

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: 8 January 2015

COMMITTEE: Quality Assurance Committee

CHAIRMAN: Dr S Dauncey, QAC Chair

DATE OF COMMITTEE MEETING: 15 December 2014

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 109/14/1 (Provision of Home Care Schemes – although a long term solution was in place, there was a need for focus on the short term solution), and
- Minute 111/14/1 (Triangulation of Patient Feedback).

DATE OF NEXT COMMITTEE MEETING: 29 January 2015

Dr S Dauncey
QAC Chairman
2 January 2015

MINUTES OF A MEETING OF THE QUALITY ASSURANCE COMMITTEE HELD ON MONDAY 15
DECEMBER 2014 AT 12:30PM IN THE LARGE COMMITTEE ROOM, LEICESTER GENERAL
HOSPITAL

Voting Members Present:

Dr S Dauncey – Non-Executive Director (Acting Chair)
Mr J Adler – Chief Executive
Dr K Harris – Medical Director
Ms J Wilson – Non-Executive Director

In Attendance:

Mr M Caple – Patient Adviser (non-voting member)
Mr I Crowe – Non-Executive Director
Miss M Durbridge – Director of Safety and Risk
Mrs S Hotson – Director of Clinical Quality
Mrs H Majeed – Trust Administrator
Ms C O'Brien – Chief Nurse and Quality Officer, East Leicestershire CCG (non-voting member)
Ms C Ribbins – Deputy Chief Nurse
Mr K Singh – Trust Chairman

RESOLVED ITEMS

ACTION

106/14 APOLOGIES

Apologies for absence were received from Ms R Overfield, Chief Nurse; Mr P Panchal, Non-Executive Director and Professor D Wynford-Thomas, Non-Executive Director and Dean of the University of Leicester Medical School.

107/14 MINUTES

Resolved – that the Minutes of the Quality Assurance Committee meeting held on 26 November 2014 (papers A and A1 refer) be confirmed as a correct record.

108/14 MATTERS ARISING REPORT

108/14/1 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 98/14/1 c (regarding whether it would be appropriate for a Non-Executive Director to sit on the External Complaints Panel as an observer) – further to a discussion on this matter, the general consensus of the Committee was that it would not be appropriate for a Non-Executive Director to sit on the External Complaints Panel. This Panel needed to be independent, however assurance from this Panel would be provided on a quarterly basis to the EQB and to the QAC by exception;
- (ii) Minute 78/14/5 (regarding appropriate messaging of the nursing workforce indicators, once national benchmarking/RAG ratings were available) – the Deputy Chief Nurse advised that the tool required to undertake this work required review. Further to this, the date of completion of this action would be confirmed as noted on the matters arising report;
- (iii) Minute 77/14/2 (Renal Transplant Plan Update) – the Chief Executive provided a brief update on the possibility of appointing two Transplant Consultants, and
- (iv) Minute 66/14/1 (EPMA Update) – the Chief Executive advised that an update on EPMA had been provided at the EQB meeting on 2 December 2014.

DSR

Therefore, a further update would now be provided to QAC on 29 January 2015 as noted on the matters arising report.

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

DSR

109/14 SAFETY

109/14/1 Provision of Homecare Schemes at UHL

Further to Minute 65/14/1 of 27 August 2014, the Medical Director presented paper C, an update on current issues with the supply of medicines via Homecare schemes and actions taken to improve quality and patient experience. He advised that the issue with homecare suppliers was a national one and the Clinical Services and Imaging CMG continued to progress on the proposal to develop an insourced subsidiary company to provide homecare services. Work was also underway on other long term actions which had been identified through the review of individual schemes, however the current focus remained on the short term stability. In the interim, supply would be transferred to Lloyds Pharmacy or UHL where there was capacity to do so safely.

In discussion on this item, members queried whether a team of staff was proactively managing this issue and whether appropriate focus was being given to this matter. It was noted that the Pharmacy team was currently focussing on the short term stability and the right steps were being taken. In further discussion on the reason for the delay in developing the full business case for an in-house insourced company, the Medical Director undertook to ensure that an update on the business case would be provided to the QAC in April 2015 and an update on any risks would be provided by exception.

MD

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

(B) the Medical Director be requested to ensure that an update on the business case to develop an insourced subsidiary company to provide homecare services be provided to the QAC in April 2015 and an update on any risks be provided by exception.

MD

109/14/2 TTO Error Rate

Further to Minute 67/14/5 of the Finance and Performance Committee on 25 June 2014 and also further to discussion of this item at EQB on 2 December 2014 (action note 4.2.2 refers), the Medical Director presented paper D, which reported on the TTO prescribing error rates and actions in place to reduce these errors. He highlighted that it was not possible to benchmark this information as it was not reported nationally. An audit in October 2014 showed an overall error rate of 59% and TTOs without errors took an average of 7 minutes to be professionally checked by a Pharmacist in comparison to 25 minutes for those with errors.

Error rates for areas using the ICE/EPMA interface were higher than for non-interface TTOs. However, it was not believed that the interface had introduced any additional risk to patients and there might be a decreased risk due to reduction in serious errors. One of the other reasons for the errors that had been identified through the audit was that the impatient prescription was not subsequently amended to correct any discrepancies further to a drug history being taken by the Pharmacist on admission of the patient.

In response to a query from Ms J Wilson, Non-Executive Director regarding the incentive for CMG staff to resolve this issue - noting that this might be considered a pharmacy issue by CMG staff - the Medical Director advised that trajectories for improvement at CMG level were being considered.

Responding to a query from the Chief Executive in respect of the “harm” caused due to

these errors, the Director of Safety and Risk advised that although the number of reported errors was high, the harm was very low. In further discussion on the harm caused, the Chief Executive suggested that a step back needed to be taken to review the whole process to ascertain whether any further actions apart from those already on the action plan could be taken to reduce TTO error rates. It was requested that an update be provided to QAC in April 2015.

MD/CP

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

(B) the Medical Director with support from the Chief Pharmacist be requested to take a step back to ascertain the reasons for TTO errors and any further actions that could be taken to reduce the error rate and an update be provided to QAC in April 2015.

MD/CP

109/14/3 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 those points outlined on the first covering page, in particular the key safety issue this month, duty of candour legislation and improvements from the safety walkabout programme.

The Committee was particularly invited to note that:-

- (a) 7 SUIs had been escalated in November 2014, and
- (b) 2 RCA investigations and actions plans had been completed in November 2014, the learning of which had been shared through EQB, CMG Quality and Safety meetings and the Adverse Events Committee.

In discussion on this item, members:

- (i) requested that assurance be provided outside the meeting in respect of staffing cover in the Emergency Department over the Christmas period;
- (ii) requested assurance on the SUI relating to failure to act on results – in response, the Medical Director advised that this SUI was particularly in relation to failure to act on an Early Warning Score. In respect of acting upon results, a group had now been established to take forward this workstream and focus on this matter was also being given at EQB;
- (iii) queried the reason for the constant use of bank staff – in response, the Deputy Chief Nurse advised that the fill rates of bank staff now exceeded the agency staff and therefore the perception was that there had been constant use of bank staff. However, the reason for this was that the number of agency staff had now reduced;
- (iv) queried regarding the absence of thematic review of SUIs – it was noted that this was usually included in the quarterly patient safety reports which were submitted to QAC, and
- (v) requested that a review of the safety walkabout programme be undertaken – the Director of Safety and Risk undertook to provide an update to EQB in February 2015.

DCN

DSR

Resolved - that (A) the contents of this report, and the additional verbal information provided, be received and noted;

(B) assurance be provided outwith the meeting to members of QAC regarding the staffing cover in the Emergency Department over the Christmas period, and

DCN

(C) the Director of Safety and Risk be requested to present a report on the review of the safety walkabout programme to the EQB in February 2015.

DSR

109/14/4 Report from the Deputy Chief Nurse

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

110/14 QUALITY

110/14/1 Nursing Workforce Report

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

UHL's real time staffing summary would support UHL's reporting in relation to NHS England's, 'Hard Truths Commitments Regarding the Publishing of Staffing Data'. Appendix 1 detailed UHL's monthly return for October 2014. Six wards were under the 80% threshold in relation to actual versus planned staffing, this was all in the Health Care Assistant line, for day shifts. There were sufficient Registered Nurses on shift throughout the month to counter-balance this, four of the areas having had over 100% planned Registered Nurse staffing throughout the month.

In respect of international recruitment, it was noted that 206 international nurses had joined the Trust to date. Further recruitment was planned with a further 32 international recruits joining the Trust in November 2014. The plan was for 5 cohorts of up to 30 nurses to be recruited throughout 2015. The Deputy Chief Nurse highlighted that this number could be increased in line with availability of training facilities. The Chief Executive noted that provision of an additional/external training facility should not be an issue to limit recruitment and requested the Deputy Chief Nurse to provide data outside the meeting on the maximum number of international recruits that it would be possible to recruit in 2015.

DCN

In response to a query from the Patient Adviser, the Deputy Chief Nurse advised that when CMGs were unable to manage their staffing issues, Corporate Nursing became involved and actions were put in place to minimise the risk and ensure safe staffing levels were in place. It was also noted that the retention rate of the international nurses was excellent.

Members noted that the current nursing vacancy rate was 10% and the Chief Executive queried what a "reasonable" vacancy rate would be – in response, the Deputy Chief Nurse advised that a 5.5%-6% vacancy rate would be considered ideal as there would be a level of flexibility to move staff. The Chief Executive requested that a strategy be developed to drive down to that level of vacancy and suggested that the number and size of cohorts of international nursing staff required to fill the gap be pursued.

DCN

The Trust Chair suggested that consideration be given to recruiting nurses from outside the EU noting that the pool from which such staff could be recruited was diminishing given that nurse recruitment was a national issue. However it was noted that there were a number of constraints if recruitment was to go ahead outside the EU. The Committee Chair requested that the constraints be explored.

DCN

Resolved – that (A) the contents of this report and the additional verbal information provided, be received and noted, and

(B) the Deputy Chief Nurse be requested to:-

DCN

- (i) provide data on the maximum number of international nurses that it would be possible for the Trust to seek to recruit in 2015;
- (ii) develop a strategy to drive down the level of vacancy (from 10% to 5.5%) and confirm the number and size of international nurse cohorts that would be required to fill this gap;

- (iii) explore the constraints for recruiting outside the EU and report back to the Quality Assurance Committee, and
- (iv) report back to the Quality Assurance Committee on the actions identified in points (i), (ii) and (iii) above.

111/14 PATIENT EXPERIENCE

111/14/1 Triangulation of Patient Experience – Quarter 2

The Deputy Chief Nurse presented paper H, an update on the triangulation of patient feedback for quarter 2 (July-September 2014) of 2014-15. The top two subject themes were waiting times and medical care. Comparing quarters one and two showed an increase in feedback from patients relating to nursing care (perceived staffing levels), hotel services (availability of refreshments and catering standards) and lastly administration (appointment systems).

Members were pleased that table 5 of the report included a list of all feedback that could be attributed to a specific area or Clinical Management Group such as Friends and Family Test free text comments, Message to Matron and all types of complaints. The Deputy Chief Nurse thanked Ms H Leatham, Head of Nursing and Mr C Walker, Clinical Audit Manager for their efforts to prepare this report.

The Patient Adviser commended the level of detail in the report, however, expressed concern that the CMGs did not consistently discuss the issues highlighted in this report at their CMG Board meetings. It was noted that the patient experience team would be meeting the Clinical Directors and General Managers to highlight the issues.

In further discussion on the theme relating to “waiting times”, it was noted that there needed to be focus beyond CMGs and there was need for ownership at a Corporate level. It was noted that the Chief Operating Officer had been leading a project on outpatients and taking forward any issues relating to waiting times. However, members noted the need for triangulation of the cross-cutting projects. The Deputy Chief Nurse undertook to provide quarterly updates on this matter to the QAC.

DCN

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

(B) the Deputy Chief Nurse be requested to provide an update on the triangulation of the cross-cutting projects following patient feedback to the QAC via the quarterly reports on patient experience.

DCN

112/14 ITEMS FOR THE ATTENTION OF QAC FROM EQB

112/14/1 EQB Meeting of 4 November 2014 – Items for the attention of QAC

Resolved – that the minutes of the EQB meeting held on 4 November 2014 (paper I refers) be received and noted.

112/14/2 EQB Meeting of 2 December 2014 – Items for the attention of QAC

The Chief Executive reported orally and highlighted that the endoscopy services at the Leicester General Hospital had failed the recent JAG accreditation visit due to issues with the physical environment. The CHUGGS CMG had a plan in place to transfer Endoscopy services to another site and a report would be presented to a future meeting of the EQB.

Resolved – that the position be noted.

113/14 ITEMS FOR INFORMATION

113/14/1 Outcome of the Cytology Screening Programme

The Director of Clinical Quality reported orally and advised that a recent inspection visit by the Cervical Screening Quality Assurance Team had been undertaken in September 2014 to assess the performance and organisation of the cervical screening programme operated in the Trust against the NHS Cancer Screening Programmes national standards. A number of recommendations had followed from this visit and one of the key findings was that the contractual and governance arrangements for the cervical screening programme activities were not clear. It was noted that progress in addressing the recommendations would be reviewed at EQB in January 2015.

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

113/14/2 Ward Performance Review Tool – Quarter 2 (2014-15)

The Committee Chair noted the improvement in results across all domains in respect of the ward performance review tool.

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

113/14/3 Quarterly PLACE Audit Results

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

114/14 **MINUTES FOR INFORMATION**

114/14/1 Finance and Performance Committee

Resolved – that the public Minutes of the 26 November 2014 Finance and Performance Committee meeting (paper M refers) be received and noted.

114/14/2 Executive Performance Board

Resolved – that the action notes of the 25 November 2014 Executive Performance Board meeting (paper M refers) be received and noted.

115/14 **ANY OTHER BUSINESS**

115/14/1 There were no items of any other business.

116/14 **IDENTIFICATION OF ANY KEY ISSUES FOR THE ATTENTION OF THE TRUST BOARD**

Resolved – that the QAC Chair be requested to bring the following issues to the attention of the Trust Board at its meeting on 22 December 2014:

- Minute 109/14/1 (Provision of Home Care Schemes – although a long term solution was in place, there was a need for focus on the short term solution);
- Minute 10914/4 (Confidential Report from the Deputy Chief Nurse), and
- Minute 111/14/1 (Triangulation of Patient Feedback).

Acting
Chair

117/14 **DATE OF NEXT MEETING**

Resolved – that the next meeting of the Quality Assurance Committee be held on Thursday, 29 January 2015 from 1:00pm until 4:00pm, venue to be confirmed.

The meeting closed at 2.44pm.

Cumulative Record of 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>	9	7	77%	<i>R Overfield</i>	9	7	77%
<i>S Dauncey (Acting Chair)</i>	9	8	88%	<i>P Panchal</i>	9	5	55%
<i>K Harris</i>	9	7	77%	<i>J Wilson</i>	9	8	88%
<i>K Jenkins</i>	1	0	0%	<i>D Wynford-Thomas</i>	9	3	33%

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>	9	7	77%	<i>K Singh</i>	3	3	100%
<i>I Crowe</i>	2	3	66%	<i>M Traynor</i>	3	0	0%
<i>C O'Brien – East Leicestershire/Rutland CCG*</i>	9	5	55%	<i>M Williams</i>	3	0	0%

Hina Majeed, **Trust Administrator**