and

(B) to remind staff of the need to increase the number of walkabouts undertaken.

All

126/16/2 Safety Improvement Presentation

The Director of Safety and Risk delivered a presentation on safety improvement, outlining the background of safety improvement within the Trust and collaboration with external partners. The presentation highlighted a number of quality improvement methods which were being adopted in the Trust and work to embed a safety culture, but noted that there was not currently a systematic approach to quality improvement within the organisation. Projects which were currently being undertaken included, but were not limited to: second

victim, safety huddles and Human Factors e-learning Programme. The team were beginning to achieve national recognition, having received a number of awards recently including one at the Sign Up to Safety Awards. The presentation detailed future safety improvement projects which the team would like to undertake including: safety improvement and innovation lab, social integration and reduced admissions, and sepsis/EWS improvement studies, and noted ways in which to involve the rest of the organisation in safety improvement. Members noted that a lot of good quality improvement work was being undertaken and that the main focus needed to be on using quality improvement methodology to take forward the Quality Commitment for 2017/18.

Resolved – (A) to circulate slides from the presentation to QAC members outwith the meeting, and

(B) members to reflect on the slides and feedback to the Director of Safety and Risk.

126/16/3

Quarterly Mortality Report

ITA

UHL's crude and risk adjusted mortality rates were discussed. The Trust published SHMI had remained below 100 since 2014, but it was anticipated that it may rise to 100 in the next quarter. There had been several actions undertaken to reduce mortality as part of the Trust Quality Commitment over the past 3 years and implementation of the Pneumonia Care Bundle appeared to have had a positive impact on the Trust SHMI. No correlation could be found between long waits in ED and increased mortality, which some other Trusts had found. Further work on Myocardial Infarction was taking place.

AII

Resolved – to provide a report on acute myocardial infarction to January 2016 EQB and QAC.

127/16

PATIENT EXPERIENCE

127/16/1

Friends and Family Test (FFT) Scores – September 2016

An overview of the FFT scores for September 2016 was provided. Trends were similar to last month with Maternity services continuing to maintain a strong coverage. Whilst ED had shown another slight improvement in coverage, the recommended score had decreased and this was believed to be largely due to operational pressures. There had been an increase in the overall Friends and Family Test score for Inpatient areas for September 2016. The Outpatients submission level continued to be low, and further work was underway to improve this.

Resolved – that the position be noted.

128/16

QUALITY

128/16/1

Nursing and Midwifery Quality and Safe Staffing Report – September 2016

Three Wards had triggered as a Level 3 concern, all three areas had received corporate support and had been subsequently de-escalated. It was noted that further work was required in relation to infection control, in particular in relation to hand hygiene and completion of the bed space cleaning form. Fluid charts also required some improvements.

Healthcare Assistant recruitment had progressed well, with over 300 applicants in the last round of recruitment. International recruitment had also been successful in Dubai and the Philippines. The Nursing Associate role was progressing well. There would be an opening

ceremony for the Academy, scheduled for January/February 2017.

A report was currently awaited following an unannounced walkabout by the Clinical Commissioning Groups. No major issues were anticipated.

Resolved – that the **September 2016 nursing and midwifery quality and safe staffing report be noted.**

128/16/2 **REPORTS FROM THE DIRECTOR OF CLINICAL QUALITY**

Paper N comprised the **2016-17 CQUIN and Quality Schedule Schemes**, the **Quality Commitment 2016-17 quarter 2 performance report**, the **involving employees in improving standards of care**, and the **schedule of external visits**.

The Director of Clinical Quality provided an overview of the 2016-17 CQUIN and Quality Schedule Schemes, highlighting areas where performance required improvement and potential fines for non-achievement of some CQUINs.

The report provided an overview of performance at quarter 2 against the Quality Commitment for 2016-17. It was noted that whilst high level indicators were being achieved, further work was required in particular on sepsis and 7 day services.

The quarterly report on involving employees in improving standards of care had been previously shared with commissioners and at EQB. The main themes from the triangulated data on whistleblowing were discussed. It was noted that trend analysis was difficult due to the low number of data received. In response to a query about how effectively the Junior Doctors Gripe Tool was working, the Director of Safety and Risk noted that the gripe was acknowledged within 24 hours, and a monthly report detailed actions being taken.

When discussing the Schedule of External Visits, it was noted that action plans remained open for twenty-four visits, three of which were RAG rated red. It had been challenging to receive information back to populate the schedule.

129/16 **ITEMS FOR INFORMATION**

129/16/1 Learning from Claims and Inquests

Resolved – that the paper be received and noted.

130/16 **MINUTES FOR INFORMATION**

Resolved – that the following Minutes/items be received for information:
(A) Executive Quality Board – 1 November 2016 (paper P);
(B) Executive Performance Board – 25 October 2016 (paper Q), and
(C) QAC calendar of business (paper R).

Under EQB 1 November 2016 action note 7.4/13.1 **Patient Outliers** – the practice of outlying was discussed. Whilst it was noted that at the time of EQB there had been some outliers on specific wards it was noted that there were currently no outliers.

131/16 ANY OTHER BUSINESS

There were no items of Any Other Business.

132/16 IDENTIFICATION OF ANY KEY ISSUES FOR THE ATTENTION OF THE TRUST BOARD

Resolved – that (A) a summary of the business considered at this meeting be presented to the Trust Board meeting on 1 December 2016, and

(B) the following item be particularly highlighted for the Trust Board’s attention:

- Closure of the Balmoral entrance at LRI.

133/16 DATE OF NEXT MEETING

Resolved – that the next meeting of the Quality Assurance Committee be held on Thursday 22 December 2016 from 2pm until 4pm in the Board Room, Victoria Building, LRI.

134/16 The meeting closed at 4.26pm

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	8	7	88	K Kingsley – Leicester City CCG	3	0	0
P Baker	5	0	0	R Moore	8	8	100
I Crowe (current Chair)	8	7	88	B Patel	5	4	80
S Dauncey (former Chair)	3	3	100	K Singh	8	7	88
A Furlong	8	6	75	J Smith	8	5	63
A Goodall	2	0	0	M Traynor	8	8	100
A Johnson	8	8	100	C West – Leicester City CCG	3	1	33

Non-Voting Members

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
M Caple	8	7	88	D Leese – Leicester City CCG	3	0	0
M Durbridge	8	7	88	C Ribbins	8	8	100
S Hotson	8	7	88	L Tibbert	7	2	29