

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: 27 June 2013**

**COMMITTEE: Quality Assurance Committee**

**CHAIRMAN: Ms J Wilson, Non-Executive Director**

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

- Electronic Prescribing and Medicines Administration Update (Minute 44/13/2 refers);
- Funding for 'Putting People First' Initiative (Minute 46/13/1 refers), and
- Proposals for a review of complaints handling (Minute 47/13/1 refers);

**DATE OF NEXT COMMITTEE MEETING: 18 June 2013**

**Ms J Wilson  
21 June 2013**

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**

**MINUTES OF A MEETING OF THE QUALITY ASSURANCE COMMITTEE HELD ON TUESDAY 21  
MAY 2013 AT 9:30AM IN THE LARGE COMMITTEE ROOM, MAIN BUILDING,  
LEICESTER GENERAL HOSPITAL**

**Present:**

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

**In Attendance:**

Ms J Ball – Divisional Head of Nursing (for Minute 44/13/1)  
Mrs R Broughton – Head of Outcomes and Effectiveness (for Minute 45/13/2)  
Dr B Collett – Assistant Medical Director, Clinical Effectiveness  
Dr S Dauncey – Non-Executive Director  
Miss M Durbridge – Director of Safety and Risk  
Mrs S Hotson – Director of Clinical Quality  
Ms H Leatham – Head of Nursing  
Mrs H Majeed – Trust Administrator  
Mr M Metcalfe – Consultant Hepatobiliary and Pancreatic Surgeon (for Minute 44/13/1)  
Mr I Reid – Non-Executive Director  
Ms M Wain – Divisional Quality and Safety Manager (for Minute 44/13/1)

**RESOLVED ITEMS**

**ACTION**

**42/13 APOLOGIES**

Apologies for absence were received from Mr J Adler, Chief Executive and Dr K Harris, Medical Director.

**43/13 MINUTES**

**Resolved** – that the Minutes of the meeting held on 16 April 2013 (paper A refers) be confirmed as a correct record.

**44/13 MATTERS ARISING REPORT**

Minute 30/13/3 – members noted that a note had been circulated by the Women's and Children's Division in respect of the issues raised by the QAC regarding the co-location of IVF and Pregnancy Termination Clinics. In discussion, the Director of Safety and Risk advised that this issue was also discussed at the Divisional Confirm and Challenge meeting on 15 May 2013, however, the Division had indicated that they had not received any complaints from patients relating to the timing of these clinics or their environment. It was agreed that Ms J Wilson, Dr S Dauncey and Mr I Reid, Non-Executive Directors would undertake a walkabout of these areas understand the issues.

**QAC  
NEDs**

**Resolved** – that (A) the matters arising report (paper B) be noted, and

(B) Ms J Wilson, Dr S Dauncey and Mr I Reid, Non-Executive Directors to undertake a walkabout of the IVF and Pregnancy Termination Clinics to understand the issues.

**QAC  
NEDs**

44/13/1 Planned Care Divisional Update on Complaints Performance and Progress in Achieving

### 10% reduction in formal complaints in 2012-13

Mr M Metcalfe, Consultant Hepatobiliary and Pancreatic Surgeon, Ms J Ball, Divisional Head of Nursing and Ms M Wain, Divisional Quality and Safety Manager attended the meeting to present papers C, C1 and C2.

In discussion on this item members noted that:

- (i) the Division had reviewed complaints received under the headings medical and nursing care and in most cases the post-investigation review concluded that a different category could be applied;
- (ii) a service improvement project – Dedicated Discharge Doctor had been piloted. The FY1 was assigned as the dedicated discharge doctor and had a designated area to review notes of patients who were ready for discharge. The average time of decision to discharge had reduced due to this initiative;
- (iii) the increase in bed pressures correlated with the number of complaints received, and
- (iv) the rate of complaints re-opened had reduced.

In response to a query on the top three things that the Division would need from the wider organisation in respect of the actions planned to reduce complaints, the Divisional Head of Nursing advised that supervisory status for Ward Sisters would prove helpful. Mr M Metcalfe undertook to feedback his comments to the Associate Medical Director outside the meeting.

**Resolved – that the contents of the reports be received and noted.**

### 44/13/2 Electronic Prescribing and Medicines Administration Update

The Associate Medical Director reported that since the roll-out of the EPMA system to the Acute Medical Unit there had been an increased incidence of the system deadlocking. CSC (the supplier of the EPMA software) had advised that UHL was now the biggest service user of EPMA and there was a capability issue on their system. They had agreed to place patches to overcome current difficulties and the matter was being reviewed on a daily basis.

Responding to a query, it was noted that procedures were in place to mitigate the risk and consideration was being given to withdrawing fluids prescribing through EPMA system, however CSC would be providing an analysis of whether this would assist in diminishing the capability issues. The Acting Chief Nurse also reported that there were issues relating to re-dispensing of drugs which particularly affected nursing staff.

Professor D Wynford-Thomas, Non-Executive Director suggested that from a technical perspective consideration be given to rolling out more than 1 EPMA system to the rest of the wards. However, the legal and contractual position would need to be protected.

**Resolved – that the update be noted and reported to the May 2013 Trust Board appropriately.**

Chair

### 44/13/3 National Staff Survey 2012 - Update on scope for increasing the Trust's response to question KF12 surrounding the availability of hand washing materials

The Acting Chief Nurse reported that '5 moments for hand hygiene' had been rolled out and the repeated audit scores had now risen to 88%. Series of face to face training had also been organised and the Infection Prevention Team were confident that appropriate hand washing facilities were available for staff and patients. She also highlighted that the Infection Prevention Committee would be re-established. Responding to a query from Mr P Panchal, Non-Executive Director, it was noted that LLR FMC/Interserve would be giving consideration to revamping reception areas.

**Resolved – that the update be noted.**

**45/13 QUALITY**

45/13/1 Month 1 – Quality and Performance Update

The Acting Chief Nurse highlighted the following:-

- Emergency Department continued to experience excessive activity, creating an enormous challenge to ensure that care was provided in a safe, timely and effective way. The Emergency Care Action Team met on a weekly basis to resolve issues;
- 6 cases of C Difficile reported in April 2013 against a target of 9 for the month. The full year target was 67. The target was challenging and a UHL C Difficile Operational Group had been established which included representatives from Public Health England, CCGs and LPT;
- overall Trust Net Promoter score was 66.4, and
- the overall percentage of 'harm free care' decreased by 1.94% in April 2013 to 91.39%, however VTE prevalence had not been collected.

**Resolved – that the verbal update be noted.**

45/13/2 Quarterly CQUIN Update

The Head of Outcomes and Effectiveness attended to present paper D, Quality Schedule and CQUIN Schemes - quarter 4 performance (2012-13) and 2013-14 pre-requisite criteria.

Responding to a query from Mr I Reid, Non-Executive Director in respect of the mechanism for monitoring performance of each indicator, it was noted that an internal monitoring process had been developed and CBUs had been asked to identify a lead for each indicator relevant to their CBU to link with the Trustwide lead. Reports were presented regularly to CBU, Divisional Boards and Quality and Performance Management Group meetings.

An overview and exception report was requested to be presented to the QAC in August 2013. In respect of the quality schedule indicators relating to 'Timing of Outpatient Letters' – it was suggested that the Medical Director and the Associate Medical Director discuss how to address the issues. It was noted that the number of 'avoidable' hospital acquired pressure ulcers had increased and the Acting Chief Nurse supported by the Assistant Director of Nursing were already acting on this.

HOE

MD/AMD

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

**(B) the Head of Outcomes and Effectiveness to present a CQUIN and Quality Schedule overview and exception report to the QAC meeting in August 2013, and**

HOE/TA

**(C) the Medical Director and the Associate Medical Director to liaise regarding the way forward to address issues regarding the indicator relating to 'Timing of Outpatient Letters'.**

MD/AMD

**46/13 PATIENT EXPERIENCE**

46/13/1 Patient Experience Annual Report 2012-13

The Head of Nursing presented paper E, an update on the patient and family feedback for 2012-13. An update on the following was provided:-

- feedback mechanisms (paper surveys, emails, message to matron cards etc.);

- corporate patient experience activity, and
- summary from each Division on their Patient Experience action plans.

As part of the improvement plans for patients with dementia, UHL had endorsed a Dementia Champion Network where staff could develop a deeper understanding of the experiences of people living with dementia and how the Trust's services impacted on their well being. Each patient with dementia was required to complete a profile in order that their care could be tailored. The Trust had an active Older People's Champions network which included staff from a range of backgrounds and specialties who had volunteered to support older people within the clinical setting to promote excellence in practice and a responsive individualised service. The Committee Chair commended the work being undertaken however noted that the pace of the roll out was slow. She queried whether there was any support required from the wider organisation. In response, it was noted that funding to support the delivery of the 'Putting People First' initiative would prove useful. This was a 'toolkit' originally supported by Midlands and East Cluster to equip staff to improve the experience of care for patients and also improve staff experience. The Committee Chair agreed to raise this matter at the May 2013 Trust Board meeting.

Chair

Responding to a query from the Patient Adviser, it was noted that the following key themes usually arose from the surveys :- quality of food, facilities, general environment and waiting times. In discussion on issues relating to quality of food, it was noted that weekly meetings were being held with Interserve and re-designing of menus for wards was scheduled in October 2013.

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

**(B) the Committee Chair to report to the Trust Board regarding the need for funding to take forward the 'Putting People First' initiative.**

Chair

**47/13 SAFETY AND RISK**

47/13/1 Patient Safety Report

The Director of Safety and Risk presented the patient safety report (paper F refers). The following points were noted in particular:-

- 2012-13 quarter 4 patient safety report featured a new Patient Safety Dashboard, some requirements within the Quality Schedule and a new SUI "Action Tracker";
- responding to a query from Mr P Panchal, Non-Executive Director, the Director of Safety and Risk undertook to seek assurance about the information recorded on HISS (e.g. formal complaints by patient ethnicity) at the first Data Quality Forum scheduled to be held on 21 May 2013 and include the feedback in the Patient Safety report scheduled for the June 2013 QAC meeting;
- responding to a query from Professor D Wynford-Thomas, Non-Executive Director on the reporting time periods of the various reports to the QAC, it was noted that appendix 1 detailed the 2012-13 quarter 4 report, however the June 2013 patient safety report would include the 2012-13 annual report;
- proposals for a review of complaints handling – the Director of Safety and Risk undertook to circulate the report and the outcome of the discussion at the ET meeting on 21 May 2013 to QAC members;
- NHS England's Serious Incident Framework required all SUIs to be discussed by the Trust Board. NHS England required Trusts to review the effectiveness of actions that had been implemented. It was proposed that the following process be adopted by QAC to ensure that the new framework was being adhered to and that SUIs were appropriately shared and discussed:-
  - all new SUI proformas be sent to all Trust Board Members;

DSR

DSR

- all completed RCA investigation reports be circulated to all Board members;
  - new SUIs be detailed in monthly QAC Patient Safety Report;
  - the Director of Safety and Risk to provide a monthly summary of closed SUIs;
  - the QAC to agree whether any of the RCAs were to be discussed at or escalated to the Trust Board, and
  - all Never Events to be presented to the Trust Board.
- Responding to a suggestion from Ms C O'Brien, the Director of Safety and Risk advised that consideration would be given to providing the feedback report from Commissioners to the Trust Board in respect of SUIs that had not been signed-off, and
  - the summary of SUIs reported in April 2013 was noted. In discussion on SUI reference 2013/11475 – it was noted that appropriate HR processes were in place.

**Resolved – that (A) the contents of paper F be received and noted and an update on actions agreed above be included in the June 2013 patient safety report to QAC, and**

DSR

**(B) the Director of Safety and Risk to circulate the 'Proposals for a review of complaints handling' and the outcome of the discussion of this report at the ET meeting on 21 May 2013 to QAC members.**

DSR/TA

47/13/2 Report by the Director of Safety and Risk

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

47/13/3 Quarter 4 (2012-13) Health and Safety Report

The Director of Safety and Risk introduced paper H (which summarised the statistical health and safety performance for 1 January 2013 to 31 March 2013), particularly noting the following points:-

- 'Sharps Practice' Initiative had been introduced as sharps injuries accounted for 15% of RIDDOR incidents and 14% of non-RIDDOR accidents involving staff during 2012-13;
- health and safety training (detailed in section 3 of the report) – Statutory and Mandatory Training at UHL was currently under review and regular reports would be provided to the Quality and Performance Management Group, and
- quarterly employee and public liability claims – it was suggested that benchmarking information be included within the next quarterly report in August 2013.

DSR

**Resolved – that (A) the contents of paper H be noted, and**

**(B) the next quarterly Health and Safety Report to include benchmarking information on the number of employee and public liability claims/ RIDDORs.**

DSR/TA

47/13/4 Report by the Acting Chief Nurse

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

47/13/5 Update on data reported in the NHS Safety Thermometer regarding 'harms'

Paper J provided an update on the NHS Safety Thermometer (ST) prevalence results

for March 2013 and members made note of the following:-

- (i) total number of 'new harms' recorded for March 2013 increased from 50 to 56 compared to February 2013. The increase in 'new harms' related to a slight increase in the number of patients developing hospital acquired pressure ulcers or Venous Thrombus Embolism (VTE);
- (ii) the national target for 'harm free care' was 95% and the national average in March 2013 was 92.49%;
- (iii) the percentage of patients within UHL reported to have 'No Newly Acquired Harms' had reduced slightly less than the national average for March 2013, and
- (iv) a comparative review of ST data had provided evidence that some Trusts used different methodology with data collection and analysis for Catheter Acquired Urinary Tract Infections (CAUTIs). There was a need for a discussion with the Infection Prevention team and Commissioners and a narrative needed to be included in the report to explain the background.

ACN

**Resolved – that (A) the verbal update be received and noted, and**

**(B) further to discussion with the Infection Prevention team and Commissioners, a narrative on the background in respect of data collection and analysis for Catheter Acquired Urinary Tract Infections (CAUTIs) be included within future NHS ST reports to QAC.**

ACN/TA

47/13/6 Nursing Workforce

Paper K provided an overview of the nursing workforce position for UHL. In response to a suggestion from Dr S Dauncey, Non-Executive Director it was noted that the Lead Nurses were giving consideration to have a focused and dedicated training and development team solely within ED in order to support new starters and also for the ongoing development of existing staff. In discussion on the vacancies in Radiology, it was noted that proposals for additional investment in Imaging Services was scheduled to be presented Finance and Performance Committee in July/August 2013.

The Committee Chair queried the processes in place to ensure that there was an equal spread of staff during the week in ED – the Acting Chief Nurse agreed to liaise with the Emergency Department Lead Nurse and include this information in the June 2013 report to the QAC.

ACN

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

**(B) the Nursing Workforce report to include the processes in place to ensure that there was an equal spread of staff during the week in ED.**

ACN

47/13/7 Use of Copper as a Biocide in Water Treatment Systems – UHL Position

The Acting Chief Nurse reported that the European Union had banned the use of copper in water control/disinfection systems. The LRI was the only UHL site with a copper/silver ionisation system. As long as plans were in place to decommission the old plant and commission the new plant whilst the Trust still controlled the quality of water, then UHL would be deemed complaint. A verbal update on assurance was requested to be provided at the QAC meeting in June 2013.

ACN

**Resolved – that (A) the verbal update be noted, and**

**(B) the Acting Chief Nurse to provide a verbal update to the QAC meeting in June 2013 to confirm whether plans were in place to decommission the ionisation plant at the LRI.**

ACN

47/13/8 Report by the Director of Safety and Risk

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

**48/13 ITEMS FOR INFORMATION**

48/13/1 CQC's New Strategy

**Resolved** – that paper M was withdrawn.

48/13/2 Formal Response to Commissioner Visits

**Resolved** – that paper N be received and noted.

48/13/3 CQC Mental Health Visit Report and Action Plan

**Resolved** – that paper O be received and noted.

48/13/4 SHA Review of Quality Governance at UHL

**Resolved** – that paper P be received and noted.

48/13/5 Quarterly Data Quality Report

**Resolved** – that paper Q be received and noted.

**49/13 MINUTES FOR INFORMATION**

49/13/1 Finance and Performance Committee

**Resolved** – that the public Minutes of the Finance and Performance Committee meeting held on 24 April 2013 (paper R refers) be received and noted.

**50/13 ANY OTHER BUSINESS**

50/13/1 Formal Response to Commissioner Visits

The Chief Nurse and Quality Officer East Leicestershire and Rutland CCG queried whether paper N had been discussed at any other meetings. In response, the Director of Clinical Quality advised that the report had been circulated to all Board members for comment. The Committee Chair suggested that the report be included as a substantive item on the agenda for the QAC meeting in June 2013, for further discussion.

DCQ

**Resolved** – that the 'Formal Response to Commissioner Visits' be included as a substantive item on the agenda for the QAC meeting in June 2013.

DCQ/TA

**51/13 IDENTIFICATION OF ANY KEY ISSUES FOR THE ATTENTION OF THE TRUST BOARD**

**Resolved** – that the following items be brought to the attention of the Trust Board on 30 May 2013:-

- Electronic Prescribing and Medicines Administration Update (Minute 44/13/2 refers);
- Funding for 'Putting People First' Initiative (Minute 46/13/1 refers);
- Proposals for a review of complaints handling (Minute 47/13/1 refers);
- Discussion under Minute 47/13/2, and
- Discussion under Minute 47/13/8.

52/13 DATE OF NEXT MEETING

**Resolved** – that the that the next meeting be held on Tuesday, 18 June 2013 at 9:30am in the Large Committee Room, Main Building, Leicester General Hospital.

The meeting closed at 12.19pm.

**Cumulative Record of Members' Attendance (2013-14 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>	<i>2</i>	<i>1</i>	<i>50</i>	<i>R Palin*</i>	<i>2</i>	<i>2</i>	<i>100</i>
<i>M Caple*</i>	<i>2</i>	<i>2</i>	<i>100</i>	<i>P Panchal</i>	<i>2</i>	<i>2</i>	<i>100</i>
<i>S Dauncey</i>	<i>1</i>	<i>1</i>	<i>100</i>	<i>C Ribbins</i>	<i>1</i>	<i>1</i>	<i>100</i>
<i>K Harris</i>	<i>2</i>	<i>1</i>	<i>50</i>	<i>J Wilson</i>	<i>2</i>	<i>2</i>	<i>100</i>
<i>S Hinchliffe</i>	<i>1</i>	<i>1</i>	<i>100</i>	<i>D Wynford-Thomas</i>	<i>2</i>	<i>2</i>	<i>100</i>
<i>C O'Brien – East Leicestershire/Rutland CCG*</i>	<i>2</i>	<i>2</i>	<i>100</i>				

*\* non-voting members*

Hina Majeed, **Trust Administrator**