University Hospitals of Leicester NHS
NHS Trust

Paper K

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 4 August 2011

COMMITTEE: Governance and Risk Management Committee

CHAIRMAN: Mr D Tracy

DATE OF COMMITTEE MEETING: 30 June 2011. A covering sheet outlining the key issues discussed at this meeting was submitted to the Trust Board on 7 July 2011.

RECOMMENDATIONS MADE BY THE COMMITTEE FOR CONSIDERATION BY THE TRUST BOARD:

There are no specific recommendations to the Trust Board from the Governance and Risk Management Committee.

OTHER KEY ISSUES IDENTIFIED BY THE COMMITTEE FOR CONSIDERATION/ RESOLUTION BY THE TRUST BOARD:

- **the discussion on the increase in complaints (outlined within the Patient Safety Report) (Minute 52/11/1 refers).**

DATE OF NEXT COMMITTEE MEETING: 28 July 2011

Mr D Tracy – Non-Executive Director
29 July 2011

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

MINUTES OF A MEETING OF THE GOVERNANCE AND RISK MANAGEMENT COMMITTEE HELD ON THURSDAY 30 JUNE 2011 AT 9:30AM IN THE BOARD ROOM, VICTORIA BUILDING, LEICESTER ROYAL INFIRMARY

Present:
Mr D Tracy – Non-Executive Director (Committee Chair)
Dr K Harris – Medical Director
Mrs S Hinchliffe – Chief Operating Officer/Chief Nurse
Mr M Lowe-Lauri – Chief Executive
Mrs E Rowbotham – Director of Quality, NHS Leicestershire County and Rutland (NHS LCR)
Mr S Ward – Director of Corporate and Legal Affairs
Ms J Wilson – Non-Executive Director
Mr M Wightman – Director of Communications and External Relations
Professor D Wynford-Thomas – Non-Executive Director

In Attendance:
Mr J Braybrooke – Head of Service, Trauma (for Minute 50/11/1)
Mr M Caple – Patient Adviser
Miss M Durbridge – Director of Safety and Risk
Ms N Grant - Lead Nurse, Musculo Skeletal CBU (for Minute 50/11/1)
Mrs S Hotson – Director of Clinical Quality
Mrs H Majeed – Trust Administrator
Mrs C Ribbins – Director of Nursing/Deputy DIPAC
Professor D Rowbotham – Chair of the #NOF Steering Group (for Minute 50/11/1)

RESOLVED ITEMS **ACTION**

47/11 APOLOGIES

Apologies for absence were received from Mr P Panchal, Non-Executive Director.

48/11 MINUTES

In respect of Minute 38/11/2, the Chief Executive requested the Medical Director to check the timescales for the implementation of Anglia ICE electronic outpatient discharge letters and advised the Trust Administrator to amend the timescales in the Minutes, accordingly. **MD/TA**

Resolved – that (A) the Medical Director be requested to confirm the timescales for the implementation of Anglia ICE electronic outpatient discharge letters and the Trust Administrator be requested to make the amendment to the Minutes of the previous meeting held on 26 May 2011; **MD/TA**

(B) the public and private Minutes (papers A and A1 refer) of the meeting held on 26 May 2011 be confirmed as a correct record subject to the amendment above, and

(C) the contents of the associated Governance and Risk Management Committee action sheet arising from the same meeting (paper A2 refers) be received and noted.

Post meeting note: The Medical Director has subsequently confirmed that the electronic outpatient discharge letters will be delivered by December 2011 (subject to technical delivery of the system by IM&T).

49/11 MATTERS ARISING REPORT

The Committee Chair confirmed that the matters arising report (paper B) highlighted the matters arising from the meeting held on 26 May 2011 and provided an update on any outstanding matters arising from the GRMC meetings held since October 2009.

Resolved – that the matters arising report (paper B) be received and noted.

50/11 MATTERS ARISING

50/11/1 Progress Report on Fractured Neck of Femur (#NOF) (Minute 27/11/1 of 28 April 2011)

Professor D Rowbotham, Chair of the #NOF Steering Group (#NOFSG), Mr J Braybrooke, Head of Service, Trauma and Ms N Grant, Lead Nurse, Musculo Skeletal CBU attended the meeting to present paper C, an update on the actions being undertaken to achieve the #NOF theatre target of 36 hours to theatre from being diagnosed or admitted. The National Hip Fracture Database (NHFD) report was due to be published in August 2011 which would confirm all Trusts' results plus the national average for 2010-11 in respect of 'time to theatre within 36 hours'. However, UHL had been advised unofficially that the Trust's performance for 2010-11 was 71.2% and that the average performance nationally was anticipated to be 61.2%. UHL would therefore be in the top quartile.

The Chair of the #NOFSG advised that performance for April 2011 was 80%, however it fell to 58% in May 2011. UHL was one of the top three hospitals in respect of the total #NOFs seen per annum noting that coping with the peaks of #NOF admissions was a pressure which few other hospitals faced. The Head of Service, Trauma highlighted that additional theatre capacity would be required to cope with day to day peaks and bank holidays. Members advised that this issue had been discussed by the Executive Team on 28 June 2011 and the recommendation was to currently make efficient use of theatres until the TPOT was in place, which would potentially release theatre capacity (however, the timescales had not yet been confirmed).

The Lead Nurse, Musculo Skeletal CBU advised that escalation plans had been put in place to improve performance in respect of patient flows from recovery highlighting that there had been significant improvement in getting patients to theatre in time.

The Director of Quality, NHS LCR stressed the importance of sustaining performance noting the need to address the wide variation in current performance. The Steering Group had considered that for 2011-12, a maintenance threshold of 75% would be more realistic although a target of 80% would be aimed for. Achievement of 75% month on month would be an improvement on current performance and would still keep UHL above the national average.

Responding to a query on the operations cancelled due to non-availability of theatre equipment, it was noted that these issues had now been resolved and actions had been put in place for this not to re-occur.

In spite of a number of improvements being put in place since April 2010, UHL's mortality rate in respect of this indicator had remained the same in 2009-10 and 2010-11.

The Committee Chairman requested that an update on the actions taken to improve time to theatre performance in addition to the results from the NHFD be provided to **C#NOF SG**

the GRMC in September 2011.

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

(B) the Chair of the #NOF Steering Group be requested to present the progress report on the actions taken to achieve the revised #NOF target in addition to the results from the National Hip Fracture Database at the GRMC meeting in September 2011. **C#NOF SG/ TA**

51/11 PATIENT EXPERIENCE

51/11/1 Report on National Patient Survey highlighting how the Trust was taking forward the findings within the patient experience wider work

The Director of Nursing presented paper D, an update on the National Patient Survey 2010 results and the actions taken against the red/amber areas. Work was underway to address the issues identified by patients and the paper highlighted the majority of key development areas. The understanding and awareness of patient feedback had grown and become core business embedded within the Clinical Divisions' work plans.

The survey was a retrospective postal questionnaire which had been sent to a sample of 850 inpatients that were treated in the Trust during August 2010. A total of 390 completed surveys had been returned. Members noted the need to encourage the number of surveys being completed. The next survey was due in July 2011 and the national outpatient survey questionnaires had been sent out on 29 June 2011. Responding to a query, the Director of Nursing acknowledged the need to undertake significant work in direct response to the patient experience feedback.

The Patient Adviser suggested that there was a need to improve the choice of patient food. In response to a query relating to the actions put in place to address noise at night, it was noted that posters had been designed offering ear plugs for patients and staff were also discussing the availability of ear plugs with patients.

The Chief Executive queried on the type of survey undertaken and whether there was a possibility to compare the responses ward by ward. It was noted that the NPS was undertaken retrospectively whereas the in-patient survey was completed whilst the patient was still in hospital. The Chief Executive requested that the comparison of the National Patient Survey Results 2010 to UHL's Patient Experience Survey for August and April 2011 took into consideration the variance in respect of surveys completed by patients whilst still in hospital and surveys completed retrospectively. In response to the query relating to ward by ward comparison, it was noted that each Ward Sister was provided with the results of their particular ward in comparison to other wards. **DoN**

Members noted that UHL's relative position in comparison to the national position was 'low' particularly noting the increase in the number of complaints relating to staff attitude. In discussion, it was suggested that the implementation of the 10 point plan to improve patient experience to drive down the number of complaints be discussed outside the meeting. The question relating to the provision of 'same-sex accommodation' had declined to a 'red' status – the Director of Quality NHS LCR requested that the specific ward areas be visited on a regular basis to ensure that SSA arrangements were not compromised. However, the hourly nursing rounds had reduced the frequency of usage of call buzzers. **DoN/ DSR** **DoN**

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

(B) the Director of Nursing/Deputy DIPAC be requested to ensure that the **DoN**

comparison of the National Patient Survey Results 2010 to UHL's Patient Experience Survey for August and April 2011 took into consideration the variance in respect of surveys completed by patients whilst still in hospital and surveys completed retrospectively;

(C) the Director of Nursing/Deputy DIPAC to ensure that same-sex accommodation (SSA) arrangements was monitored in light of the decline to 'red' status in the April 2011 patient experience survey question relating to SSA, and **DoN**

(D) the Director of Nursing/Deputy DIPAC and the Director of Safety and Risk be requested to discuss outside the meeting, the ways to implement the 10 point plan to improve patient experience and thereby drive down the number of complaints received by the Trust. **DoN/ DSR**

52/11 SAFETY AND RISK

52/11/1 Patient Safety Report

The Director of Safety and Risk presented paper E, a summary of patient safety activity which covered the following:-

- Safety Express project;
- New Patient Safety Research Activity;
- Quarterly Patient Safety Report;
- SUIs reported in May 2011 at UHL, and
- UHL's 60 day performance regarding completed RCA reports.

The following points were highlighted in particular:-

- work was in progress relating to the action plan on the five safety critical actions, however this had not been included within paper E. The Director of Quality, NHS LCR requested that the first draft of the action plan be presented to the GRMC in September 2011, and **MD**
- two new studies that the Trust was participating in respect of quality and safety research. In response to a query, the Committee Chairman welcomed the researchers to attend the GRMC to observe the meeting.

Appendix A detailed the 2010-11 quarter 4 patient safety report. In this quarter (1 January – 31 March 2011), there had been a 25% increase in the number of formal complaints received. There had been a slight increase in the number of formal complaints re-opened. The Patient Adviser re-iterated that some complainants preferred to be 'listened to' rather that logging/re-opening a complaint. He suggested that face to face meetings might decrease the number of complaints being re-opened. The Director of Safety and Risk advised that in some cases, the complaint was re-opened but the subsequent complaints raised related to different aspects of care. A variety of views were expressed on whether these complaints should be treated as a new complaint or a re-opened complaint. The Director of Communications and External Relations suggested that contact be made with other Trusts to discuss how they analysed a complaint (i.e. a 15 point complaint) rather than allocating it under the 'communication' theme. In discussion on this issue, it was noted that a presentation on complaints management, handling, performance and plans had been scheduled for the GRMC meeting in July 2011. The Committee Chairman requested that representatives from two Divisions attended the July meeting for this presentation to brief the Committee on the actions taken to address issues arising from complaints. 53 new clinical negligence claims and 23 new Coroner's inquests were received in this quarter, however no themes had been identified. The number and cost of claims had been increasing but this appeared to **DSR**

be an issue faced by most other Trusts.

A total of 22 SUIs were escalated during the month of May 2011 (4 related to patient safety incidents, 12 related to the reporting of Hospital Acquired Pressure Ulcers (Grade 3 and 4) and 6 related to healthcare associated infections). One of the patient safety incidents was associated with a never event, a root cause analysis was being completed, however, it was highlighted that the patient did not suffer any ill-effects in respect of this never-event. The Trust was in liaison with the PCT in respect of penalties not being charged for this incident as the patient did not suffer any harm nor increased length of stay. System changes were being considered to avoid a similar incident reoccurring in the future.

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

(B) the Director of Safety and Risk (with support from two Divisions) be requested to present a report on complaints management, handling, performance and plans to the GRMC meeting on 28 July 2011, and **DSR/ TA**

(C) the Medical Director be requested to ensure that the first draft of the action plan on the five critical safety actions be presented to the GRMC in September 2011. **MD/TA**

52/11/2 Quarterly Health and Safety Report

The Director of Safety and Risk presented paper F, providing the detailed health and safety statistical report for quarter 4 of 2010-11, information on RIDDOR incidents, health and safety training and a brief overview of the work of the health and safety team.

Members noted that 28 RIDDOR incidents had been reported during this quarter (this was a significant increase in comparison to the previous quarter). The concentration of incidents in this quarter was a result of a look-back exercise by the Health and Safety and Occupational Health teams which had been prompted by a requirement from the Health and Safety Executive. Prior to this, the Trust remained on trajectory to deliver the target 10% reduction in RIDDOR incidents.

Responding to a query, it was noted that all RIDDOR reportable incidents were investigated by either the Health and Safety team or the Manual Handling service. Recommendations were made to eliminate or reduce any hazards that were identified during the incident investigations. An in-depth discussion took place and members requested that comparative data from other Trusts in respect of RIDDOR incidents be provided to the GRMC. **DSR**

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

(B) the Director of Safety and Risk be requested to present comparative data from other Trusts in respect of RIDDOR incidents. **DSR/ TA**

52/11/3 Quality and Safety Risk Assurance Process for CIP Schemes – Divisional Monitoring Arrangements

Resolved – that the Director of Safety and Risk be requested to circulate CIP schemes (one per Division) where the agreed template had been fully completed and approved to the members of the GRMC, for assurance purposes. **DSR**

52/11/4 Detailed review of risks specific to the nature of the GRMC

The Committee Chairman noted that the updated SRR/BAF would be presented to the Trust Board in July 2011 for scrutiny. He suggested that the risks in the updated risk register be split for monitoring by the different sub-committees of the Board and it would be the responsibility of these Committees to provide assurance to the Board. The Director of Corporate and Legal Affairs agreed to consider this with other Executive Director colleagues and recommend proposals to the Trust Board in July 2011. **DCLA**

<u>Resolved</u> – that the Director of Corporate and Legal Affairs (with support from other Executive Director colleagues) be requested to consider and recommend to the Trust Board on 7 July 2011, the ways in which the sub-committees of the TB would take into account the different aspects of the new strategic risk register and thereby provide assurance to the Board. **DCLA/ TA**

52/11/5 <u>Review of organisational learning from the fire on 5 May 2011 – LRI site</u>

The Chief Operating Officer/Chief Nurse provided a verbal report on the review in respect of the fire that had broken out on Ward 8 at Leicester Royal Infirmary at 00.20 hours on Thursday 5 May 2011, highlighting in particular:-

(a) positive feedback from police and fire services that UHL had undertaken an immediate evacuation of the affected ward. Five other wards were subsequently evacuated as a precautionary measure against the effects of smoke;
(b) there was a need to re-fresh the ward floor plans to indicate how each ward related to the other;
(c) apparent weaknesses in the escalation process for diverting admissions to other provider Trusts (some of which had been raised through the Chief Executives/Chief Operating Officers network several weeks previously);
(d) delays experienced with contacting the PCT On Call Director and the alternative route used to escalate the emergency procedures through site based leads;
(e) the need for radios for Fire Marshals in order to aid communication;
(f) access to patient care systems on a need to know basis (subsequently it became apparent that the switchboard team had access to these systems), and
(g) the need for basic utilities (refreshments, mobile phone battery chargers, photocopier codes etc.).

In response to a suggestion, the Chief Operating Officer/Chief Nurse advised that the learning from the look-back exercise had been shared at East Midlands level, as a mechanism to galvanise escalation processes for diverting admission to other provider Trusts at times of a major incident. The Chief Executive recorded an appreciation of the outstanding contribution of the Chief Operating Officer/Chief Nurse in the emergency response.

In discussion on the disappointing response from other provider Trusts and whether this would not happen again (in case of another incident), it was suggested that a memorandum of understanding for emergency planning between UHL and other Trusts in the East Midlands be drafted. **COO/ CN**

<u>Resolved</u> – that (A) the verbal update received and noted, and

(B) the Chief Operating Officer/Chief Nurse be requested to draft a memorandum of understanding for emergency planning between UHL and other Trusts in the East Midlands. **COO/ CN**

52/11/6 <u>Report by the Chief Operating Officer/Chief Nurse</u>

<u>Resolved</u> – that this Minute be classed as confidential and taken in private accordingly, on the grounds that public consideration at this stage could be prejudicial to the effective conduct of public affairs.

52/11/7 <u>Emergency Planning (EP) /Business Continuity (BC) Activity Report</u>

Further to Minute 119/10/1 of 9 November 2010, the Chief Operating Officer/Chief Nurse presented paper G, an update on progress with emergency planning and business continuity activity. The report provided an overview of the 2004 Civil Contingencies Act, summary of UHL incidents and exercises from October 2010.

The following exercises had been planned:-

(a) Exercise Greystoke – a major, regional, mass casualty exercise being organised by the Health Protection Agency and the SHA;
(b) Exercise Cameron – a restricted exercise and 4 senior UHL managers would be involved in this, and
(c) Olympic Preparedness – a number of exercises planned via the LRF in response to the 2012 Olympics.

The Director of Safety and Risk queried whether there were plans (subset of a major incident plan) in place to deal with internal semi-emergencies, it was noted that there had not been a look-back exercise or clarity on this aspect.

<u>Resolved</u> – that the contents of paper G be received and noted.

53/11 QUALITY

53/11/1 <u>Nursing Metrics and Extended Nursing Metrics</u>

The Chief Operating Officer/Chief Nurse presented paper H, a summary of nursing metrics performance for May 2011, particularly noting progress made in the 'resuscitation' metrics. Out of the13 metrics in place, 11 scored 'green', 1 'amber' and 1 'red'. Performance in respect of the 'VTE' indicator had improved from 'red' to 'amber'. Project VITAL had been launched with a focus in the care of the elderly areas and would be rolled-out Trust wide over summer 2011. Individual ward letters had been sent to seven ward managers regarding the least performing clinical areas and an improvement in performance in five of these wards had been noticed. The Chief Operating Officer/Chief Nurse noted that the nursing metrics had now been embedded well and it was a case of monitoring the indicators and an opportunity to include new indicators. In response to a suggestion, it was noted that nursing metrics would continue to evolve and take into account the indicators relating to complaint themes.

The Director of Nursing presented paper H1, a report on the implementation of a range of nursing care metrics in the specialist areas within UHL. Members noted the outstanding performance of the theatre recovery area.

<u>Resolved</u> – that the contents of the nursing metrics and extended nursing metrics reports (papers H & H1 refer) be received and noted.

53/11/2 <u>Quality and Performance Report – Month 2</u>

The Chief Operating Officer/Chief Nurse presented papers I and I1, the quality, finance and performance report and heat map for month 2 (month ending 31 May 2011). The following points were highlighted in particular:-

- further guidance in relation to performance management of the NHS A&E

services using the clinical quality indicators had been published by the DoH;
- slight improving performance evidenced in relation to ED and overall waiting times;
- no MRSA cases had been reported for May 2011;
- UHL's risk adjusted mortality rate for both 2010-11 and April 2011 continued to be lower than expected, and
- the audit standards for the outpatient letter CQUIN were being finalised.

Responding to a query, the Medical Director advised that there were less readmissions in April 2011 following both elective and non elective admissions (although, data had not been fully completed). The Senior Responsible Officer for Readmissions was due to commence from 1 August 2011.

Resolved – that the quality and performance report and divisional heat map for month 2 (month ending 31 May 2011) (papers I and I1) be received and noted.

54/11 ITEMS FOR INFORMATION

54/11/1 Annual Report from Clinical Audit Committee

Resolved – that (A) the annual report from the Clinical Audit Committee (paper J refers) be received and noted, and

(B) the Director of Clinical Quality be requested to present the quarterly report from the Clinical Audit Committee in addition to the clinical audit dashboard with narrative at the GRMC meeting in August 2011. **DCQ/TA**

54/11/2 Patient Experience – Update on Patient Story

The Patient Adviser noted that the patient story was a good way of responding to issues and he acknowledged that this method could not be applied for every complaint. However, he queried whether it would be possible for the complainant to meet all staff involved in relation to their complaint in order to discuss the issues 'face to face'. The Director of Nursing advised that this had commenced in the Acute Care Division on an adhoc basis. The Committee Chairman requested that the patient stories discussed at the Acute Care Board meetings be shared with the GRMC. The Director of Communications and External Relations sought clarity regarding communication of this document (paper K) with the complainant but noted in response that the complainant had not wished to be involved further. **DoN**

Resolved – that (A) the update on patient story (paper K refers) be received and noted, and

(B) the Director of Nursing be requested to ensure that the patient stories discussed at the Acute Care Board meetings were shared with the GRMC. **DoN**

54/11/3 IPC Toolkit Annual Programme 2011-12

Resolved – that the IPC toolkit annual programme 2011-12 (paper L refers) be received and noted.

54/11/4 Professor Munroe's Review of Child Protection Services

Resolved – that the report on Professor Munroe's Review of Child Protection Services (paper M refers) be received and noted.

55/11 MINUTES FOR INFORMATION

55/11/1 Finance and Performance Committee

Resolved – that the public minutes of the Finance and Performance Committee meeting held on 25 May 2011 (paper N refers) be received and noted.

56/11 ANY OTHER BUSINESS

There were no items of any other business.

57/11 IDENTIFICATION OF KEY ISSUES THAT THE COMMITTEE WISHES TO DRAW TO THE ATTENTION OF THE TRUST BOARD

Resolved – that the following items be brought to the attention of the Trust Board:

- **the discussion on the increase in complaints (outlined within the Patient Safety Report) (Minute 52/11/1 refers).**

58/11 DATE OF NEXT MEETING

Resolved – that the next meeting of the Governance and Risk Management Committee be held on Thursday, 28 July 2011 from 1pm- 4pm in Conference Rooms 1A&1B, Gwendolen House, LGH site.

The meeting closed at 12:05pm.

Hina Majeed
Trust Administrator