Trust Board paper F

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 28 May 2012

COMMITTEE: Governance and Risk Management Committee

CHAIRMAN: Mr D Tracy

DATE OF COMMITTEE MEETING: 23 April 2012. A covering sheet outlining the key issues discussed at this meeting was submitted to the Trust Board on 26 April 2012.

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:

- **Fractured Neck of Femur Proposals (Minute 44/12/1 refers);**
- **CIPs 2012-13 Safety and Quality Assurance Process (Minute 47/12/1 refers);**
- **Safety within the Acute Care Division (Minute 47/12/2 refers) and**
- **Patient Safety Report – verbal update on Never Events (Minute 47/12/3 refers).**

DATE OF NEXT COMMITTEE MEETING: 21 May 2012

Mr D Tracy – Non-Executive Director and GRMC Chair
22 May 2012

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

MINUTES OF A MEETING OF THE GOVERNANCE AND RISK MANAGEMENT COMMITTEE HELD ON MONDAY 23 APRIL 2012 AT 1PM IN THE CEDAR ROOM, KNIGHTON STREET OFFICES, LEICESTER ROYAL INFIRMARY

Present:
Mr D Tracy – Non-Executive Director (Committee Chair)
Mr M Caple – Patient Adviser (non voting member)
Dr K Harris – Medical Director
Mrs S Hinchliffe – Chief Operating Officer/Chief Nurse
Mr M Lowe-Lauri – Chief Executive (up to and including Minute 45/12/4)
Mr P Panchal – Non-Executive Director
Mrs E Rowbotham – Director of Quality, LLR Cluster (non voting member)
Mr S Ward – Director of Corporate and Legal Affairs (from part of note 44/12/1)
Mr M Wightman – Director of Communications and External Relations

In Attendance:
Dr D Briggs – Chair, East Leicestershire & Rutland CCG (up to and including part of Minute 47/12/3)
Mr A Brown – CBU Medical Lead, Planned Care (for Minute 44/12/1)
Dr B Collett – Associate Medical Director, Clinical Effectiveness
Miss M Durbridge – Director of Safety and Risk
Ms M Harris – Divisional Manager, Acute Care (for Minute 47/12/2)
Mrs S Hotson – Director of Clinical Quality
Mr R Kilner – Non-Executive Director (up to and including part of Minute 47/12/4) (observing)
Mrs S Mason – Divisional Head of Nursing, Acute Care (for Minute 47/12/2)
Mr D Mell – Non-Executive Director, LLR Cluster
Mrs K Rayns – Trust Administrator
Mrs C Ribbins – Director of Nursing/Deputy DIPAC
Professor D Rowbotham – Director of Research and Development and Chair of the Fractured Neck of Femur Steering Group (for Minute 44/12/1)
Dr D Skehan – Divisional Director, Acute Care (for Minute 47/12/2)

ACTION

RESOLVED ITEMS

42/12 APOLOGIES

Apologies for absence were received from Ms J Wilson, Non-Executive Director and Professor D Wynford-Thomas, Dean of the University of Leicester Medical School and Non-Executive Director.

43/12 MINUTES

In respect of Minute 33/12/2, the Chief Executive noted a correction to reflect the intention to complete any additional RTT activity within quarter 2. **TA**

Resolved – that subject to the above correction, the Minutes (papers A and A1) from the meeting held on 29 March 2012 be confirmed as a correct record. **TA**

44/12 MATTERS ARISING REPORT

The Committee Chair confirmed that the matters arising report (paper B) both highlighted the matters arising from the most recent meeting and provided an update on any outstanding GRMC matters arising since October 2009.

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

44/12/1 Fractured Neck of Femur Performance

Further to Minute 12/12/3 of 26 January 2012, Professor D Rowbotham, Director of Research and Development and Mr A Brown, CBU Medical Lead, attended the meeting to present proposals to deliver sustainable improvements in the Trust's fractured neck of femur performance (paper C refers). The CBU Medical Lead also briefed the Committee on the performance data for Quarter 4, which had recently become available. Discussion took place around the following key focus areas (as previously considered by the Executive Team on 3 April 2012):-

a) increasing theatre sessions to accommodate peaks in demand – an incremental increase in Monday to Thursday afternoon theatre slots would commence in May 2012. It was recognised that there were likely to be dips in the utilisation of these sessions, dependant upon emergency demand and seasonal variations, but these sessions were considered essential to the escalation process;

b) dedicated fractured neck of femur ward to be appropriately staffed and equipped and supported by improved access to patient therapies and co-ordinated discharge arrangements. The centralised ward arrangements would also help to increase the effectiveness of Orthopaedic Geriatricians, help to improve patient experience and reduce length of stay. Members considered the impact of previous dedicated fractured neck of femur wards upon staff morale and discussed opportunities for organisational learning from other Trusts. The Chief Executive particularly stressed the importance of good quality therapy support within a patient's recovery period. A visit to Pinderfields NHS Trust had been arranged to review their fractured neck of femur ward model in practice, and

c) Orthopaedic Geriatrician cover had been a key factor in improving performance and a noticeable deterioration had occurred since one of the Consultants had commenced a period of maternity leave. Every effort was being made to source locum Consultant cover, but during the interim period, such cover was being provided on a sessional basis. A further update on locum cover was provided later in the meeting (Minute 51/12/1 below refers).

The Chief Operating Officer/Chief Nurse confirmed that the detailed project plans, resource and budget requirements, and implementation arrangements were due to be finalised at a meeting on 25 April 2012, prior to submission to Commissioners on 27 April 2012. A single "Gant" chart would be provided to clarify the timescales for each element of the project.

The Committee Chairman sought and received assurance from Professor Rowbotham and Mr Brown regarding their levels of confidence that the above measures would be able to deliver a sustainable improvement in the Trust's fractured neck of femur performance. The Director of Safety and Risk sought and received clarity that a net reduction in trauma beds (as referred to within the CIP report paper J) would still be delivered in the context of this dedicated ward facility. The Committee Chairman requested that an update on progress be provided to the GRMC in June 2012 and that any slippage in the project timescales be reported to the GRMC on an exception basis. **Chair # NOF SG**

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

(B) a further progress report be provided to the June GRMC meeting, with any slippage in the timescales to be reported by exception. **Chair # NOF SG/TA**

44/12/2 Annual Operational Plan 2012-13 (Quality, Risks and Corresponding Controls)

Discussion on this agenda item took place under Minute 47/12/1 below.

Resolved – that consideration of quality, risks and corresponding controls relating to the 2012-13 Annual Operational Plan be noted under Minute 47/12/1 below.

45/12 QUALITY

45/12/1 Nursing Metrics and Extended Nursing Metrics

Paper D summarised progress against the nursing metrics for the period August 2009 to March 2012. The Chief Operating Officer/Chief Nurse provided an insight into the strict process-driven compliance regime, which was linked to robust documentation requirements within each sub-set of the metrics. The Director of Quality, LLR Cluster undertook to send the CCG Chair copies of the booklets and supporting information relating to UHL's nursing metrics for background information. Members noted in-month improvements in 10 of the 13 metrics in place, whilst the remaining 3 metrics had maintained their performance.

DoQ, LLR Cluster

Extra capacity wards had been subjected to weekly nursing metrics and Net Promoter Scores and these outcomes were appended to paper D for the relevant dates when such capacity had been open. Responding to queries from the CCG Chair and the Chief Executive, she provided examples of minor lapses in documentation processes, which might have reduced the scores within the sub-sets for "resuscitation equipment" and "patient observations" from the target score of 100%. Members also discussed a recent change in ward leadership within one extra capacity area where performance had deteriorated.

The Committee Chair requested a progress update on the planned incremental closure of additional capacity wards (dependant upon reduced emergency attendances and improved patient flows) and noted (in response) the Trust's current trajectory towards the end of May target date and that progress towards closing additional capacity was considerably improved against the same period in 2011. Mr R Kilner, Non-Executive Director, recommended that consideration be given to setting trigger points for monitoring the ratios between substantive and agency staff within swing wards and additional capacity wards.

Paper D1 detailed the extended nursing metrics in place within 8 specialist areas across the Trust. The Director of Nursing reported on developments being implemented for the May 2012 report to include WHO theatre checklist compliance as a separate reporting line and inclusion of Children's OPD performance data.

Resolved – that (A) the contents of papers D and D1 be received and noted, and

(B) the Director of Quality, LLR Cluster arrange to provide the CCG Chair with some background information re: UHL's nursing metrics.

DoQ, LLR Cluster

45/12/2 Quality, Finance and Performance Report – Month 12

Papers E and E1 detailed the quality, finance and performance report, heat map and associated management commentary for month 12 (month ending 31 March 2012). The Chief Operating Officer/Chief Nurse reported on key issues, as follows:-

a) MRSA and C Difficile performance for the 2011-12 financial year had been very positive, but she briefed the Committee in respect of the challenging trajectory set for 2012-13 and the potential impact of mandatory changes in the testing regimes (implemented on 1 April 2012);
b) additional RTT activity delivered during 2011-12 would place the Trust in a favourable position for the revised 2012-13 operating targets at specialty level. The Chief Operating Officer/Chief Nurse recorded an appreciation of the tremendous efforts on the part of staff from the Planned Care and Clinical Support Divisions in delivering the additional activity to reduce patient waiting times;

c) whilst Emergency Department performance had been rated as "green" for the last week, this remained a significant challenge. A revised plan had been submitted to ECIST and the Trust's Commissioners to develop a strategic approach (via a programme board) to address key issues such as ED footprint constraints, staffing levels and internal waits processes. A report was due to be considered by the Trust Board on 26 April 2012;
d) dedicated resources and CBU management arrangements had been implemented to support performance against the cancer target thresholds and as a result the 62 day target had now been achieved consistently since January 2012. MDT processes within Urology and Lower GI Surgery had been reviewed within the 62 day patient journey and triggers implemented at 28 and 40 days to avoid breaches. Meetings with Kettering and Northamptonshire NHS Trusts had been arranged to review the practice of transferring patients too late within their journey for UHL to deliver the 62 day target. Focussed work to support endoscopy pathways and awareness of bowel screening referral rates was also underway;
e) small increases in the trends relating to pressure ulcers and falls had been anticipated to a degree, but continued and new actions were being addressed in order to maintain the overall reducing trends. A Leicester Tissue Viability event was being held on 25 April 2012. The Director of Quality, NHS Cluster confirmed that reporting routes and tracking of those patients presenting at UHL with existing ulcers were being strengthened. She also advised that a DoH appeals process was due to be withdrawn in this respect, and
f) project management arrangements were in place to reduce the number of cancelled operations for non-clinical reasons on the day of surgery and an escalation process had been implemented at Divisional Director level, supported by the Divisional Managers.

Further to Minute 34/12/5c of 29 March 2012, the Medical Director reported on UHL's crude and risk adjusted mortality rates, noting that the latter currently stood at 90.6. He advised that UHL's Summary Hospital-level Mortality Indicator (SHMI), which also included out of hospital deaths within 30 days of discharge, stood at 106 and he provided some helpful background information relating to the coding of diagnosis on admission, which was used within this data set instead of the confirmed diagnosis. Additional guidance had been provided to staff re: capturing and coding of all multiple co-morbidities and appropriate end of life pathways for patients who might be admitted to UHL prior to receiving care within a hospice setting. A review of out of hospital deaths in the LLR community was currently underway in conjunction with Public Health colleagues and the outcomes from this workstream were expected to become available in September 2012. **MD**

The Medical Director also reported on UHL's Quality Schedule, performance against national CQUIN thresholds, VTE risk assessments, seasonal variations in thrombo-embolism, an improved position relating to re-admissions and patient safety indicator performance. The Chief Operating Officer/Chief Nurse advised that additional funding had been confirmed to support project management re: the 5 Critical Safety Actions, COPD, Stroke, Fractured Neck of Femur, Patient Net Promoter, Patient Experience, Falls and Tissue Viability.

In response to a query from the Patient Adviser regarding Choose and Book slot availability (as evidenced on page 12 of the Heat map report) the Chief Operating Officer/Chief Nurse briefly referred to the practice of using "ghost clinics" for managing slot bookings within certain specialties, but she undertook to provide some further information on this theme to the Patient Adviser (outside the meeting). **COO/CN**

The Chief Operating Officer/Chief Nurse responded to a query from Mr R Kilner, Non-Executive Director in respect of bed utilisation rates (which varied between 83% and 97% across different CBUs) and any opportunities for levelling out bed resources. She particularly noted the impact of the Deloitte and Finnamore capacity review process on the wider UHL bed distribution profile and infection prevention strategies relating to vulnerable cohorts of patients (eg transplant and chemotherapy patients).

The Chief Operating Officer/Chief Nurse responded to a final question from the CCG Chair relating to GI Medicine/Surgery CBU's performance against the day case basket, noting that there were sometimes insufficient cases per month within a specialty to physically achieve this target. However, all CBU leads had recently been invited to reconsider which cases were currently included within their day case baskets.

The Chief Operating Officer/Chief Nurse noted that the content of the next iteration of the Quality, Finance and Performance report would be adapted to reflect monitoring against the new operating targets and a first draft of this new format report would be considered at the May 2012 GRMC meeting.

Resolved – that (A) the quality and performance report and divisional heat map for month 12 (month ending March 2012) be noted;

(B) outcomes from the Public Health workstream re: out of hospital deaths be reported to the GRMC when available (in September or October 2012), and **MD**

(C) the Chief Operating Officer/Chief Nurse be requested to share information on Choose and Book performance with the Patient Adviser (outside the meeting). **COO/CN**

45/12/3 Dashboard of Lowest Scoring Wards

Further to Minute 97/11/1 of 27 October 2011, paper F provided monitoring dashboards for the 4 lowest scoring wards in relation to nursing metrics and patient experience performance indicators. Members noted that the reports had been anonymised as some staff involved were currently undergoing performance management processes. The Director of Nursing provided assurance that there had already been a change of ward leadership for the ward area described in "dashboard 4".

Resolved – that the dashboards of lowest scoring wards be received and noted (paper F refers).

45/12/4 CQC Visit to Acute Medical Units on 16 March 2012

Paper G provided an update on the draft CQC report following their unannounced visit to AMU (wards 15 and 16) at the LRI on 16 March 2012 and a copy of UHL's draft action plan which had been prepared in response. The Director of Quality noted that although the final CQC report was still being checked for factual accuracy, the CQC had issued a formal warning notice in respect of the privacy and dignity of patients waiting in AMU on trolleys.

Mr P Panchal, Non-Executive Director, noted the implementation date within the action plan for revised exception criteria for patients in the new assessment area was 23 April 2012 and it was confirmed that use of trolleys on the AMU had been suspended and alternative ways of working were now in place within a new assessment area. An in-depth discussion took place regarding the differences between a bed and a trolley and Mr P Panchal, Non-Executive Director, commented that some patients had been unable to tell the difference, since modern trolleys were quite comfortable. The Medical Director advised that the main clinical distinctions related to the location of trolleys and whether a patient had been formally admitted.

Consideration took place regarding the appropriate use of trolleys in other clinical areas of the Trust and suitable processes and infrastructure arrangements to control and monitor their use.

Resolved – that the contents of paper G and the discussion on this item be noted.

46/12 PATIENT EXPERIENCE

46/12/1 Patients Association Report

Further to Minute 110/11/1 of 25 November 2011, paper H summarised the UHL and NHS LCR reviews of clinical care provided to Mrs AS prior to and following her admission to UHL in October 2010. Mrs AS had been admitted to UHL to receive active treatment for what was initially thought to be a reversible condition, but it had subsequently become apparent that end of life care was more appropriate and she had been treated in accordance with the Liverpool care pathway.

Thorough reports of the care Mrs AS received in the community and after her admission to UHL were appended to paper H. The organisational learning outcomes and action plans had been completed, including a review of the subsequent complaints handling process. Awareness had been raised in respect of a 24 hour advice line offered by LOROS and an educational programme had been developed enabling UHL nurses to undertake clinical shifts within a hospice setting.

The Medical Director challenged the objectivity of the NHS LCR report, noting that the author was also a GP based in the referring practice. However, the CCG Chair noted that the report provided a factual account of the events leading up to the admission. Mr P Panchal, Non-Executive Director noted further opportunities to capture learning points around sensitive management of aggressive behaviour by patients' relatives. The Director of Nursing confirmed that this aspect of the case had already been captured in the learning process and noted that consideration was being given to including the theme of end of life care within the next patient story presentation to the Trust Board.

Resolved – that the contents of paper H and the discussion on this item be noted.

46/12/2 Patient and Family Feedback – End of Year Review and Priorities for 2012-13

The Director of Nursing introduced paper I, which provided an overview of progress relating to capturing patient and family feedback in 2011-12, Trust level and CBU level analyses of the performance data, and key objectives for 2012-13. The Director of Communications and External Relations was requested to arrange for a copy of this report to be provided to all UHL patient advisers (outside the meeting). **DCER**

GRMC members noted significant progress made in respect of gathering patient feedback during the last 12 months and the ongoing strategy to increase opportunities for patients, carers and members of the public to provide their views on UHL's services through a wide range of mediums. Section 4.7 of paper H highlighted the following themes for particular attention during 2012-13 by the Patient Experience Team:-

- Dementia and care of older people;
- Carers;
- Improving dignity in care for patients, and
- Continued drive to eliminate mixed sex accommodation.

GRMC members requested the Director of Nursing to expand upon the above themes in her next quarterly update report as additional detail relating to these key areas would be welcomed. **DoN**

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

(B) the Director of Communications and External Relations be requested to circulate copies of paper I to all UHL Patient Advisers, and **DCER**

(C) greater detail be provided re: the themes for increased focus during 2012-13 to the GRMC in July 2012 within the quarterly report on patient and family feedback. **DoN**

47/12 SAFETY AND RISK

47/12/1 CIPs 2012-13 Safety and Quality Assurance Process

Further to Minute 34/12/5b of 29 March 2012, paper J provided a progress update on the process for completing quality assurance assessments against UHL's 310 2012-13 CIP schemes. Appendix 1 summarised the risk score for each CIP scheme and identified any significant potential impact on patient safety. Appendix 2 drew out those schemes over £65k in value, scored as 12 or above and which had been assessed as having a potentially significant impact on patient safety. The Director of Safety and Risk clarified that the confirm and challenge process was still ongoing in respect of schemes with no identified risk score or no projected total value. She also noted an influx of additional supporting information since this report had been circulated on 18 April 2012. She briefed members on the monthly process for scrutinising the score ratings and testing the monitoring arrangements, noting that any exceptions to progress would be escalated to the Quality and Performance Management Group (QPMG). The Chief Operating Officer/Chief Nurse provided an insight into the terms of reference and clinical membership of the QPMG for the benefit of LLR colleagues present. A series of Divisional presentations had been arranged for the GRMC to review any areas of concern.

Each Division had been requested to provide further information and where applicable provide copies of their quality impact assessments for review. The Committee Chairman sought confirmation that such schemes would not have commenced without appropriate sign-off of the quality impact assessments. The Chief Operating Officer/Chief Nurse advised that all Divisions had been requested to close down outstanding reviews by the end of that week. She confirmed that whilst planning processes might have been started, none of the schemes would have advanced to such a point where any quality or safety concerns might be breached.

The Director of Quality, LLR Cluster noted that it was difficult to form an impression of the totality of the CIP schemes being taken forward, how many of the schemes had already commenced and the phasing arrangements for others. Some of the schemes provided a very short narrative and greater transparency of the underlying issues would be welcomed. Following discussion, members agreed the following actions:-

a) the Chief Operating Officer/Chief Nurse to provide a post meeting note to clarify what proportion of 2012-13 CIP schemes were already underway; **COO/CN**
b) the Director of Safety and Risk to provide the CCG Chair with examples of completed risk assessments for schemes with a quality impact score of 12 or above, and **DSR**
c) the Director of Safety and Risk arrange to meet with the Director of Quality, LLR Cluster to share the risk assessments for any high value schemes or schemes with a risk rating of 12 or above (a number of these were handed over at the meeting). **DSR/ DoQ, LLR Cluster**

Responding to a query from the CCG Chair, the Medical Director confirmed his view and level of confidence (following a meeting with the Divisional Directors) that UHL's CIP schemes were deliverable and that a robust process was in place to ensure that schemes did not impact upon the quality and safety of UHL's services. Mr D Mell, LLR Cluster Non-Executive Director, queried the arrangements for assessing the cumulative impact of individual CIP schemes alongside ongoing transformation work. In response, the Chief Executive briefed members on the outputs of Deloitte and Finnamore workstreams to improve efficiency and eliminate waste.

Post meeting note:-

Full year effect schemes from 2011-12	55	16.37%
2012-13 new recurrent / non recurrent starting in April 2012	164	48.81%
Yet to start	117	34.82%
Total	336	100%

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

(B) the Chief Operating Officer/Chief Nurse be requested to provide a post meeting note to confirm the proportion of 2012-13 CIP schemes already underway; **COO/CN**

(C) the Director of Safety and Risk be requested to provide the CCG Chair with examples of completed risk assessments for schemes with a quality impact score of 12 or above, and **DSR**

(D) the Director of Safety and Risk be requested to meet with the Director of Quality, LLR Cluster to share risk assessments for schemes with a high value or risk rating of 12 or above. **DSR**

47/12/2 Divisional CIP Presentation – Acute Care Division

The Divisional Director, Divisional Manager and Divisional Head of Nursing from the Acute Care Division attended the meeting to present an update on their Divisional CIP schemes and the ongoing process to complete quality impact assessments, monitoring arrangements and actions to mitigate any identified risks. The Divisional Manager began by noting the availability of more comprehensive assessments which had been provided to the Transformation Support Office (TSO) but not yet received by the Risk Assurance Manager or the Director of Safety and Risk. She agreed to correct this discrepancy within the next 24 hours in order that paper J could be updated and re-circulated to GRMC members. Mr R Kilner, Non-Executive Director particularly noted that appropriate assurance relating to the robustness of the CIP risk assessment process would be required prior to the Trust Board meeting on 26 April 2012 in order for the 2012-13 Annual Operational Plan to be signed off. **DM, AC**

Detailed discussion took place regarding a number of key quality and safety performance indicators which had deteriorated over the last few weeks, as evidenced at the weekly Monday morning metrics meetings and a report considered by the Acute Care Board on 20 April 2012. Particular consideration took place regarding increasing activity levels and patient age profiles, complaints, SUIs, bed capacity, AMU and ED throughput and staffing of extra capacity wards areas. Within AMU the central area had been refurbished to strengthen the arrangements for patients' privacy and dignity. A unified plan to address activity pressures, ED space constraints, internal waits processes and integration and collaboration between staff from various specialties staff within Acute Care pathways was currently being finalised for presentation to the Trust Board on 26 April 2012.

The Divisional Head of Nursing briefed GRMC members on the significant efforts of staff to maintain delivery of performance metrics, noting that bed capacity and staffing levels were key components. Plans were already being put in place to increase the substantive workforce throughout the autumn and winter period through over-recruitment. Additional funding had been made available to increase staffing levels in line with higher patient acuity and provide additional monitoring equipment for monitoring of early warning scores. Focussed work was taking place to respond to more of patients concerns proactively in order to reduce the number of complaints. Sickness absence levels were being monitored closely and the formal absence reporting process had also been strengthened.

The Chief Operating Officer/Chief Nurse highlighted progress against key transformation and efficiency schemes and changes to patient pathways resulting in additional clean room, day case and outpatient procedures and opportunities for re-distribution of the Trust's bed base. The Chief Executive highlighted a reduction in additional capacity beds from 130 to 80 in the last week and confirmed that the additional 80 beds would be closed as soon as this could be safely achieved. The Chief Operating Officer/Chief Nurse provided assurance that the current significant focus on the Acute Care Division would continue and that the timescale to deliver the required necessary actions would be monitored closely over the coming days and weeks.

Resolved – that (A) the presentation by the Acute Care Division on quality and safety assessments of their CIP schemes be received and noted;

(B) the Divisional Manager, Acute Care be requested to forward all outstanding CIP quality impact assessments to the Director of Safety and Risk, and **DM, AC**

(C) Divisional presentations on CIP quality and safety assessments continue to be scheduled on the GRMC agenda on a monthly basis. **Chair/TA**

47/12/3 Patient Safety Report

The Director of Safety and Risk presented paper K, a summary of key patient safety issues, which covered the following:-

- patients on trolleys
- Early Warning Score (EWS) incidents;
- update on 5 critical safety actions;
- complaints in the Medicine CBU;
- SUIs reported in March 2012;
- CAS exception report, and
- UHL's 45- 60 day performance regarding completed RCA reports.

The Director of Safety and Risk brought members' attention to the actions considered at the recent Acute Care Board meeting regarding extra capacity wards and patients waiting on trolleys on the corridor of AMU – a practice which had now ceased. She sought clarity regarding the process for closing down the additional capacity beds on Odames ward and reiterated the Fire Officer's concerns regarding patient mobility selection criteria in the event of an evacuation of this area becoming necessary.

During March 2012, a total of 17 EWS incidents and 1 SUI had been reported and feedback had been provided to the Divisional Heads of Nursing regarding the importance of good handover, communication between ED and AMU and co-ordinated care.

In relation to progress against the 5 critical safety actions (CSAs), the Director of Safety and Risk advised that recruitment for a project manager was currently taking place with interviews planned to be held on 18 May 2012. The Clinical Leads for each of the critical safety actions were currently refining the implementation arrangements which were expected to be presented for approval in May 2012 prior to submission to Commissioners.

A total of 35 SUIs had been escalated during March 2012 (5 related to patient safety incidents, 25 related to the reporting of Hospital Acquired Pressure Ulcers (Grade 3 & 4) and 5 related to Healthcare Acquired Infections). The Director of Safety and Risk also briefed members in respect of 2 "Never Events" which would be included in the Patient Safety report to the May 2012 GRMC meeting and concerns raised regarding the e-prescribing system which might require some additional testing prior to continued roll-out.

Appendix 1 to paper K provided a summary of the outstanding NPSA CAS alerts and their estimated timescales for completion. A separate progress update on the CAS alert "Right Patient Right Blood" was provided under Minute 47/12/6 (below). Section 8 of paper K detailed progress of the arrangements to accelerate completion of RCA reports.

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

47/12/4 Health and Safety Report for Quarter 4 (2011-12)

The Director of Safety and Risk introduced paper L (which summarised the statistical health and safety performance for 1 January 2012 to 31 March 2012), particularly noting

the following points:-

(a) a 5% end of year reduction in RIDDOR incidents. Since April 2012 the criteria for RIDDOR reporting had been changed from 4 days off work to 7 days off work. This change had been widely communicated to staff within the Trust. Arrangements were also in place to continue monitoring over 3 day incidents internally for comparison purposes;
(b) a table showing compliance with health and safety and risk management audits by topic was provided in section 4.1 of the report. The Health and Safety Team was following up non-submissions and late submission of audits where appropriate, and
(c) key areas of focus for 2012-13 were being developed which would include an evaluation of annual and three-yearly health and safety training requirements being undertaken in conjunction with CBUs.

In discussion on this item, the Committee Chair queried whether there was scope to change the time of year when self-assessment health and safety and risk management audits were conducted, to avoid winter activity pressures in ward areas.

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

(B) consideration be given to reviewing the timetable for annual health and safety and risk management self-assessment audits to avoid winter activity pressures. **DSR**

47/12/5 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.

47/12/6 Update on CAS Alert: Right Patient Right Blood

Further to Minute 25/12/3 of 23 February 2012, the Medical Director noted an explanation and apology received from Dr P Rabey, who had attended the GRMC in his capacity as Acting Medical Director on that date. It appeared that the issues preventing compliance with this CAS alert were more complex than he had realised, due to incompatibilities between the electronic blood tracking system and UHL's own IM&T infrastructure, and these incompatibilities might take in excess of 1 year to resolve.

In the meantime, the Trust's manual tracking systems would continue to be operated to mitigate any risks in this area (although this was not considered to be an adequate long term solution). The GRMC requested the Medical Director to meet with the Director of Corporate and Legal Affairs and the Director of Safety and Risk to review any risk exposure relating to this outstanding CAS alert (outside the meeting).

Resolved – that (A) the progress update regarding this CAS alert be received and noted, and

(B) the Medical Director be requested to meet with the Director of Corporate and Legal Affairs and Director of Safety and Risk to review any risk exposure relating to this outstanding CAS alert (outside the meeting). **MD/ DCLA/ DSR**

48/12 GRMC TERMS OF REFERENCE

Due to time constraints at this meeting, the expected verbal report by the Director of Corporate and Legal Affairs was deferred to the next meeting.

Resolved – that a report on the GRMC terms of reference be presented to the GRMC meeting to be held in May 2012. **DCLA**

49/12 ITEMS FOR INFORMATION

49/12/1 Update on External Visits and Accreditations

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

49/12/2 Internal Audit's Review of Clinical Audit

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

50/12 MINUTES FOR INFORMATION

50/12/1 Finance and Performance Committee

Resolved – that the Minutes of the 28 March 2012 Finance and Performance Committee meeting (paper O refers) be received for information.

51/12 ANY OTHER BUSINESS

51/12/1 Orthopaedic Geriatrician Locum Cover

Further to Minute 44/12/1 (above), the Chief Operating Officer/Chief Nurse reported that she had just been advised that a locum had now been sourced to provide maternity leave cover within the Orthopaedic Geriatrician service.

Resolved – that the position be noted.

52/12 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 26 April 2012 Trust Board and highlighted accordingly within these Minutes:- **GRMC CHAIR**

- **Fractured Neck of Femur Proposals (Minute 44/12/1 refers);**
- **CIPs 2012-13 Safety and Quality Assurance Process (Minute 47/12/1 refers);**
- **Safety within the Acute Care Division (Minute 47/12/2 refers) and**
- **Patient Safety Report – verbal update on Never Events (Minute 47/12/3 refers).**

52/12 DATE OF NEXT MEETING

Resolved – that the date of the next meeting of the Governance and Risk Management Committee be advised once members' availability had been canvassed. **TA**

POST MEETING NOTE:
*The arrangements for the May 2012 meeting were subsequently confirmed as **Monday 21 May 2012** from **1.30pm** in the **Board Room, Victoria Building, LRI** and the meeting dates for the remainder of the year were also confirmed as follows:-*

Monday 25 June 2012 from 1.30pm in the Board Room, Victoria Building, LRI
Monday 23 July 2012 from 1.30pm in the Cedar Room, Knighton Street Offices, LRI
Monday 20 August 2012 from 1.30pm in the Cedar Room, Knighton Street Offices, LRI
Monday 24 September 2012 from 2pm in the Board Room, Victoria Building, LRI
Monday 22 October 2012 from 1.30pm in the Board Room, Victoria Building, LRI
Monday 26 November 2012 from 1.30pm in the Board Room, Victoria Building, LRI
Thursday 20 December 2012 from 1pm in the C J Bond Room, Education Centre, LRI

The meeting closed at 4:38pm. Kate Rayns – Trust Administrator