

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 February 2014**

**COMMITTEE: Quality Assurance Committee**

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

**DATE OF COMMITTEE MEETING: 29 January 2014**

**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:**

- Quality Commitment – intention to review and reprioritise leading to discussion at the Trust Board Development session in April 2014 (Minute 04/14/3 refers);
- general IM&T issues (discussion under 05/14/1);
- Management of Sepsis becoming a part of the 5 Critical Safety Actions (Minute 05/14/3 refers);
- Challenge around the electronic system used to report test results (discussion under Minute 05/14/3 refers), and
- out of hours operating (Minute 05/14/9 refers).

**DATE OF NEXT COMMITTEE MEETING: 26 February 2014**

**Ms J Wilson  
21 February 2014**

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**

**MINUTES OF A MEETING OF THE QUALITY ASSURANCE COMMITTEE HELD ON WEDNESDAY  
29 JANUARY 2014 AT 12:30 PM IN THE SEMINAR ROOMS A&B, CLINICAL EDUCATION  
CENTRE, LEICESTER GENERAL HOSPITAL**

**Present:**

Professor D Wynford-Thomas – Non-Executive Director and Dean of the University of Leicester Medical School (Acting Chair)  
Mr J Adler – Chief Executive  
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)  
Ms R Overfield – Chief Nurse

**In Attendance:**

Ms R Broughton – Head of Outcomes and Effectiveness (for Minute 03/14/1)  
Dr B Collett – Associate Medical Director, Clinical Effectiveness  
Miss M Durbridge – Director of Safety and Risk  
Mr A Furlong – Deputy Medical Director (on behalf of Medical Director)  
Mrs S Hotson – Director of Clinical Quality  
Mr R Kilner – Acting Trust Chairman/Non-Executive Director  
Mrs H Majeed – Trust Administrator

**RESOLVED ITEMS**

**ACTION**

**01/14 APOLOGIES**

Apologies for absence were received from Dr S Dauncey, Non-Executive Director; Dr K Harris, Medical Director; Ms K Jenkins, Non-Executive Director; Ms C Ribbins, Director of Nursing; Mr P Panchal, Non-Executive Director and Ms J Wilson, Non-Executive Director (Chair).

**02/14 MINUTES**

**Resolved** – that the Minutes of the meeting held on 17 December 2013 (papers A & A1 refer) be confirmed as a correct record.

**03/14 MATTERS ARISING REPORT**

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

- (a) Minute 120/13/3 of 17 December 2013 – it was requested that an update on progress with statutory and mandatory compliance currently scheduled for QAC in June 2014 be brought forward to April 2014.
- (b) Minute 109/13/4 (ii) of 27 November 2013 – the Associate Medical Director confirmed that a meeting had taken place with the Clinical Audit Manager and a prioritisation scheme for clinical audits had been agreed. Reports presented to the Executive Quality Board would reflect this.

**DHR**

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

**TA/DHR**

03/14/1 Quality Schedule / Quarter 3 (2013-14) CQUIN Update/ Draft Contractual Requirements 2014-15

Ms R Broughton, Head of Outcomes and Effectiveness attended to present paper C which detailed the anticipated RAG rating for Quality Schedule and CQUIN schemes' performance in quarter 3 (2013-14). She advised that good progress had been made against the quarter 3 thresholds for each of the CQUIN indicators and it was anticipated that all CQUIN schemes would be given a 'green' RAG rating. However, 2 Quality Schedule (QS) indicators ('Never Events' and ' Same Sex Accommodation') would be 'red' rated and there were 10 QS indicators which were at a risk of being rated 'amber'. All LLR indicators would be reviewed and the RAG ratings confirmed at the CQRG meeting on 20 February 2014.

Contract negotiations were underway with Commissioning Quality Leads with respect of the Quality Schedule and CQUIN schemes for 2014-15 and a final draft was expected to be completed by 14 February 2014.

Members were advised that the contract guidance suggested that there should be a small number of local quality schedule indicators. Early discussions had been held with Commissioners about the idea of having 'baskets' of indicators which would reflect the work programme associated with that basket and have one threshold and RAG rating set accordingly. The Acting Chair noted that if indicators were grouped together and one indicator met the threshold whilst the other did not, then there needed to be an appropriate way of flagging this – in response, it was noted that discussions were underway in respect of this matter.

The Chief Nurse and Quality Officer, East Leicestershire and Rutland CCG commented that the QS and CQUIN Schemes for 2014-15 would be more process measured rather than outcome focussed.

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

03/14/2 Update on CQC Inspection – January 2014

The Chief Nurse advised that 47 inspectors visited the Trust during week commencing 13 January 2014 to undertake the CQC inspection. They had given positive feedback about UHL's staff describing them as 'fantastic'. A draft report would be received on 25 February 2014. The Quality Summit had been scheduled to take place on 26 March 2014.

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

**04/14 QUALITY**

04/14/1 Update from the Executive Quality Board (EQB) held on 8 January 2014

The Chief Nurse advised that the EQB was focussing on re-scoping the leadership of EQB's sub groups, committee structures and terms of reference. She advised that a lengthy discussion took place at the January 2014 EQB in respect of refreshing and integrating the 5 Critical Safety Actions (CSAs) and the Quality Commitment in order that it had clear outcomes. In respect of the 5 CSAs, Mr R Kilner, Acting Trust Chairman noted the need for focus on the critical matters in order that work was not duplicated. In response, the Associate Medical Director advised that the work would now be undertaken by CMGs noting that some CMGs might require support. The Chief Nurse highlighted that performance management of CMGs in respect of quality and safety issues had not yet commenced but discussions had taken place to ensure that these meetings were appropriately scheduled.

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

04/14/2 Month 9 – Quality and Performance Update

Paper D provided an overview of the December 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) C Diff – the number of C Diff cases had now exceeded the trajectory by 2 cases;
- (b) as part of the recent CQC inspection, the CQC data pack highlighted that UHL's new pressure ulcer prevalence rate for all grades of pressure ulcers, for all patients (including those over 70 years of age) had been above the England average from March 2013 to November 2013. Although factually correct, the CQC compared UHL data to the national average that did not take into account Trust-to-Trust variation in the demographic make-up of the population;
- (c) UHL's SHMI was within expected levels. The Mortality Review Group was scheduled on 30 January 2014 where the scorecard would be reviewed and if required the details of the scorecard would be presented to the Trust Board via the Q&P report;
- (d) in response to a query in relation to the downward trend in respect of RTT performance – the Chief Executive confirmed that the Chief Operating Officer had had discussions with Commissioners and agreed a RTT recovery plan. This plan required some significant non-recurrent investment and some recurrent investment which would be discussed at the next Contracting meeting. It was anticipated that the Trust level recovery of the non-admitted standard would be achieved in quarter 2 of 2014-15 and admitted standard would be achieved in quarter 3 of 2014-15;
- (e) the FFT score for the Emergency Department showed good improvement with score rising from 59 in November 2013 to 67 in December 2013, and
- (f) the Acting Trust Chairman highlighted that the inpatient survey was a very lengthy document – the Chief Nurse undertook to review this at the Patient Experience Group.

CN

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

**(B) the inpatient survey document be reviewed at the Patient Experience Group to ensure that the length of this survey was reduced.**

CN

04/14/3 Quality Commitment

The Director of Clinical Quality presented paper E, which provided a summary on the background of the Quality Commitment programme including progress against the priorities identified for the first year of the programme. Progress had been made in at least one of the work streams for each of the goals identified, however these would need to be continued into 2014-15. Not all work streams had clearly defined targets and key performance indicators.

The Acting Trust Chairman noted that a number of work streams had been rated 'red' and sought assurance on how this would be taken forward – in response, the Chief Nurse noted the need for revised KPIs and robust action plans and advised that this would be discussed at the Executive Quality Board.

DCQ

The Acting Trust Chairman requested that an update on Quality Commitment be scheduled on the agenda for the Trust Board Development session in April 2014.

CN/DCQ

The Chief Executive noted the need for appropriate focus around this work stream and integration with the whole hospital modernisation programme.

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

**(B) a discussion on the need for revised KPIs and robust action plans in respect of the 'red' rated work streams in the Quality Commitment be discussed at the March 2014 EQB, and**

DCQ

**(B) an update on Quality Commitment be scheduled for discussion at the Trust Board Development session in April 2014.**

CN/DCQ

**05/14 SAFETY**

05/14/1 Patient Safety Report

The Director of Safety and Risk presented paper F, the patient safety report. She particularly highlighted the recent activity through the 3636 staff concerns reporting line. Each concern received was logged and sent through to the Director On Call to investigate and respond. In December 2013, 7 concerns were received, 3 of which were in respect of the low staffing levels in the Chemotherapy Suite. The Chief Executive requested that this issue be reviewed by the Executive Quality Board in January/February 2014. In respect of the IM&T issues raised via the staff concerns reporting line, it was noted that the Chief Executive would be taking it forward. In discussion, it was suggested that an update on the concerns received and the actions taken should be included in the Chief Executive's briefing. In response to a query from the Patient Adviser, the Director of Safety and Risk undertook to consider extending the 3636 concerns reporting line to the public.

CN

DSR

DSR

A total of 7 SUIs (4 of which were patient safety incidents, 2 hospital acquired pressure ulcers and 1 health care acquired infection) were escalated in December 2013. Reference 2013/37745 was now classed as a SUI. Six SUIs had been closed in December 2013. The Learning from Experience Group would consider any Trust-wide learning from these SUIs and where further actions for improvement could be made. All SUIs were discussed at relevant CMG Quality and Safety Board and Mortality Committee meetings and CMGs were required to provide assurance that actions were being completed. The Chief Executive requested that a discussion be held at EQB in respect of the mandatory form of feedback for each grade of incident.

DSR

In respect of incidents which CMGs did not classify as SUIs, the Chief Nurse and Quality Officer, East Leicestershire and Rutland CCG requested the need for a process to be developed to ensure that there was appropriate scrutiny/challenge at Executive level.

DSR

The Director of Safety and Risk provided a brief update on the numbers and themes of complaints received within the Trust and a breakdown of complaints by ward and department relating to nursing care, medical care and attitude of staff (the three elements of complaints monitored within the Quality Schedule).

The Director of Safety and Risk expressed concern that a single action was outstanding to comply with the NPSA alert (re. Right Patient Right Blood). The alert required 100% of relevant staff to undertake an observed competency assessment. In discussion, it was agreed that this training needed to be made mandatory for clinical staff and it was noted that an e learning package was already in place. The Director of Safety and Risk undertook to discuss this with the Medical Director.

DSR

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

**(B) the Chief Nurse to ensure that the issue in respect of low staffing levels in the Chemotherapy Suite was reviewed by the Executive Quality Board, and**

CN

**(C) the Director of Safety and Risk be requested to:-**

- **ensure that an update on the concerns received via the staff reporting line 3636 and the actions taken was included in the Chief Executive's briefing;**
- **consider extending the 3636 concerns reporting line to the public;**
- **ensure that a discussion was held at EQB in respect of the mandatory form of feedback for each grade of incident;**

DSR

- **develop a process to ensure that there was appropriate scrutiny/challenge at Executive level in respect of incidents which CMGs did not classify as SUIs;**
- **liaise with the Medical Director in respect of making the transfusion competency assessment as mandatory training for clinical staff.**

05/14/2 Report from the Director of Safety and Risk

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

05/14/3 5 Critical Safety Actions Update

The Associate Medical Director presented paper H, a summary of progress made with the original 5 critical safety actions. Management of Sepsis had been identified as a new critical safety action in August 2013 and would replace 'Mortality and Morbidity' standards but was not subject to CQUIN monitoring for 2013-14.

In respect of 'Acting On Results' – it was noted that Deputy CMG Directors had been given the responsibility to define the process for each of the Specialties within each CMG and their team members would be required to act on results (this would apply to inpatients, outpatients and outlying hospitals).

In response to a query in relation to the 24/7 work to improve acting on results, the Associate Medical Director advised that consideration would be given to using the ICE system as some issues had been encountered with the current system (ICM). The Acting Chair requested that an update be provided to the March 2014 QAC in respect of which system would be used for test results. It was also noted that the Chief Medical Information Officers had been tasked to provide the strategy prior to the implementation of the Electronic Patient Record.

AMD

In respect of the Specialties who had not yet documented their current handover process, it was noted that this had been escalated to the CMG Directors.

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

**(B) an update on the electronic system that would be used for test results be provided at the QAC in March 2014.**

AMD/TA

05/14/4 Report from the Associate Medical Director

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

05/14/5 Nursing Workforce Report

Paper J provided an overview of the nursing workforce position for UHL. Vacancies for nursing and HCA posts across UHL ran currently at 334 WTE. The first cohort of internal nurses joined the Trust on 20 January 2014 and the second cohort was expected to commence on 10 February 2014. Work was underway to appoint an agency to recruit 20 international nurses per quarter. A significant number of clearing house students were expected to start in March 2014.

The Chief Nurse advised that from April/May 2014, there might be a reduction in agency spend, however this would be dependent on 20% of the current unfilled shift rate being filled.

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

05/14/6 Update on the actions in place following the NHS Trust Development Authority (NTDA)

Visit on 2 and 3 December 2013 to review Infection Prevention procedures

Paper K provided the action plan following the above visit. The Chief Nurse undertook to re-circulate the action plan with the progress updates included.

CN

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

**(B) the action plan with the progress updates included be circulated to QAC members.**

CN

05/14/7 Report from the Chief Nurse

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

05/14/8 Report from the Deputy Medical Director

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

05/14/9 Out of Hours Operating

The Deputy Medical Director advised verbally that the Trust collected data on performance against NCEPOD categories for emergency patients' retrospectively. An audit undertaken in November/December 2013 at the LRI indicated that the Trust was not achieving the target. Therefore it had been agreed to switch one elective theatre list to an emergency theatre list per day at the LRI. Further to this, another audit had been undertaken which showed that there had been significant improvement in performance.

A spreadsheet had been compiled to allow the monitoring of daily movement and the review of minimum and maximum times. An electronic scorecard would be developed in order to track performance. The Deputy Medical Director advised that the Trust's aspiration should be to undertake all emergency operations within 24 hours.

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

05/14/10 Report from the Deputy Medical Director

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

06/14 **ITEMS FOR INFORMATION**

06/14/1 QAC Work Plan

The Acting Chair requested that comments on the proposed cycle of business detailed in the work plan (paper N) be provided to the Committee Chair. An update on the QAC work plan would be scheduled on the agenda for the QAC in February 2014.

ALL

TA

**Resolved – that an update on the QAC work plan be scheduled on the agenda for the February 2014 QAC.**

TA

06/14/2 Terms of Reference of the Mortality Review Group

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

06/14/3 Terms of Reference of the Infection Prevention Assurance Committee

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

## 07/14 MINUTES FOR INFORMATION

07/14/1 Finance and Performance Committee

**Resolved** – that the public Minutes of the Finance and Performance Committee meeting held on 18 December 2013 (paper Q refers) be received and noted.

07/14/2 Executive Quality Board

**Resolved** – that the action notes of the Executive Quality Board meeting held on 8 January 2014 (paper R refers) be received and noted.

## 08/14 ANY OTHER BUSINESS

08/14/1 Senior Information Risk Officer (SIRO)

**Resolved** – that the Director of Safety and Risk be requested to email the Chief Executive in respect of the details for the appointment of a SIRO.

DSR

## 09/14 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 in January 2014:-

- Quality Commitment – intention to review and reprioritise leading to discussion at the Trust Board Development session in April 2014 (Minute 04/14/3 refers);
- general IM&T issues (discussion under 05/14/1);
- Management of Sepsis becoming a part of the 5 Critical Safety Actions (Minute 05/14/3 refers);
- Challenge around the electronic system used to report test results (discussion under Minute 05/14/3 refers);
- Discussion under Minute 05/14/4, and
- out of hours operating (Minute 05/14/9 refers).

## 10/14 DATE OF NEXT MEETING

**Resolved** – that the next meeting be held on Wednesday, 26 February 2014 at 12:30pm in the Large Committee Room, Main Building, LGH.

The meeting closed at 3:00pm.

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

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
J Adler	10	6	60	R Overfield	5	4	80
M Caple*	10	9	90	R Palin*	4	3	75
S Dauncey	2	1	50	P Panchal	10	7	70
K Harris	10	7	70	C Ribbins **	4	3	75
S Hinchliffe	1	1	100	J Wilson (Chair)	10	9	90
K Jenkins	3	1	33	D Wynford-Thomas	10	7	70
C O'Brien – East Leicestershire/Rutland CCG*	10	6	60				

- non-voting members
- \*\* records attendance whilst Acting Chief Nurse

Hina Majeed, **Trust Administrator**