

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: 5 March 2015

COMMITTEE: Quality Assurance Committee

CHAIRMAN: Dr S Dauncey, QAC Chair

DATE OF COMMITTEE MEETING: 29 January 2015

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 7/15/3 (CQC Registration Update).

DATE OF NEXT COMMITTEE MEETING: 26 February 2015

Dr S Dauncey
QAC Chairman
12 February 2015

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

**MINUTES OF A MEETING OF THE QUALITY ASSURANCE COMMITTEE HELD ON THURSDAY, 29
JANUARY 2015 AT 1:00PM IN THE BOARD ROOM, VICTORIA BUILDING, LEICESTER ROYAL
INFIRMARY**

Present:

Dr S Dauncey – Non-Executive Director (Chair)
Mr J Adler – Chief Executive
Mr M Caple – Patient Adviser (non-voting member)
Dr K Harris – Medical Director
Ms C O'Brien – Chief Nurse and Quality Officer, East Leicestershire CCG (non-voting member)
Ms R Overfield – Chief Nurse
Mr P Panchal – Non-Executive Director
Ms J Wilson – Non-Executive Director

In Attendance:

Mr T Bourne – Consultant Anaesthetist (for Minute 3/15/3)
Miss M Durbridge – Director of Safety and Risk
Ms J Halborg – Head of Nursing, ITAPS CMG (for Minute 3/15/3)
Mrs S Hotson – Director of Clinical Quality
Mrs H Majeed – Trust Administrator
Mr K Singh – Trust Chairman (up to and including Minute 4/15/1)
Mr M Traynor – Non-Executive Director
Mr M Williams – Non-Executive Director

RESOLVED ITEMS

ACTION

1/15 APOLOGIES

Apologies for absence were received from Mr I Crowe, Non-Executive Director, Ms C Ribbins, Deputy Chief Nurse and Professor D Wynford-Thomas, Non-Executive Director and Dean of the University of Leicester Medical School.

2/15 MINUTES

Resolved – that the Minutes of the Quality Assurance Committee meeting held on 15 December 2014 (papers A and A1 refer) be confirmed as correct records.

3/15 MATTERS ARISING REPORT

3/15/1 Matters Arising Report

Members received and noted the contents of paper 'B', noting that those actions now reported as complete (level 5) would be removed from future iterations of this report. Members specifically reported on progress in respect of the following actions:-

- (i) Minute 109/14/2 (TTO error rates) – the Medical Director advised that he met with the Chief Pharmacist on a regular basis to discuss these issues. A report on this matter was scheduled to be presented to the EQB in February 2015 and QAC in April 2015 as noted on the matters arising report;
- (ii) Minute 76/14 (regarding the draft QAC work programme) – discussions remained in progress – the QAC Chair would be meeting with the Deputy Chief Nurse and Director of Clinical Quality in early March 2015 to finalise the work programme. The Chief Executive commented that this interconnected with the Board Intelligence programme;
- (iii) Minute 77/14/4 and 79/14/2 (Patient Safety and Complaints Annual Reports 2013-14) – the Director of Safety and Risk advised that due to staff shortages in the Graphics Team, there had been a delay in the production of

- these reports. They were expected to be available for the QAC meeting in February 2015 as noted on the matters arising report, and
- (iv) Minute 78/14/5 (re. appropriate messaging of nursing workforce indicators, once national benchmarking/RAG ratings were available) – in discussion, it was agreed that this action was no longer required and therefore could be removed from the matters arising log.

Resolved – that the matters arising report (paper B refers) and the actions outlined above be noted and undertaken by those staff members identified.

3/15/2 Draft NICE Guidance – Safe Staffing for A&E

The Chief Executive advised that NICE had recently published draft guidance in respect of safe staffing for A&E and the Trust would now be undertaking the following work:-

- (i) comparing the current staffing levels in the Emergency Department with the draft guidance, and
- (ii) comparing the workforce model in the Emergency floor business case with the draft guidance.

Resolved – that the position be noted.

3/15/3 Electronic Prescribing and Medicines Administration (EPMA) Update

Mr T Bourne, Consultant Anaesthetist and Ms J Halborg, Head of Nursing, ITAPS attended the meeting to present paper C, an update on the EPMA project. Members noted that the Executive Quality Board (EQB) on 3 February 2015 would take a decision regarding the options put forward by the EPMA Board following an option appraisal in respect of the future of the system.

In summary, members were advised that although the EPMA system had been 'live' for up to three years in the Trust, the use of the system was not fully integrated into patient care and was widely perceived as being slow and unreliable. Whilst there was support for an electronic prescribing system in general, there was only limited support for the current system. Support for the system was strongest amongst band 5 nurses and weakest amongst medical staff, particularly amongst senior medical staff.

The options arising from the option appraisal were as follows:-

- (i) stop rollout and consolidate the position;
- (ii) defer rollout and have a period of consolidation of practice on existing live wards;
- (iii) proceed with rollout in Surgery, and
- (iv) cease use of Medchart.

Members were advised that the ePMA Board did not recommend option 4 above and this was included for completeness. The Consultant Anaesthetist noted that the Electronic Patient Record (EPR) was expected to be in place in 2016 and the prescribing system would need to be converted in order to ensure that it was compatible with EPR. UHL colleagues had visited another Trust with regard to the use of EPMA within theatres and ITU, however a number of reservations as to its use in these environments had been noted. Concern was expressed in respect of the miniscule resources that had been made available to rollout EPMA in comparison to the resources that had been provided for the rollout of Electronic Document Records Management. The EPMA Board's preferred option was stopping rollout and focussing resources on ensuring that ePMA was used effectively within the current 'live' areas. Members of the Quality Assurance Committee supported this option.

In response to queries from Non-Executive Directors, it was noted that UHL was the first Trust to use EPMA in the UK. Despite assurance being provided by the company which

had provided this software, a number of issues had come to light when the system was being rolled out within the Trust. The Chief Executive noted that the EQB would focus on actions that needed to be taken to mitigate any risks. Ms J Wilson, Non-Executive Director suggested that an update on learning lessons from post investment reviews be presented to Integrated Finance, Performance and Investment Committee (IFPIC), as appropriate.

CE

CA

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

(B) the EQB to take a decision at its meeting on 3 February 2015 regarding the options put forward by the EPMA Board following an option appraisal in respect of the future of the EPMA system including a focus on actions that needed to be taken to mitigate any risks, and

CE

(C) consideration be given to including an EPMA post investment review on the Integrated Finance, Performance and Investment Committee’s calendar of business.

CA

3/15/4 Update on Renal Transplant Unit

The Medical Director presented paper D, which provided an update on Professor C Rudge’s visit to evaluate progress of actions that had been put in place following his visit to the Trust’s Renal Transplant Unit in April and July 2014. Members were advised that Professor Rudge’s impression from discussion and observations was that there had been a significant improvement and that the unit was safe to remain open. In response to a query from Dr S Dauncey, QAC Chair in respect of one of the recommendations, the Medical Director highlighted the potential for the Renal Transplant Unit to be led by a Physician.

In response to a suggestion from Mr P Panchal, Non-Executive Director, members were of the view that the CMG’s recommendations be accepted, the external review process be closed and the EQB be requested to report to QAC if there were any further issues.

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

4/15 **SAFETY**

4/15/1 Patient Safety Report

The Director of Safety and Risk presented paper E, which provided a monthly update on internal safety issues and serious incidents and external safety news and developments. In her presentation of the report, the Director of Safety and Risk particularly highlighted some significant safety concerns in December 2014 relating to the emergency care system, however members noted that performance had improved since.

Members particularly noted section 2.8 of paper E which highlighted that 655 out of 1032 policies on the Trust’s Sharepoint system had a lapsed review date as of 19 December 2014. 484 of these were clinical guidelines and the highest proportion was within the Women’s and Children’s CMG. The Director of Safety and Risk highlighted that one of the common themes arising from patient safety incidents between October and December 2014 was in relation to lack of/deviation from policies and guidelines. She advised that this issue was being progressed by the Policy and Guideline Committee. In discussion, members noted that the main issue was in relation to the Sharepoint system not initiating appropriate reminders to policy authors informing them that their policy required a review (it was noted that this facility had been lost since the upgrade of Sharepoint). The Director of Clinical Quality advised that a business case had been developed as there was need for additional resources to resolve this issue. The Chief Nurse noted the need for a systematic approach highlighting that this issue was not ‘unusual’. Responding to a query from the Chief Nurse and Quality Officer, East

Leicestershire CCG regarding the Trust's procedures to track actions arising from serious incidents and noting that the policy and guideline issue had not yet been resolved and this was one of the themes arising from incidents, the Director of Safety and Risk advised that the monitoring of actions was undertaken at the Adverse Events Committee.

Mr M Williams, Non-Executive Director queried the scope for the Policy and Guideline Committee (PGC) to take a more proactive view in progressing the policy review – in response, the Director of Safety and Risk highlighted the accountability of policy authors in ensuring that the policy was updated and received by the PGC for review. The Patient Adviser suggested that this issue be delegated to CMGs, however the Chief Nurse advised that some of the policies were corporate and therefore Trust-wide. The Chief Nurse provided assurance that the wider issue of policy review mechanism was currently under discussion with the PGC.

The report provided a summary of the initial work of the new East Midlands Patient Safety Collaborative including their agreed priorities for 2015-16. UHL was contributing to three of these work-streams. A brief update on SUIs, patient safety incidents, CAS and RCAs was also provided.

In response to a query from Mr M Williams, Non-Executive Director in respect of any 'duty of candour' issues, the Director of Safety and Risk advised that the legislation had changed in respect of reporting incidents and a discussion was required in respect of this. The QAC Chair advised that 'Statutory Duty of Candour' would now be a standing item on QAC agendas starting from February/March 2015 noting that a report on this matter was scheduled to be presented to EQB in February/March 2015.

DSR

Resolved - that (A) the contents of this report be received and noted, and

(B) 'Statutory Duty of Candour' be scheduled as a standing item on QAC agendas with effect from February/March 2015.

DSR/TA

4/15/2

Complaints Engagement Events Update Report and Action Plan

Paper F provided an update on the progress made following the Complaints Engagement Event in June 2014. The primary focus of this event was to listen to the experiences of users, learn and take actions to improve the complaints service and processes.

One of the actions following this event was to explore an external evaluation process of UHL's complaints process (the action plan was detailed in appendix 1 of paper F). The Director of Safety and Risk and her team, HealthWatch, POHWER and Patient Adviser representatives had considered the establishment of an Independent Complaints Review Panel. Appendix 2 outlined the terms of reference of this panel and a draft template for use in reviewing individual cases. A pilot review panel had met on 13 January 2015 to test the processes and consider any amendments. The Director of Safety and Risk and the Patient Adviser highlighted that this was a useful experience and that a first full review panel was planned for March 2015.

In response to a query from Ms J Wilson, Non-Executive Director in respect of the action in the action plan re. 'Support staff to deal with concerns at source - Develop tools, guidance and training' – the Director of Safety and Risk advised that an e-learning package was being developed and would be piloted and rolled out. However, a rollout programme would need to be agreed by the Executive Quality Board. The Director of Safety and Risk undertook to discuss this matter at the EQB and provide an update to QAC in April 2015.

DSR

Mr P Panchal, Non-Executive suggested some changes to the terms of reference of the Independent Complaints Review Panel which were in relation to the provision of support

to panel members and clarity regarding how the cases were chosen. It was also suggested that the Review Panel should attend the Trust Board in October 2015 to present a patient story in respect of a complaint that had been reviewed.

DSR

DSR

Resolved – that (A) the contents of this report be received and noted;

(B) the Director of Safety and Risk be requested to discuss at the EQB re. the roll out programme for the e-learning package to support staff to deal with complaints/concerns at source and provide an update to QAC in April 2015;

DSR

(C) the Director of Safety and Risk be requested to update the terms of reference of the Independent Complaints Review Panel which were in relation to the provision of support to panel members to review complaints and clarity regarding how the cases were chosen, and

DSR

(D) the Director of Safety and Risk be requested to invite members of the Independent Complaints Review Panel to attend the Trust Board in October 2015 to present a patient story in respect of a complaint that had been reviewed by them.

DSR

5/15 QUALITY

5/15/1 CQC Should Dos

The Director of Clinical Quality presented paper G, which provided an update on the CQC 'should do' actions that remained non-compliant. Although the majority of actions were either 'complete' or 'on track', two actions had been rated 'amber':-

- (i) 'action was required in respect of 'improving facilities for teenagers within hospital' – the QAC provided some suggestions to take forward this action, and
- (ii) 'having different medication systems in different hospitals made tracking patients' medications difficult at times' – members noted that the issues re. EPMA would negate the planned actions and therefore would need to be reassessed.

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

05/15/2 Claims and Inquests Reports including an update on Regulation 28 letters

The Chief Nurse presented paper H, highlighting that two regulation 28 letters had been received in quarter 3 (2014-15) and the actions taken following these had been detailed in the appendices of paper H. The Director of Safety and Risk confirmed that Regulation 28 letters were scrutinised appropriately by the Adverse Events Group.

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

05/15/3 Nursing Report

The Chief Nurse presented paper I, which detailed information in respect of the latest nursing staffing in post figures, the current recruitment position, premium pay, nursing dashboard and the mitigation of workforce gaps.

In discussion on this item, members:

- (i) noted that an overtime premium had been agreed in the short-term for paediatric trained nurses in order to mitigate some staffing issues in that area;
- (ii) noted that there were 330 vacancies in November 2014;

- (iii) noted the nursing clinical dashboard – two wards had triggered a concern for October 2014 and action plans had been developed to resolve the issues;
- (iv) queried whether a process was in place to monitor the number of overtime hours undertaken by nurses – it was noted that for bank and substantive staff, triggers were in place if working time regulation hours were exceeded;
- (v) noted that there had been nursing acuity changes in the CHUGGS CMG and that a bid for additional funding would be submitted.

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

05/15/4 Months 8 and 9 – Quality and Performance Update

The Chief Nurse presented papers J and J1, which provided an overview of the November and October 2014 Quality and Performance reports.

In discussion on this item, members noted that :

- (i) there had not been any improvement in the fractured neck of femur performance. This pathway was now the subject of a Listening into Action team approach;
- (ii) there had been an avoidable grade 4 pressure ulcer in December 2014 as well as an increase in avoidable grade 2 ulcers. However, the position was now improving;
- (iii) there had been deterioration in ED 4 hour performance in December 2014, and
- (iv) there had been 2 never events and the Medical Director provided a brief update on these.

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

5/15/5 Statutory Duty of Candour

Resolved – that ‘Statutory Duty of Candour’ be scheduled as a standing item on QAC agendas starting from February/March 2015 (Minute 4/15/1 above refers).

6/15 ITEMS FOR THE ATTENTION OF QAC FROM EQB

6/15/1 EQB Meeting of 2 December 2014 – Items for the attention of QAC

Resolved – that the action notes of the 2 December 2014 Executive Quality Board meeting (paper K refers) be received and noted.

6/15/2 EQB Meeting of 6 January 2015 – Items for the attention of QAC

Resolved – that there were no items for the attention of QAC from the EQB meeting on 6 January 2015.

7/15 ITEMS FOR INFORMATION

7/15/1 Update on the process utilised by the NHSLA to determine the annual premium to be paid to the NHSLA by Trusts

Members received and noted the contents of paper L. The Director of Safety and Risk advised that the safety improvement plan and NHSLA bid to support the safety work at UHL would be submitted to the EQB and QAC in February 2015. The learning from inquests would be submitted to EQB and QAC in March 2015.

DSR

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

(B) the Director of Safety and Risk be requested to submit:-

- the safety improvement plan and NHSLA bid to support the safety work at UHL to the EQB and QAC in February 2015, and
- the learning from inquests to EQB and QAC in March 2015.

DSR

7/15/2

Complaints Briefing Report

Members noted the contents of paper M. The Director of Safety and Risk queried whether this report provided sufficient information noting that the CQC's expectation was that the Trust Board should receive a report on complaints. In discussion on this matter, it was suggested that this report should now feature as a substantive item on the QAC agenda and this would provide an opportunity for QAC to escalate any issues to the Trust Board as per the CQC's requirement. In discussion, members also noted that the 'Triangulation of Patient Experience' report was initially presented to the Trust Board but it was agreed that this report would be considered by the QAC instead of the Trust Board. It was suggested that when this report was next discussed, consideration be given in respect of whether this report would be best considered by the QAC or the Trust Board.

The Chief Nurse advised that initial discussions had been held with the Trust Chairman and the QAC Chair in respect of organising a briefing on the existing Quality Commitment to take place soon after the QAC meeting on 26 February 2015. Executive and Non-Executive Directors including the Deputy Chief Nurse, Director of Safety and Risk and Director of Clinical Quality would be invited to attend this session.

CN

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

(B) the Chief Nurse be requested to organise a briefing on the existing Quality Commitment to take place soon after the QAC meeting on 26 February 2015.

CN

7/15/3

CQC Registration Update

The Director of Clinical Quality introduced paper N and advised that UHL had hosted the Alliance activity and therefore registered this with the CQC. When the initial applications were made in April 2014, Rutland Memorial Hospital applied to be able to provide surgical activity. This was now deemed to be inappropriate. An application therefore had been made to this effect to remove from the registration certificate. She highlighted that the Trust Board needed to be notified of this.

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

8/15

MINUTES FOR INFORMATION

8/15/1

Executive Performance Board

Resolved – that the action notes of the 16 December 2014 Executive Performance Board meeting (paper O refers) be received and noted.

9/15

ANY OTHER BUSINESS

Resolved – that there were no items of any other business.

10/15

IDENTIFICATION OF ANY KEY ISSUES FOR THE ATTENTION OF THE TRUST BOARD

Resolved – that the QAC Chair be requested to bring the following issue to the attention of the Trust Board:

- (i) Minute 7/15/3 (CQC Registration Update).

11/15 DATE OF NEXT MEETING

Resolved – that the next meeting of the Quality Assurance Committee be held on Thursday, 26 February 2015 from 1.00pm until 4.00pm in the Board Room, Victoria Building, LRI.

The meeting closed at 2.58pm.

Cumulative Record of Members' Attendance (2014-15 to date):

<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>	10	8	80%	<i>R Overfield</i>	10	8	80%
<i>S Dauncey (Chair)</i>	10	9	90%	<i>P Panchal</i>	10	6	60%
<i>K Harris</i>	10	8	80%	<i>J Wilson</i>	10	9	90%
<i>K Jenkins</i>	1	0	0%	<i>D Wynford-Thomas</i>	10	3	30%

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>	10	8	80%	<i>K Singh</i>	4	4	100%
<i>I Crowe</i>	4	3	75%	<i>M Traynor</i>	4	1	25%
<i>C O'Brien – East Leicestershire/Rutland CCG*</i>	10	6	60%	<i>M Williams</i>	4	1	25%

Hina Majeed
Trust Administrator