


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 January 2014

COMMITTEE: Quality Assurance Committee

**CHAIRMAN: Professor D Wynford-Thomas, Acting QAC Chairman and
Non-Executive Director**

DATE OF COMMITTEE MEETING: 17 December 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: 29 January 2014.

**Professor D Wynford-Thomas
24 January 2014**

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**MINUTES OF A MEETING OF THE QUALITY ASSURANCE COMMITTEE HELD ON TUESDAY 17 DECEMBER 2013 AT 9:30 AM 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 – Medical Director
 Ms K Jenkins – Non-Executive Director
 Mr P Panchal – Non-Executive Director
 Professor D Wynford-Thomas – Non-Executive Director and Dean of the University of Leicester Medical School

In Attendance:

Dr B Collett – Associate Medical Director, Clinical Effectiveness
 Dr J Cusack – Head of Service, Neonatal Service (for Minute 118/13/1)
 Mr M Duthie – Consultant Paediatric Intensivist (for Minute 118/13/1)
 Miss M Durbridge – Director of Safety and Risk
 Mrs S Hotson – Director of Clinical Quality
 Ms C Ribbins – Director of Nursing

RESOLVED ITEMS**ACTION****116/13 APOLOGIES**

Apologies for absence were received from Ms C O'Brien, Chief Nurse and Quality Officer, East Leicestershire and Rutland CCG (non-voting member) and Ms R Overfield, Chief Nurse.

117/13 MINUTES

Resolved – that the Minutes of the meeting held on 27 November 2013 (papers A & A1 refer) be confirmed as a correct record.

118/13 MATTERS ARISING REPORT

Members reported on progress in respect of the following actions:-

- (a) Minute 110/13/2 of 27 November 2013 – a Trust Board Development session had been scheduled in February 2014 to discuss the 'Review of the NHS Hospitals Complaints System – Clywd-Hart Report'. This item could therefore be removed from the log. **TA**
- (b) Minute 100/13/7 (i) of 29 October 2013 – a report on EPMA had been presented to the Improvement and Innovation Framework Board on 16 December 2013. The Trust Administrator undertook to circulate this report to QAC members, for information. The Associate Medical Director agreed to take a view on whether a report on EPMA needed to be presented to the QAC. **TA**
AMD

Resolved – that the matters arising report (paper B) and the actions above, be noted. **TA/AMD**

118/13/1 Prescribing Errors within the Neonatal and Children's Service including ten times errors

Further to Minute 87/13/4 (i) of 25 September 2013, Dr J Cusack, Head of Service,

Neonatal Service and Mr M Duthie, Consultant Paediatric Intensivist attended the meeting to present papers C and C1, an update on prescribing errors within the Neonatal and Children's service respectively. Members noted that following two medication errors within the neonatal service, the prescribing practice was audited and a number of interventions had been implemented to minimise the risk. Dr J Cusack provided a comprehensive update on the following actions that had been put in place:-

- (a) nursing education – enhancing the quality of the 'independent check' and preparing drugs away from the clinical area;
- (b) medical staff training – bespoke online induction and education package in place;
- (c) multidisciplinary simulation training had been well established;
- (d) changes to prescription writing, documentation and formulations for emergency medications, and
- (e) ongoing monitoring and audit.

Following the medication error in the Children's Service in July 2013, Mr M Duthie briefed members on the actions that had been implemented – as listed on pages 3 and 4 of paper C1. The lessons learned would be shared with the other clinical teams in the Children's service through a variety of forums.

Mr M Duthie suggested that a mechanism of credits needed to be developed which would be put on record in respect of staff members who had assisted in preventing a prescribing or administering a medication error. Members supported this innovative approach.

In discussion on the current staffing issues in Paediatric pharmacy, it was suggested that Mr D Harris, Principal Pharmacist, Women's and Children's Division be invited to attend the QAC in March 2014 to provide an update on staffing matters. The Committee Chair requested Dr J Cusack and Mr M Duthie to also attend the March 2014 QAC meeting to provide an update on the action plan.

PP, W&C

HoS,
Neonatal
Service/
CPI

Resolved – that (A) the contents of papers C and C1 be received and noted;

(B) Mr D Harris, Principal Pharmacist, Women's and Children's Division be invited to attend the QAC in March 2014 to provide an update on the current staffing issues in Paediatric pharmacy, and

PP, W&C

(C) Dr J Cusack, Head of Service, Neonatal Service and Mr M Duthie, Consultant Paediatric Intensivist to attend the QAC in March 2014 to provide an update on the action plan.

HoS,
Neonatal
Service/
CPI

118/13/2 Education Programme for Nurses in ED

Resolved – that the Director of Nursing undertook to circulate a briefing report on this matter.

DN

119/13 QUALITY

119/13/1 Month 8 – Quality and Performance Update

Paper D provided an overview of the November 2013 quality and performance report highlighting key metrics and areas of escalation or further development where required.

The following issues were highlighted in particular:-

- (a) 95% threshold for VTE risk assessment within 24 hours of admission had been achieved for October 2013;

- (b) UHL's HSMR for 2013-14 (April – September 2013) was 92 (however this had not been rebased). UHL's HSMR for September 2013 was 83.0;
- (c) 5 Critical Safety Actions – a pilot (snap shot) audit had been undertaken in medical wards in respect of senior clinical review, ward round and notation – the results of this audit had not been very positive. Further work would be undertaken to improve the procedures and re-audit would be undertaken and procedures in the base wards would also be audited. A comprehensive report of the CSA programme would be submitted to the QAC in January 2014;
- (d) an update on clinical coding improvement project had been presented to the Improvement and Innovation Framework Board in December 2013. A LiA Enabling Our People Scheme coding project was being established;
- (e) pressure ulcer (PU) incidence – UHL ranked 6th best performing Trust for quarter 2 out of the 14 comparable Trusts. It had been agreed with Commissioners that UHL would need to maintain a threshold of nine or less grade 2 and seven or less grade 3 avoidable pressure ulcers a month;
- (f) Friends and Family Test score for November 2013 was 70.3. The Medical Director advised that some Consultants had requested the FFT score of particular wards. The Director of Nursing agreed to email this information, as required;
- (g) a new system of measuring ward performance had been introduced that sought to look at wards via the monthly clinical measures dashboard and also over time via the ward performance review process. Ward 19 had been put on targeted corporate support. Wards 29, 30 and 41 had been on targeted CMG support via monthly ward performance review. In discussion, members requested that a simple system of tracking ward performance would prove useful for QAC. The Committee Chair and the Director of Nursing agreed to discuss the best way of achieving this;
- (h) same sex accommodation – a breach of this standard affecting 2 patients had been reported in November 2013;
- (i) patient falls – November 2013 had seen a decrease in the number of falls reported, and
- (j) a brief update on Interserve performance was provided and a detailed update would be provided at the December 2013 Trust Board.

AMD

Chair/DN

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

(B) a comprehensive report of the 5 CSA programme be submitted to QAC in January 2014, and

AMD

(C) the Committee Chair and Director of Nursing to discuss the best way of tracking ward performance in future QAC reports.

Chair/DN

119/13/2 Executive Quality Board Work Plan

It was noted that the Assurance and Escalation Framework scheduled to be discussed at the Trust Board in December 2013 would inform the QAC workplan. The Committee Chair and Trust Administrator would have a discussion in early January 2014 and draft an initial workplan for QAC.

Chair/TA

Resolved – that the Committee Chair and Trust Administrator discuss and draft the first version of the QAC workplan for further discussion at the QAC in January 2014.

Chair/TA

119/13/3 Forthcoming CQC Inspection

The Director of Clinical Quality provided a detailed update on the practicalities for the CQC visit which would be held week commencing 13 January 2014 (paper E also refers).

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

119/13/4 Draft CQC Report – Unannounced Inspection of the Peterborough Renal Satellite Unit

The QAC noted the contents of paper F, a report following the unannounced CQC inspection of the Peterborough Renal Satellite Unit (managed by UHL) on 22 November 2013. The QAC recorded an appreciation of the efforts of the Matron of the Peterborough Renal Satellite Unit for ensuring that the information and the issues raised by the CQC were appropriately dealt with.

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

119/13/5 Quality Commitment

Resolved – that this item had been deferred by the Chief Nurse in consultation with the QAC Chair.

DCQ

120/13 **SAFETY**120/13/1 Patient Safety Report

The Director of Safety and Risk presented paper G, the patient safety report. The following points were highlighted in particular:-

- (i) NHS England response to Francis report;
- (ii) MHRA consultation;
- (iii) Complaints analysis and end to end complaints, and
- (iv) 45 day RCA update for November 2013.

Responding to a query from Ms K Jenkins, Non-Executive Director, the Director of Safety and Risk provided an update on categorising 10 days, 25 days and 45 days complaint responses, reopened complaints and learning from complaints.

During discussion of ten times medication errors, the need for particular focus on omission of drugs was noted. The Director of Safety and Risk advised that if omission of drugs was classed in the SUI category, then it would be recorded and reported as a medication error. The Associate Medical Director agreed to liaise with Dr J Cusack, Head of Service, Neonatal Service to check if any data existed in the Children's Service in respect of omission of drugs, further to this she agreed to liaise with the Medicines Management Board.

AMD

Members noted that the Trust Board Development session in February 2014 would focus on complaints and the Director of Safety and Risk agreed to ensure that CMG complaints trend data (from October 2013) was available for this meeting including an update on complaints particularly related to maternity (as the proportion of SUIs were higher in the Women's Service).

DSR

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

(B) the Associate Medical Director liaise with Dr J Cusack, Head of Service, Neonatal Service to check if any data existed in the Children's Service in respect of omission of drugs, further to this a discussion to take place with the Medicines Management Board, and

AMD

(C) the Director of Safety and Risk be requested to ensure that CMG complaints trend data (from October 2013) and an update on complaints particularly related to maternity were available for the Trust Board Development session in February 2014.

DSR

120/13/2 Quarter 2 (2013-14) Health and Safety Report

Paper H detailed the health and safety report for quarter 2 (July-September 2013) of 2013-14. In discussion, the Chief Executive suggested that IRMER incidents were included in future quarterly health and safety reports.

DSR

Ms K Jenkins, Non-Executive Director queried the implications of the figures provided relating to training re. stress management and emotional resilience for managers – in response, the Director of Safety and Risk noted that this was a workforce related issue and the Committee Chair suggested that this issue be raised at the Trust Board in December 2013.

KJ, NED

Mr P Panchal, Non-Executive Director noted that the paper detailed the training undertaken by the UHL health and safety team and sought assurance on the statutory and mandatory training requirement for non-UHL staff (i.e. Interserve staff/temporary/ agency staff) who worked on UHL premises – in response, it was noted that Interserve provided training to their own staff.

In discussion on reporting RIDDORs within the deadline, it was noted that this was monitored by the CMGs.

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

(B) future versions of the quarterly health and safety reports to include an update on IRMER incidents, and

DSR

(C) Ms K Jenkins, Non-Executive Director to introduce a discussion on stress related absence at the Trust Board in December 2013.

KJ, NED

120/13/3 Risk Assessment for Statutory and Mandatory Training Compliance

The Director of Safety and Risk advised that further to discussion at the Executive Team meeting (action note 5.3 of 8 October 2013 refers), the Risk and Assurance Manager had met with colleagues to review the position around mandatory training risks and nurse staffing risks that were not reflected in the UHL organisational risk register at that time. Risk assessments (paper I – appendix 1 refers) had been undertaken to identify the risks to the organisation in relation to the gaps in compliance with the target of 75% of staff attending mandatory training and the high number of nursing staff vacancies. The Chief Executive noted that the 75% target set for staff attending mandatory training was only a staging post and the actual target was 100%.

As the risks were corporate in nature, once they had been formally signed off by the relevant Corporate Director, the risks would be entered onto the organisational risk register. Members noted that as the risk assessments in respect of risks relating to personal safety awareness and nurse staffing vacancies had previously been assessed and approved and were already listed on the organisational risk register, these had not been included in appendix 1 of paper I.

In response to a query in relation to Information Governance training, it was noted that an online e-learning training package was in place. Members were advised that statutory and mandatory compliance rates were monitored at Executive Performance Board meetings. The Committee Chair suggested that an update on progress with statutory and mandatory compliance be scheduled for the QAC in six months time (i.e. June 2014).

DHR

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

(B) an update on progress with statutory and mandatory compliance be scheduled on the agenda for the QAC in six months time (i.e. June 2014).

DHR/TA

120/13/4 Update on data reported in the NHS Safety Thermometer regarding 'harms'

Paper J provided the NHS Safety Thermometer prevalence results for November 2013 and remedial action plan for pressure ulcers. The percentage of harm free care for November 2013 was 93.86%. UHL was not an outlier in terms of hospital acquired, avoidable pressure ulcers together with the revised pressure ulcer reduction trajectories for the remainder of 2013-14. VTE prevalence increased from seven in October 2013 to ten in November 2013 – four of the patients were admitted with a pulmonary embolus (although this might not be the reason for the increase in numbers).

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

120/13/5 Nursing Workforce Report

Paper K provided an overview of the nursing workforce position for UHL. Vacancies for nursing and midwifery posts across UHL ran currently running at 544 WTE for October 2013. The Chief Executive requested that the actual number of nurses in the Trust be included in future versions of this report.

DN

A brief update on bank and agency staffing and international recruitments was provided to the Committee. The staffing data was reviewed twice on a daily basis including weekends and this information would be published on wards by the end of January 2-14.

Members noted that the recruitment trajectory (vacancies, recruitment and turnover) was currently in place until March 2014 and sought assurance about sustainability beyond this period. The Committee Chair requested that although monthly reports on the nursing workforce were presented to the QAC, it was important that a discussion on this matter was scheduled for the Trust Board, as appropriate.

CN

In response to a query in respect of monitoring the medical workforce, the Chief Executive advised that this matter had also been raised at a recent meeting with the Non-Executive Directors and the Trust's Acting Chairman would be pursuing the way forward.

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

(B) future versions of the nursing workforce report to include the actual number of nurses employed by UHL, and

DN

(C) a discussion on nursing workforce be scheduled on the agenda for Trust Board meetings, as appropriate.

CN

120/13/6 Update on NHS Trust Development Authority (NTDA) Visit on 2 and 3 December 2013 to review Infection Prevention procedures

Paper L provided an update on the feedback and suggested actions following a visit from the NTDA to review infection prevention arrangements within UHL. This report would be discussed at the re-established Infection Prevention Assurance Committee and an action plan would be developed. The Committee Chair requested that a verbal update on the actions that had been put in place following the suggestions from the NTDA be presented to the QAC in January 2014.

CN

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

(B) the Chief Nurse be requested to provide a verbal update on the actions that had been put in place following the suggestions from the NTDA visit to the QAC

CN/TA

in January 2014.

120/13/7 Report from the Director of Nursing

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

120/13/8 Detailed Report on 5 Critical Safety Actions

Resolved – that this item had been deferred by the Chief Nurse in consultation with the QAC Chair.

AMD

121/13 ITEMS FOR INFORMATION

121/13/1 DOH Response to Francis Inquiry

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

121/13/2 Accreditation Visits Update

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

121/13/3 Gap Analysis of key recommendations from Francis, Keogh and Berwick Reviews – assurance on the implementation of the action plan further to discussion at Executive Quality Board on 4 December 2013

The Chief Executive noted that some actions in the action plan did not have deadline dates or Committees which would monitor the actions and requested that these be completed. He sought assurance that the various Committees listed in the action plan ensured that the actions were included on the action trackers in order that it would be appropriately monitored. He requested the Trust Administrator to provide the template for the action tracker to the Director of Clinical Quality. The Director of Clinical Quality agreed to ensure that the action plan was complete and the actions were monitored by the various Committees, as appropriate. She also agreed to build in the actions on the work plan for the newly established Executive Quality Board.

TA

DCQ

The Chief Executive queried whether the action plan had incorporated the relevant recommendations arising from the second Francis report – in response, the Director of Clinical Quality agreed to liaise with the Chief Nurse in respect of taking it forward.

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

(B) the Trust Administrator to provide the template for the action tracker to the Director of Clinical Quality;

TA

(C) the Director of Clinical Quality to ensure that:-

DCQ

- the action plan key following recommendations from Francis, Keogh and Berwick reviews was complete (with specific dates);
- actions were monitored by the various Committees and included on the action trackers;
- actions (as appropriate) were included on the work plan for the newly established Executive Quality Board;
- a discussion was held with the Chief Nurse in respect of ensuring the action plan included the relevant recommendations from the second Francis report.

(D) an updated version of the action plan incorporating the actions in point (C) above be presented to the QAC, when available.

DCQ

121/13/4 Emergency Preparedness, Resilience and Response(EPRR) Self-Assessment Assurance Report

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

121/13/5 Update on Ophthalmology Performance

Resolved – that the report scheduled to be presented to the Finance and Performance Committee on 18 December 2013 had been circulated to QAC members.

122/13 MINUTES FOR INFORMATION

122/13/1 Finance and Performance Committee

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

122/13/2 Executive Performance Board

Resolved – that the action notes of the Executive Performance Board meeting held on 26 November 2013 (paper S refers) be received and noted.

123/13 ANY OTHER BUSINESS

123/13/1 Report from the Associate Medical Director

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

124/13 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.

125/13 DATE OF NEXT MEETING

Resolved – that the next meeting be held on Wednesday, 29 January 2013 at 12:30pm in the Large Committee Room, Main Building, LGH.

The meeting closed at 12:41pm.

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

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
J Adler	9	5	55	R Overfield	4	3	75
M Caple*	9	8	88	R Palin*	4	3	75
S Dauncey	1	1	100	P Panchal	9	6	66
K Harris	9	7	77	C Ribbins **	4	3	75
S Hinchliffe	1	1	100	J Wilson (Chair)	9	9	100
K Jenkins	2	1	50	D Wynford-Thomas	9	6	66
C O'Brien – East Leicestershire/Rutland CCG*	9	5	55				

- non-voting members

- *** records attendance whilst Acting Chief Nurse*

Hina Majeed, **Trust Administrator**