

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: 28 March 2013

COMMITTEE: Quality Assurance Committee

CHAIRMAN: Mr D Tracy

DATE OF COMMITTEE MEETING: 19 February 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:

- a) Clinical Audit Quarterly Report (Minute 15/13 refers);
- b) Q3 Health and Safety Report (Minute 16/13/1 refers);
- c) Nursing Healthcheck (Minute 16/13/5 refers),
- d) Nursing Workforce - Position Statement (Minute 16/13/8 refers); and
- e) CQC Self Assessment (Minute 17/13/5 refers).

DATE OF NEXT COMMITTEE MEETING: 19 March 2013

**Mr D Tracy
22 March 2013**

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**MINUTES OF A MEETING OF THE QUALITY ASSURANCE COMMITTEE HELD ON TUESDAY 19
FEBRUARY 2013 AT 9:30AM IN THE LARGE COMMITTEE ROOM, MAIN BUILDING,
LEICESTER GENERAL HOSPITAL****Present:**

Mr D Tracy – Non-Executive Director (Chair)
 Mr J Adler – Chief Executive
 Dr R Palin – General Practitioner (non-voting member)
 Mr P Panchal – Non-Executive Director
 Ms J Wilson – Non-Executive Director

In Attendance:

Dr B Collett – Assistant Medical Director
 Miss M Durbridge – Director of Safety and Risk
 Mr A R Harvey – Interim Trust Administrator
 Mrs S Hotson – Director of Clinical Quality
 Mr I Reid – Non-Executive Director
 Mrs C Ribbins – Director of Nursing
 Mr C Walker – Clinical Audit Manager (for minute 15/13)

RESOLVED ITEMS**ACTION****12/13 APOLOGIES**

Apologies for absence were received from Mr M Caple, Patient Adviser (non-voting member), Dr K Harris, Medical Director, Mrs S Hinchliffe, Chief Nurse/Deputy Chief Executive, Ms C Trevithick, Chief Nurse and Quality Lead, West Leicestershire CCG (non voting member), Mr M Wightman, Director of Communications and External Relations, Mr S Ward, Director of Corporate and Legal Affairs and Professor D Wynford-Thomas, Non-Executive Director and Dean of the University of Leicester Medical School.

13/13 MINUTES

Resolved – that the Minutes of the meeting held on 22 January 2013 (papers A and A1 refer) be confirmed as a correct record.

14/13 MATTERS ARISING REPORT

The matters arising report at paper B highlighted both issues from the most recent meeting and provided an update on any outstanding matters arising since 24 September 2012. The following matters were raised:-

- (a) Minute 06/13/3 - Dr R Palin, GP raised concerns in relation to the provision of catering services in ED – it was noted that provision was seen as part of the nursing duties. Director of Nursing would respond in detail to the query outside of meeting **DN**
- (b) Minute 101/12/3 (re update on progress and plans for Caring at its Best) the Director of Nursing reported that discussions were on-going with a leadership development company a further update would be provided at the April 2013 QAC meeting. **DN**

Resolved – that the matters arising report and the actions above, be noted. **DN**

15/13 CLINICAL AUDIT QUARTERLY REPORT AND DASHBOARD

Mr C Walker, Clinical Audit Manager, presented paper C which provided details of progress against delivering the UHL's clinical audit programme. The following key points

were noted:

- 1) 980 audits registered on the UHL Clinical Audit Database currently “ongoing” or “to start” had been completed since 1st April 2012;
- 2) The number of clinical audits registered each quarter continued to rise;
- 3) The number of completed audits this quarter (n=97) was the highest recorded in Quarter 3 since the quarterly reports started in 2010/11;
- 4) The UHL performance score against the indicators monitored in the Clinical Audit Dashboard had improved 3 points this quarter;
- 5) The Acute Division had shown the biggest increase in performance score this quarter with Women’s & Children’s Division continuing to lead the way;
- 6) The Clinical Audit Dashboard was now part of the divisional quality and safety dashboards. Specialty performance was monitored by the Divisional Management Teams and issues addressed accordingly;
- 7) The % of audit action plans completed within agreed deadlines had risen by 5% this quarter;
- 8) Further work was required to ensure audit summaries were signed off by divisions in a timely manner as this was the main reason behind audits not being completed to schedule;
- 9) IT infrastructure to support clinicians using SharePoint needed to be reviewed; and
- 10) For the re-audits completed this quarter – 67% (24/36) showed improvements in the results since the first audits.

In considering the report the Committee felt that the report highlighted some positive aspects, although there were many areas where the RAG rating was stated as either red or amber and questions were raised as to the level of assurance that the report provided. In response, Mr Walker pointed out that the audit processes were subject to on-going review to ensure that challenges were appropriate and that duality of auditing did not occur. In respect of the current ratings, it was noted that there were some issues around data collection and assimilation which were gradually being resolved. The Chief Executive suggested that an exception report be submitted to the next meeting of the Committee detailing those areas where data submission was of concern.

DCQ/
CAM

Resolved that: -

- a) the report and recommendations be agreed and noted; and
- b) a report be submitted to the next meeting of the Committee detailing areas where data submission and/or collection was of concern.

DCQ/
CAM

16/13 SAFETY AND RISK

16/13/1 Patient Safety Report

The Director of Safety and Risk presented paper D detailing:

- Quarterly patient safety data report
- NHS Change Day
- Re-launch of 3636 staff concerns reporting line
- Changes to complaints investigations by Public health Services Ombudsman
- Changes to ICAS
- 5 Critical safety actions update.

In respect of the patient safety report, the Director of Safety and Risk informed the Committee that although the actual number of complaints was reducing, complaints activity remained high. There had been some negative impact arising from the publicity around the Francis Report, but this was to be expected. Mr P Panchal, Non-Executive Director, in noting that complaints received from ethnic minority communities appeared to be less than other communities, asked how the Trust actively engaged with such communities in order to proactively promote the Trusts complaints practices and whether complaints received were matched against a social breakdown of patients. The

Chief Executive suggested that this was an engagement issue that should be referred to the Director of Communications and External Relations.

The Committee noted the impending NHS Change Day on 13 March 2013, during which anyone in the NHS would be encouraged to undertake simple pledges that could improve their work environment by signing up to the NHS Change Day Pledge Wall. A link to a short video promoting the Change Day would be circulated to QAC members.

In considering the relaunch of the 3636 patient safety concerns reporting line, the Committee noted the importance of the scheme and requested a breakdown of monitoring information, in particular, the rates of activity, areas of activity, improvement actions administered and reporting information to the QAC. The Director of Safety and Risk informed the Committee that activity as recorded and the data would be made available to QAC members.

DSR

In considering the appendix to the report, which contained details of complaints, incidents, SUI's and claims, Ms J Wilson, Non-Executive Director suggested that future reports including a summary dashboard highlighting key areas of concern and that future consideration be given to the lessons implemented from Never Events.

Resolved that:-

- a) the report recommendations be noted and agreed;
- b) consideration be given to the provision of practical information to Committee regarding use of 3636 number; **DSR**
- c) known activity rates in respect of 3636 number be circulated to Committee members; **DSR/TA**
- d) issues surrounding engagement of sections of the community be passed to Director of Communications and External Relations for consideration; **DSR/DCER**
- e) consideration be given to the inclusion of a summary dashboard in respect of patient safety matters on future reports; and **DSR**
- f) a report be submitted to a future meeting on lessons implemented from Never Events **DSR/TA**

16/13/2 Health & Safety Statistical Report and Performance Indicators October-December 2012

The Director Safety and Risk submitted paper E detailing key issues arising from the results of the Annual Health and Safety Management Risk Audit for 2012-13.

The following key points were noted:

- Accident trends had significantly decreased from 2011-12;
- Health and safety training attendance had improved; and
- Payouts due to successful litigation claims against the Trust had reduced.

In considering the report the Committee stressed the importance of ensuring that there was full integration of Interserve staff into all of the practices and training that the Trust had to offer and that the learning protocols from reported incidents should be brought before the Committee.

Resolved that:-

- a) The report and recommendations be agreed and noted; and
- b) The learning protocols arising from the reported incidents be reported to a future meeting of the Committee. **DSR/TA**

16/13/3 Report by Director of Safety and Risk

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

16/13/4 Report by Director of Nursing

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

16/13/5 Nursing Healthcheck

The Director of Nursing submitted paper F providing the December 2012 status of ward positions relating to key monthly indicators.

In receiving the report the Committee requested details of the escalation processes that were in place, together with some form of narrative to provide a greater understanding of some of the issues reported.

Resolved that: -

- a) the report be noted;
- b) a report be submitted to the March 2013 meeting of the Committee detailing the escalation processes that were in place; and DN
- c) future position reports be reported on an exception basis to include a level of narrative to aid understanding of issues of key concern. DN

16/13/6 Quarterly Report on Hospital Acquired Pressure Ulcers

The Committee noted paper G submitted by the Director of Nursing outlining progress with the 2012/13 Pressure Ulcer Trajectory.

In receiving the report, the Committee noted issues in relation to equipment and considered that this should be brought to the attention of the Executive Team.

Resolved that: -

- a) the report and recommendations be approved; and
- b) the equipment issues highlighted in the presentation be reported to the Executive Team. DN

16/13/7 The NHS Safety Thermometer and Prevalence of the Four Harms in UHL

The Director of Nursing submitted paper H informing the Committee how the NHS Safety Thermometer had been implemented across UHL and detailing the prevalence of the four harms (falls, pressure ulcers, venous thromboembolism and urinary catheter acquired infections).

It was noted that the Safety Thermometer had been designed to measure local improvement and reduction in harms over time and the Department of Health had set a target of (5% of patients being free from such harm). The current attrition rate for UHL stood at around 8% and the Committee were therefore concerned to see how this current rate could be lowered in order to meet the Department of Health's targets, particularly in the light of recent decisions to encourage the reporting of harm. The Committee agreed that the Safety Thermometer report should form part of its monthly standing committee items from March 2013 onward.

Resolved that: -

- a) the report be noted and the recommendations agreed; and
- b) the report be included as part of QAC monthly reporting programme. DN

16/13/8 Nursing Workforce – Position Statement

The Director of Nursing submitted paper I which provided an overview of the nursing workforce position for UHL.

The Committee noted that the nursing vacancy situation had improved, but still stood at 266 which was having capacity affects across the Trust. It was noted that the shortage of nursing staff was a national rather than a local issue and the Trust was being very proactive in its approach to recruitment. Notwithstanding this, the Committee were of the view that it needed more detailed information on a ward by ward basis in order that the full effects could be accurately delineated.

Resolved that: -

- a) **future iterations of the report vacancies table (Appendix 1) include RAG rating and detail broken down on a ward basis and also include ratios in relation to what staffing levels should be /what they are and ratios of agency to employed staff; and**
- b) **a report of the nursing rate in ED be submitted to the QAC meeting in March 2013**

DN

DN/TA

17/13 QUALITY

17/13/1 Month 10 Quality and Performance Update

In an oral update, the Director of Quality reported that three of the seven key priorities were to be reported to the next Trust Board. It was also noted that CQUIN threshold had been achieved.

Resolved - that the oral update be noted.

17/13/2 Quality and Safety Commitment – Progress Report

The Director of Nursing submitted paper J updating the Committee on progress with the Quality and Safety Commitment and presented a high level overview plan covering the next few months.

In discussing the report the Committee noted that the next steps would be to:

- communicate individual action plans to CBU leads via divisional meetings which linked to other Trust priorities;
- present detailed actions plans and any resource required to deliver to February 2013 Trust Board;
- Roll-out initiatives and update Trust Board regularly on progress; and
- Link priorities to the quality contract for 2013/2014.

DN

Resolved - that the report be noted

17/13/3 Quality Account Timetable

The Director of Clinical Quality presented paper K detailing changes to the 2011/12 Quality Account, a revision of the sharing protocols and detailing development of the 2012/13 Quality Account which would include the following priorities:

- Save Lives – save 1000 extra lives in the next three years
- Avoid Harm – avoid 5000 patient harm incidents in the next three years;
- Patient Centred Care – treat all patients with dignity and respect so that 75% would recommend the Trust.

In discussing the issue, the Committee noted the increased emphasis on the quality of data, an issue emanating from the Francis report. The Committee also recommended that the report be submitted to the Audit Committee.

DCQ

Resolved that: -

- a) the report be noted; and
b) the report be submitted to the April 2013 meeting of the Audit Committee. DCQ/TA

17/13/4 External Assurance of UHL's Quality Governance Arrangements - Development of Plan to Address Actions

The Director of Clinical Quality presented paper L updating the Committee on the development plan to address actions arising from external assurance of the Trusts quality governance arrangements.

At the Board development session on the 31st January 2013, RSM Tenon had presented their report following a review of the Trusts quality governance arrangements. RSM Tenon had scored the Trust at 6.0 against the Quality Governance Framework. (authorisation required the Trust to achieve a score of 3.5 or less). RSM Tenon had proposed 26 recommendations and these will be presented to the March meeting of the Trust Board.

Resolved - that the report be noted and submitted to the meeting of the Trust Board in March 2013. TA

17/13/5 Internal Self Assessment With the CQC Outcomes – Summary of Quarter 4

The Director of Clinical Quality presented paper M which provided detail of the results of the self assessments completed at the end of January 2013 against CQC outcomes.

The Francis report had provided a focus on the CQC and inspection process that may lead to changes in expectations from the CQC, however, until such changes had been clarified, the current internal assessment process would continue.

In considering the report, members asked for details of the process that was utilised in areas that claimed compliance, but where evidence was to the contrary. This would be clarified in the next report to the Committee.

Resolved - that the report be noted

18/13 **PATIENT EXPERIENCE**

18/13/1 Quarterly Patient Experience Report

The Director of Nursing presented paper N providing an update of patient and family feedback for the third quarter. The report focussed on progress made against the Patient Experience Workplan and was structured around feedback mechanisms, highlights of the corporate patient experience activity and updates from each Division on their Patient Experience Action Plans.

In considering the report the Committee:

- Noted the summary of progress and stressed the importance of leadership in driving patient initiatives;
- Requested further details as to how the learning from the work plans was disseminated across the Trust;
- Future reports highlight positive as well as negative patient experiences; and
- Requested an assurance that, given recent media publicity, the food supplied to patients was not cross contaminated.

In respect of the last point above, the Chairman pointed out that there was a need for assurance across the whole of the Facilities Management contract and this would be the subject of a report to a future meeting, although it was agreed that an assurance in regard to food contamination should be reported as soon as possible.

Resolved that: -

- a) **the report be noted and the on-going implementation of the Patient and Family Experience Feedback Plan and the resulting initiatives to improve patient care be supported;**
- b) **future updates include patients positive as well as negative experiences; and**
- c) **assurance be sought in respect of the catering element of the Facilities Management contract at a future meeting.**

18/13/2 UHL Dementia Champions Network

The Director of Nursing presented paper O, a proposal to implement a Dementia Champion Network in Leicester Hospitals. The proposal followed recommendations following the National Dementia Audit in 2012 and more recently Government support recognising that dementia champions were key to support care quality measures.

The role of Dementia Champion would be a voluntary role with a supportive network. Their role would primarily be:

- Promoting an enabling and supportive environment where people with dementia feel valued and understood;
- Promoting services that were designed around people with dementia to ensure their needs were met;
- Supporting people with dementia so they have personal choice and control and are involved in decisions about them; and
- Positively influence others, ensuring people with dementia are treated with dignity and respect at all times within their own work area and anywhere else across the organisation.

Resolved - that the report be noted and the implementation of the Dementia Champion Network across UHL be endorsed.

19/13 **ITEMS FOR INFORMATION**

19/13/1 Mechanisms for Monitoring Quality and Safety Issues Within the LLR Facilities Management Contract

The Chairman reported that this paper (paper P) had been withdrawn and a more detailed report would be submitted to the next meeting of the Committee.

Resolved – that a detailed report be submitted to the QAC meeting in March 2013. MD/TA

19/13/2 Statutory and Mandatory Training Compliance

Resolved - that the report (paper Q) be noted and the Committee receive an updated progress report in May 2013. DHR/MD/TA

19/13/3 Data Quality Report

Resolved - that the report (paper R) be noted.

20/13 **MINUTES FOR INFORMATION**

20/13/1 Finance and Performance Committee

Resolved – that the public Minutes of the Finance and Performance Committee meeting held on 30 January 2013 (paper S refers) be received and noted.

21/13 **IDENTIFICATION OF ANY KEY ISSUES FOR THE ATTENTION OF THE TRUST BOARD**

Resolved – that the following items be highlighted verbally to the 28 February 2013 Trust Board by the QAC Chair:-

- f) Clinical Audit Quarterly Report (Minute 15/13 refers);
- g) Q3 Health and Safety Report (Minute 16/13/1 refers);
- h) Nursing Healthcheck (Minute 16/13/5 refers),
- i) Nursing Workforce - Position Statement (Minute 16/13/8 refers); and
- j) CQC Self Assessment (Minute 17/13/5 refers).

22/13 **DATE OF NEXT MEETING**

Resolved – that the that the next meeting be held on Tuesday, 19 March 2013 at 9:30am in the Large Committee Room, Main Building, Leicester General Hospital.

The meeting closed at 12.25pm.

Cumulative Record of Members' Attendance (2012-13 to date):

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
D Tracy (Chair)	10	9	90%	P Panchal	10	7	70%
J Adler	2	2	100%	C Trevithick*	9	6	66.6%
J Birrell	6	0	0%	S Ward	10	5	50%
D Briggs*	9	2	22%	M Wightman	10	4	40%
M Caple*	10	5	50%	J Wilson	10	8	80%
K Harris	10	7	70%	D Wynford-Thomas	10	5	50 %
S Hinchliffe	10	8	80%				

* non-voting members

Alan R Harvey
Interim Trust Administrator