


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: 30 May 2013**

**COMMITTEE: Quality Assurance Committee**

**CHAIRMAN: Ms J Wilson**

**DATE OF COMMITTEE MEETING: 16 April 2013**

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

- None

**OTHER KEY ISSUES IDENTIFIED BY THE COMMITTEE FOR CONSIDERATION/ RESOLUTION BY THE TRUST BOARD:**

- None

**DATE OF NEXT COMMITTEE MEETING: 21 May 2013**

**Ms J Wilson  
23 May 2013**

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**

**MINUTES OF A MEETING OF THE QUALITY ASSURANCE COMMITTEE HELD ON TUESDAY 16  
APRIL 2013 AT 9:30AM IN THE LARGE COMMITTEE ROOM, MAIN BUILDING,  
LEICESTER GENERAL HOSPITAL**

**Present:**

Ms J Wilson – Non-Executive Director (Chair)  
Mr J Adler – Chief Executive  
Mr M Caple – Patient Adviser (non-voting member)  
Dr K Harris – Chief Medical Officer  
Mrs S Hinchliffe – Chief Nurse/Deputy Chief Executive  
Dr R Palin – General Practitioner (non-voting member)  
Mr P Panchal - Non-Executive Director  
Ms C O'Brien - Chief Nurse and Quality Officer East Leicestershire and Rutland CCG (non-voting member)  
Professor D Wynford-Thomas – UHL Non-Executive Director and Dean of University of Leicester Medical School

**In Attendance:**

Miss M Durbridge – Director of Safety and Risk  
Ms M Harris – Divisional Manager, Acute Care (for Minute 36/13/1)  
Mr A R Harvey – Interim Trust Administrator  
Mrs S Hotson - Director of Clinical Quality  
Mr I Reid – Non-Executive Director  
Ms L Lane - Lead Nurse, Emergency Department (for Minute 36/13/1)  
Mr J Tozer – Interim Director of Operations (for Minute 36/13/1)

**RESOLVED ITEMS**

**ACTION**

**33/13 APOLOGIES**

Apologies for absence were received from Dr B Collett, Assistant Medical Director.

**34/13 MINUTES**

**Resolved – that (A), subject to Minute 26/13/1(a) being marked as an item for action, the Minutes of the meeting held 19 March 2013 (papers A and A1 refer) be confirmed as a correct record; and**

**TA**

**(B) An update on Minute 26/13/1(a) be reported for assurance at the meeting of QAC in May 2013**

**MD**

**35/13 MATTERS ARISING REPORT**

The Committee noted the updated actions detailed in the report on matters arising. The following points arose:

- (i) Minute 27/13/2 – Proposal for interim review of complaints process. This would now be submitted to the May meeting of QAC;
- (ii) Minute 30/13/2 – Red Trays – Noted that requirements were being put in place by Interserve. Matter to be kept under review.

**DSR**

**Resolved – that the matters arising report (paper B) be noted.**

**36/13 SAFETY**

**36/13/1 Emergency Department Patient Experience/Safety and Quality**

The Interim Director of Operations introduced Ms M Harris, Divisional Manager Acute

Care and Ms L Lane, Lead Nurse Acute Care, who presented paper C, which aimed to provide the Committee with assurance regarding the Emergency Department (ED) quality, safety and patient experience. It was noted that ED had experienced significant pressures with regard to the volume and acuity of patients as well as difficulties in accommodating patients in a timely manner.

ED Patient Incident reports had risen over the past year with incidents being reported across several fronts. The number of ED complaints received had also risen with issues such as delays in diagnosis and communication being common themes. This had resulted in a thematic review being undertaken, lead by a member of the Divisional Quality and Safety Team with Senior ED nursing and medical staff fully involved in the process. A comprehensive action plan had been developed to address areas of concern, which were principally around:

- Failure to escalate/treat;
- Staffing levels/overcrowding;
- Patient falls;
- Medication incidents.

The action plan was monitored by the ED Board and also by the Acute Divisional Quality and Safety Board and had been made available to Commissioners. ED Senior staff had also completed a risk assessment and risk rating report (dated April 2013) on the subject of overcrowding in ED and the paper explained that they were now in the process of ensuring that all risks in the ED were comprehensively documented in association with the division Health and Safety Team and Corporate Teams (where appropriate) as formal risk assessments, for updating on the risk register.

The issue of medical staffing shortages at a senior level was key to effective service provision and provided a significant challenge in the light of national recruitment difficulties. Nursing staff shortages provided a similar challenge and these areas were being addressed by the Director of Nursing.

The report outlined the approaches taken to assessing the experiences of carers and patients within the ED, including patient and family surveys (which scored highly) and 'Share Your Experience Screens' for ED patient completion. Survey results, whilst fairly positive, had revealed some areas of concern:

- Cleanliness of ED;
- Privacy and dignity of patients;
- Information on medication side effects, and
- Patients feeling threatened.

The Committee was of the view that the issues above were symptoms of overcrowding and associated with the difficulties in recruiting staff and it was these areas that required urgent consideration as there was a limit as to the level of assurance that could be provided, or how far identified risks could be mitigated, if current arrangements were maintained.

The Chief Executive reported that he had established an Emergency Care Action Team (ECAT) which was examining the reported issues. The Action Team would feedback through the Trust Board.

**Resolved – that the report be noted and that the Emergency Care Action Team report be submitted direct to Trust Board on 25 April 2013.**

**IDO/  
DD,AC**

36/13/2 Patient Safety Report

The Director of Safety and Risk presented paper D, on patient safety matters,

specifically updates in regards to complaints, SUIs reported in March 2013 (including SUI themes), never events work-stream, 5 Critical Safety Actions Update, On-Going CAS Alerts and 45 RCA performance and gave an overview of some external updates relating to changes within the NHSLA, the NRLS and Parliamentary and Health Services Ombudsman and the governments response on the Francis Report. The following key points were noted:

- Ombudsman Investigations – The Ombudsman had advised all health trusts that, subject to a complaint meets some basic criteria, they would now begin investigating thousands rather than hundreds of complaints each year. This means that UHL is likely to see an increase in the number of complaints that the Ombudsman accepts for investigation;
- Changes to NHS Litigation Authority – Key changes to the working of the Authority, some of which had been previously reported, and noted that the National Clinical Assessment Service (NCAS) became an operating division of the NHSLA from 1 April 2013;
- National Reporting and Learning System – updates in respect of the reporting arrangements of the NRLS were noted;
- Francis Report , Government Response – the government announced a series of key plans to drive forward the care that people receive; preventing problems, detecting problems quickly, taking action promptly, ensuring robust accountability and ensuring staff are trained and motivated;
- Q4 Formal Complaints Data – The Committee noted the numbers of formal complaints made between January and March 2013. There had been a marked increase in complaints following publication of the Francis report, but not to the degree that had been experienced when previous iterations of the report had been published. An increase in complaints relating to nursing care was being reviewed to ascertain any key themes arising and any trends would be reported to a future meeting. Executive Performance Board on 23 April would be looking at complaint data and a more detailed report would be submitted to the May meeting of the Committee. QPMG had asked all three divisions to examine complaints in detail. In respect of complaints around the Emergency Department (ED), further to a request from Mr Prakash Panchal, Non-Executive Director it was agreed that details of ED complaints over the last six months with comparators for the previous year would be submitted to Non-Executive Directors outwith the meeting. Mr Panchal also commented on the low level of complaints from the BME community and asked whether all opportunities were taken to capture appropriate information. In response it was noted that information received was captured on the HISS data collection system, but the Trust was wholly reliant of self declaration.
- SUIs March 2013 – 14 SUIs escalated in March, 2 Patient Safety incidents, 9 hospital acquired pressure ulcers and 3 health care acquired infections;
- 5 Critical Safety Actions Update - updates presented on key issues arising. Noted that good progress being made across all areas. CCGs agreed that 4 of the 5 CSAs will be CQUIN indicators for 13/14 with mortality and morbidity standards being withdrawn from the programme;
- Ongoing CAS Alerts with expired deadline February 2013 – breakdown of outstanding NPSA alerts in the Trust with estimated times for completion noted. In response to a question on the training of relevant staff from Mr I Reid, Non-Executive Director, the Director of Safety and Risk reported that there was clarity on who needed to be trained and when; and

**EPB  
23.4.13**

**DSR**

- 45 RCA Performance – Update noted. Divisions ensuring that necessary arrangements to accelerate completion of RCA reports were taking place. Further to a question from Mr I Reid, Non-Executive Director, the Director of Safety and Risk reported that performance in this area was discussed on a monthly basis with the CCG Commissioners. There were some issues arising on aspects of performance in this area which were currently being examined.

**Resolved that (A) the report and details contained therein be noted; and**

**(B) Details in respect of the last 6 months complaints figures, as detailed above, be forwarded to Non-Executive Directors outwith the meeting.**

DSR

36/13/3 Nursing Workforce – Position Statement

The Chief Nurse and Deputy Chief Executive submitted paper E providing nursing metrics and RAG rating each ward in respect of agreed ratios. Two wards were cited as in need of special measures and this was being auctioned.

In considering the report the Committee was of the view that more information was required as to the numbers of staffing (permanent, part time, bank and agency) that were in post so that the real time staffing shortfall could be more accurately estimated. Notwithstanding this, the Chair pointed out that the Committee needed to be able to measure the metrics against the number and levels of nursing support that may be deemed as safe and appropriate for each specific area in respect of the Trusts resources and likelihood of recruitment.

**Resolved – that (A) the report noted, but future iterations be adjusted to reflect the real time position of filled posts (temporary/bank/permanent) in order that any nursing shortfalls can be more realistically assessed; and**

CNDCE

**(B) the Committee be informed of the number and level of nursing support deemed as safe for each ward.**

CNDCE

36/13/4 Nursing Healthcheck

The Chief Nurse and Deputy Chief Executive submitted paper F providing the February status of individual wards in relation to key monthly indicators and highlighting wards where additional focus was required.

The Committee noted that special support was being provided to wards 29 and 33 and requested that the action improvement plans for these two wards be circulated to Non-Executive Directors outwith the meeting.

CNDCE

**Resolved - that the report be noted and that copies of the action improvement plans be circulated to Non-Executive Directors.**

CNDCE

37/13 **QUALITY**

37/13/1 Draft Quality Account

The Director of Clinical Quality submitted paper G, being the draft Quality Account for 2012/13.

It was noted that there were few changes from previous years. Once issued, stakeholders would have 28 days for comments prior to the document being finalised.

In considering the draft Quality Account, the Committee requested that the following changes be examined:

- General – check spelling throughout document;
- Page 2, second and fifth “achievements” are statements not achievements;
- General – some language a bit technical – needs to be proof read by “lay” person;
- General – Too many abbreviations for members of public to understand;
- Quite a few pages where items are still to be inserted;
- All dates in document need checking for accuracy;
- All storylines are from Women’s and Children’s division, need some storylines from elsewhere.

**Resolved** – that the Draft Quality Account document for 2012/13 be approved, subject to the comments detailed above.

DCQ

**38/13 ITEMS FOR INFORMATION**

The Committee received and noted the following reports for information:

- Reports From Commissioner Visits
- CQUIN Schemes 2012/13 – Quarter 3 Performance

**Resolved** - that the above reports, submitted for information, be received and noted and the recommendations contained therein agreed

**39/13 MINUTES FOR INFORMATION**

39/13/1 Finance and Performance Committee

**Resolved** – that the public Minutes of the Finance and Performance Committee meeting held on 27 March 2013 (paper J refers) be received and noted.

**40/13 IDENTIFICATION OF ANY KEY ISSUES FOR THE ATTENTION OF THE TRUST BOARD**

**Resolved** – that there were no items to be brought to the attention of the Trust Board.

**41/13 DATE OF NEXT MEETING**

**Resolved** – that the next meeting be held on Tuesday, 21 May 2013 at 9:30am in the Large Committee Room, Main Building, Leicester General Hospital.

The meeting closed at 10.30am.

**Cumulative Record of Members’ Attendance (2013-14 to date):**

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
J Adler	1	1	100	P Panchal	1	1	100
R Palin*	1	1	100	S Ward	1	0	0
M Caple*	1	1	100	M Wightman	1	0	0
K Harris	1	1	100	J Wilson	1	1	100
D Wynford-Thomas	1	1	100	S Hinchliffe	1	1	100
C O’Brien – East Leicestershire/Rutland CCG*	1	1	100				

\* non-voting members

**Alan R Harvey, Interim Trust Administrator**