University Hospitals of Leicester NHS
NHS Trust

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 7 April 2011

COMMITTEE: Governance and Risk Management Committee

CHAIRMAN: Mr D Tracy

DATE OF COMMITTEE MEETING: 24 February 2011. A covering sheet outlining the key issues discussed at this meeting was submitted to the Trust Board on 3 March 2011.

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

There are no specific recommendations for 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 Trust Board be requested to note the following items:

- **progress in relation to Infection Prevention Contract 2011-12 (Minute 15/11/2 refers), and**
- **Extended Nursing Metrics report (Minute 15/11/4 refers).**

DATE OF NEXT COMMITTEE MEETING: 28 April 2011 (Please note that the meeting scheduled to be held on 24 March 2011 was cancelled).

Mr D Tracy
1 April 2011

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

MINUTES OF A MEETING OF THE GOVERNANCE AND RISK MANAGEMENT COMMITTEE HELD ON THURSDAY 24 FEBRUARY 2011 AT 1:00 PM IN CONFERENCE ROOMS 1A&1B, GWENDOLEN HOUSE, LEICESTER GENERAL HOSPITAL

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

In Attendance:
Miss M Durbridge – Director of Safety and Risk
Mrs H Majeed – Trust Administrator
Mr I Reid – Non-Executive Director
Mrs C Ribbins – Director of Nursing/Deputy DIPAC
Mr D Sharif – KPMG (the Trust's External Auditor)

RESOLVED ITEMS **ACTION**

12/11 APOLOGIES

Apologies for absence were received from Mr M Caple, Patient Adviser; Mrs S Hinchliffe, Chief Operating Officer/Chief Nurse; Mrs S Hotson, Director of Clinical Quality; Mr P Panchal, Non-Executive Director and Mrs E Rowbotham, Director of Quality, NHS Leicestershire County and Rutland (NHS LCR).

13/11 MINUTES

Resolved – that (A) the public and private Minutes (papers A and A1 refer) of the meeting held on 27 January 2011 be confirmed as a correct record, and

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

14/11 MATTERS ARISING

14/11/1 Clinically Led Coding (Minute 03/11/5)

The Director of Nursing presented paper B on behalf of the Assistant Director of Information. It was noted that this paper had also been presented to the Finance and Performance Committee earlier on 24 February 2011.

The paper detailed the current position of clinical coding within UHL and outlined the next steps that needed to be taken to address the risks in coding and thereby improving it.

The 2009-10 national PbR audit had identified that the Trust would lose potential income from missed or under-coding. The benchmarking clinical coding software was currently being updated with quarter 3 data for 2010-11 to assess the potential

financial losses. Under-coding mis-represented the complexity of the types of patients that were treated at UHL and would have implications on both commissioning and public health planning assumptions. The key information such as primary and secondary diagnoses, investigations, procedures and co-morbidities were frequently either not annotated in patients' notes or were hard to find. The lack of internal quality assurance processes presented a risk for the Trust to assure itself on an ongoing basis of the accuracy of activity coded. It was noted that defining procedural codes was simple but coding associated with co-morbidities was challenging. Hence, a greater involvement of clinicians in the coding process would lead to a demonstrable improvement in the coverage and completeness of coding.

The following points were highlighted in particular:-

(a) a Senior Project Manager would be appointed before the end of March 2011 for a 12 month period to take forward the clinically led coding programme;
(b) a Trust wide clinical coding specialty dashboard would be developed, and
(c) a manual process for the capture of inpatient clinical coding would be rolled out at speciality level.

Members also discussed paper L (Data Quality and Clinical Coding Report) which summarised that the Trust's data quality performance achieved exemplary standards both nationally and within the SHA. In discussion, the Medical Director agreed to ensure that paper L addressed the shortcomings of clinical coding visibly and assurance on this would be taken forward through the Clinical Effectiveness Committee. **MD**

The Director of Communications and External Relation drew a comparison with the private sector where commercial pressures ensured that coding was accurate.

Members also raised queries relating to depth of coding, benchmarking and targets. The Committee Chairman suggested that Mr J Roberts, Assistant Director of Information be invited to attend the GRMC meeting in March 2011 to provide a further update on this matter. **COO/ CN/ DoN**

<u>Resolved</u> – that (A) the contents of paper B be received and noted;

(B) the Medical Director be requested to ensure that the data quality and clinical coding report (paper L refers) addressed the shortcomings of clinical coding visibly and assurance on this be taken forward through the Clinical Effectiveness Committee, and **MD/ TA**

(C) Mr J Roberts, Assistant Director of Information be invited to attend the GRMC meeting on 24 March 2011 to provide a further update on clinically led coding. **COO/ CN/ DoN/ TA**

14/11/2 <u>Report on matters arising from previous meetings of the GRMC</u>

<u>Resolved</u> – that the contents of paper 'A3' which reported on outstanding matters arising from previous meetings of the Governance and Risk Management Committee be received and noted.

15/11 QUALITY

15/11/1 <u>Roll-out of Nursing Metrics</u>

The Director of Nursing presented paper C, a summary of nursing metrics performance for January 2011, particularly noting significant improvements in

continence care (post three months of monitoring) which had reached 86% compliance. The discharge metrics had been amended to reflect the current guidance. Meetings had been organised to discuss performance in respect of the 'Resuscitation' indicator which had been 'red' since August 2009. The Chief Executive noted the need to identify whether the distribution of the compliance challenge was across the whole of the Trust or in particular areas. **COO/ CN**

The Director of Communications and External Relations highlighted the discrepancy in relation to the rating of the 'Discharge' indicator within the Q&P report and the nursing metrics report. In response to this, the Director of Nursing advised that 'Privacy and Dignity' was a fundamental but complex indicator and the nursing metrics report was an audit result and a snapshot in time. It assisted in relation to 'trends' and it needed to be considered as one tool but not the only tool to monitor performance.

Responding to a query from Professor D Wynford-Thomas, Non-Executive Director, the Director of Nursing advised that the nursing metrics tool had been developed by the Chief Operating Officer/Chief Nurse and it was now used by approximately 20 other Trusts. The benchmarking information was discussed at the Nurse Directors meeting. Feedback from other Trusts using this tool would be provided at the next meeting. **COO/ CN**

It was noted that the metrics were considered each month and if any ward-areas had particular issues then they were allocated a ward 'health-check' to ensure these wards delivered sustained improvement.

The Director of Safety and Risk noted that the indicators of success were the outputs in respect of improved clinical outcomes and quality measures. She advised that though the report showed improvement in many areas, nevertheless, there had been an increase in complaints, incidents and SUIs. The Director of Nursing advised that the nursing documentation was an audit of compliance and re-iterated that there had been a significant improvement in documentation since the recording of nursing metrics indicators had started in August 2009.

In discussion, the Chief Executive advised that a combined approach needed to be taken noting that the Q&P report provided details on what 'patients thought of us'. In response to a query from the Committee Chairman, it was noted that consistency in measurement of the indicators would be discussed at the Senior Nursing Team meeting.

<u>Resolved</u> – that (A) the contents of the nursing metrics report (paper C refers) be received and noted, and

(B) the Chief Operating Officer/Chief Nurse be requested to present a report to the GRMC meeting on 24 March 2011 focusing on a specific nursing metric indicator to identify whether the distribution of the compliance challenge was across the whole of the Trust or in particular areas, and **COO/ CN/TA**

(C) the Chief Operating Officer/Chief Nurse be requested to provide feedback from other Trusts which also used the nursing metrics tool. **COO/ CN/TA**

15/11/2 <u>Extended Nursing Metrics</u>

(a) The Director of Nursing presented paper D, a summary of the metrics performance for departments/specialist areas (day surgery, outpatients, theatres, antenatal and postnatal) from September 2010 - January 2011 noting that paper C was the nursing metrics performance for all generic ward areas.

The following were highlighted in particular:-

(a) same sex accommodation compliance had been achieved in both day case wards at the LGH site;
(b) one of the day case wards at LGH site had commenced on the RT2C programme;
(c) improved compliance with the surgical safety check list;
(d) metrics for labour ward and maternity outpatients' department would be developed in April 2011, and
(e) compliance with the 'Resuscitation' indicator was set as a high priority for improvement in Antenatal areas.

It was suggested that the scale for all metrics should be the same in order to make a useful comparison. The Director of Nursing agreed to circulate the sub-set of metrics indicators relating to theatres, maternity etc. The Medical Director advised that the thresholds for 'RAG' ratings needed to be accurate and in some areas the requirement would be 100% so that patients could notice a difference.

In discussion, the Committee Chairman requested that the Extended Nursing Metrics featured as a standing item on the agenda for GRMC meetings. **COO/ CN**

(b) It was noted that both GRMC and the Finance and Performance Committee would receive an update on the theatre productivity programme in April 2011. The GRMC would focus on the clinical issues of this programme. Ms J Wilson, Non-Executive Director suggested that the clinical issues of the Releasing Time to Care programme also be considered by the GRMC but advised that an initial discussion regarding this be held outside the meeting. **Committee Chair** / **Committee Chair/ JW, NED**

<u>Resolved</u> – that (A) the contents of paper D be received and noted;

(B) the Director of Nursing be requested to circulate the sub-set of metrics indicators relating to theatres, maternity etc. to members of the GRMC, for information; DoN

(C) the Extended Nursing Metrics be a standing item on the agenda for GRMC meetings; TA

(D) the GRMC to focus on the clinical issues relating to the theatre productivity programme and an item on this matter be scheduled for discussion on the agenda for the GRMC meeting on 28 April 2011, and CC/TA

(E) the Committee Chairman and Ms J Wilson, Non-Executive Director be requested to discuss the clinical issues relating to the RT2C project with the Chief Operating Officer/Chief Nurse outside the meeting. CC/ JW, NED

15/11/3 <u>Quality Strategy</u>

Paper E detailed a draft version of the Quality Strategy which described the Trust's approach to quality and highlighted the key quality goals. The Medical Director tabled a paper which included some comments from the discussion at the Executive Team at its meeting on 22 February 2011, which would be included within the finalised version of the strategy.

The key building blocks to achieving UHL's vision of 'good to great' were for services to strive at all times for:

- excellent patient experience;

- consistently high levels of patient safety, and
- clinical effectiveness.

Members suggested the following:-

(a) the challenges the Trust was facing to be included;
(b) focus should be given to staff engagement and motivation rather than wording 'to have a higher staff to patient ratio than other hospitals';
(c) inclusion of 'things that we do differently';
(d) need for continuity and consistency in respect of 'Focus on what matters most', and
(e) inclusion of the measures that would be put in place to monitor progress.

Members also discussed the need for an acuity review and the forthcoming quality governance review by Deloitte. The Deputy Director of Quality, NHS LCR agreed to the above and supported the direction of travel. The final version of the Quality Strategy alongside the Annual Operational Plan would be submitted to the extra-ordinary Trust Board meeting on 24 March 2011. **MD**

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

(B) the Medical Director be requested to ensure that the final version of the Quality Strategy alongside the Annual Operational Plan be submitted to the extra-ordinary Trust Board meeting on 24 March 2011. **MD/TA**

15/11/4 Infection Prevention Contract 2011-12

The Director of Nursing advised that discussions were on-going with Commissioners regarding trajectory figures and they had proposed the following for 2011-12 :-

MRSA – 9 cases
C Difficile – 165 cases

The Director of Nursing expressed concern that both the above trajectory figures for 2011-12 (and C Difficile in specific) were very challenging. The Deputy Director of Quality, NHS LCR agreed to this and advised that this issue had been raised with NHS East Midlands and the Department of Health – but the response that had been received was that these figures were non-negotiable and consistent with promoting a 'zero tolerance' culture.

Members also discussed the trajectory figures of other Trusts noting that target rates were demanding and expressed the view that, potentially, UHL was being penalised for its good performance in reducing MRSA bacteraemias and C Difficile infections.

Resolved – that the verbal update be noted.

16/11 SAFETY

16/11/1 Patient Safety Report

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

- Arm's length body review;
- Changes to NPSA's National Reporting and Learning Service (NRLS) reports;
- Safety Express;
- Ombudsman complaints;
- CAS exception report;
- SUIs reported in January 2011 at UHL, and
- UHL's 60 day performance regarding completed RCA reports.

Following the Government's arm's length body review, the NPSA would cease to exist as a legal entity by end of March 2012. The NRLS report on patient safety would be available in a comprehensive format from March 2011. UHL had signed up to the two-year safety express national programme which would focus on areas for improvement in pressure ulcers, falls, catheter acquired urinary tract infections and VTE. The Chief Executive agreed to discuss with the Director of Safety and Risk, outside the meeting, regarding an Executive Director to be the Senior Responsible Officer for this national programme. **CE**

The Director of Safety and Risk advised that the Chief Operating Officer/Chief Nurse would comment on the content and UHL's perspective in respect of the Parliamentary and Health Service Ombudsman's report on "Care and Compassion" into NHS care of older people at the Trust Board meeting on 3 March 2011. UHL's performance in relation to Ombudsman complaints was rated 'good' for 2009-10. In response to a query, it was noted that the Ombudsman's report was being disseminated to staff within the Trust. On an operational level, the report had already been discussed with the Heads of Nursing and Senior Nurses. **COO/ CN**

There were no breaches for CAS deadlines in January 2011.

A total of 26 SUIs were escalated during the month of January 2011 (7 related to patient safety incidents, 17 related to the reporting of Hospital Acquired Pressure Ulcers (Grade 3&4) and 2 related to healthcare associated infections). Members particularly noted that two of the patient safety incidents related to patients sustaining a fractured neck of femur following an in-patient fall. In response to a discussion on incident (reference: W63277), the Director of Safety and Risk advised that a minimum set of handover standards was being devised in order to ensure that such incidents did not re-occur. The Medical Director suggested that the SUI table within the report be re-formatted in order to provide easy reading. **DSR**

Responding to a query from Mr I Reid, Non-Executive Director, the Director of Nursing noted that the discrepant figures in relation to the number of pressure ulcers within the Q&P report and the patient safety report might be attributable to backlog of December 2010 figures. In response to a query from the Medical Director, it was noted that the national standard to report incidents to NHS East Midlands/PCT was 2 days following the date of the incident, but Commissioners preferred that the incident be reported within 24 hours. The Director of Safety and Risk noted that in some instances it took approximately 2-3 days to confirm whether an incident was a SUI and it had now been agreed with Commissioners, that if in doubt, the incident would be reported within 24 hours and then a further confirmation would be provided within the next 2 days.

<u>Resolved</u> – that (A) the contents of paper F be received and noted;

(B) the Chief Operating Officer/Chief Nurse be requested to comment on the content and UHL's perspective in respect of the Parliamentary and Health Service Ombudsman's report on "Care and Compassion" into NHS care of older people at the Trust Board meeting on 3 March 2011; **COO/ CN/TA**

(C) the Chief Executive be requested to discuss with the Director of Safety and Risk, outside the meeting, regarding an Executive Director to be the Senior Responsible Officer for the Safety Express national programme, and **CE**

(D) the Director of Safety and Risk be requested to present a report on 'standardised handover' at the GRMC meeting on 28 April 2011. **DSR/ TA**

16/11/2 Report by the Director of Safety and Risk

Resolved – 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.

16/11/3 Safeguarding Case Reviews (SCRs)

The Director of Nursing reported verbally on a new serious case review and outlined that the scoping exercise was in process. There were a total of 10 open SCRs and actions had been put in place to address the issues raised.

Resolved – that the verbal update be received and noted.

16/11/4 Report from the Medical Director

Resolved – that there was currently no further report.

16/11/5 Report from the Director of Nursing

Resolved – 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.

17/11 RISK

17/11/1 Risk Management Report

The Director of Safety and Risk presented paper H, UHL's risk register report covering period 1 October – 31 December 2010. There were 63 risks on the risk register that had been scored 15 or above. For risks that had been on the register for more than 5 years and had not had an adverse outcome, discussions had been on-going with Divisions in respect of reducing the likelihood by a score of 1.

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

17/11/2 Risk Management Strategy

The Director of Safety and Risk presented paper I, a revised 2011 risk management strategy. The strategy had been circulated to all Divisional Leads for consideration and their comments had been incorporated. It was suggested that appendix 2 of the strategy be re-formatted as a flow-chart. **DSR** It was noted that the risk management strategy would be presented to the Trust Board for ratification. **DSR**

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

(B) the Director of Safety and Risk be requested to ensure that the appendix 2 of the risk management strategy be re-formatted as a flow-chart, and **DSR**

(C) the Director of Safety and Risk be requested to present the risk management **DSR/**

strategy to the Trust Board for ratification, as appropriate. **TA**

17/11/3 Report by the Director of Safety and Risk

Resolved – 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.

18/11 PATIENT EXPERIENCE

18/11/1 Quality and Performance Report – Month 10

The Director of Nursing presented papers J and J1, the quality, finance and performance report and heat map for month 10 (month ending 31 January 2011).

In response to a query from the Committee Chairman, the Chief Executive advised that the Department of Health's MRSA trajectory for UHL for 2011-12 was '9' but Monitor's position was that there should be a maximum of 1 MRSA bacteraemia per month (which gave a maximum annual figure of 12).

The Committee Chairman made an observation that appraisal rates had been decreasing and suggested that the Workforce and Organisational Development Committee monitored appraisal figures against trajectories. It was noted that in clinical areas, some planned appraisals had been postponed due to activity pressures. **JW, NED**

Resolved – that (A) the quality and performance report and divisional heat map for month 10 (month ending 31 January 2011) (papers J&J1) be received and noted, and

(B) the Workforce and Organisational Development Committee be requested to ensure that the appraisal figures were monitored against trajectories. **JW, NED/ TA**

19/11 COMPLIANCE

19/11/1 CQC's Report of Compliance – Glenfield Hospital

The Trust had received the CQC's draft review of compliance report in respect of their site visit to the Glenfield Hospital on 13 January 2011. The report would be reviewed and any comments relating to factual inaccuracies would be reported to the CQC.

The CQC's overall view was that Glenfield Hospital had met all the essential standards of quality and safety. There was a minor concern in respect of Outcome 13 (Staffing) where the CQC had noted that some ward areas had recently been operating at minimal staffing levels.

Resolved – that the verbal update be received and noted.

20/11 ITEMS FOR INFORMATION

20/11/1 Central Alerting System (CAS) Performance Report – 2010

Resolved – that the report on CAS performance report for 2010 (paper K refers) be received and noted.

20/11/2 Data Quality and Clinical Coding Report

Resolved – that the report on data quality and clinical coding (paper L refers) be

received and noted.

20/11/3 Finance and Performance Committee Minutes

Resolved – that the Minutes of the Finance and Performance Committee meetings held on 27 January 2011 (paper M refers) be received and noted.

21/11 ANY OTHER BUSINESS

There were no items of any other business.

22/11 IDENTIFICATION OF KEY ISSUES THAT THE COMMITTEE WISHES TO DRAW TO THE ATTENTION OF THE TRUST BOARD

Resolved – that the following item be brought to the attention of the Trust Board at its meeting on 3 March 2011:

- **progress in relation to Infection Prevention Contract 2011-12 (Minute 15/11/2 refers), and**
- **Extended Nursing Metrics report (Minute 15/11/4 refers).**

23/11 DATE OF NEXT MEETING

Resolved – that the next meeting of the Governance and Risk Management Committee be held on Thursday, 24 March 2011 from 1pm – 4pm in Conference Rooms 1A&1B, Gwendolen House, Leicester General Hospital.

The meeting closed at 3:40pm.

Hina Majeed,
Trust Administrator