University Hospitals of Leicester NHS
NHS Trust

Trust Board paper J

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 1 March 2012

COMMITTEE: Governance and Risk Management Committee

CHAIRMAN: Mr D Tracy

DATE OF COMMITTEE MEETING: 26 January 2012. A covering sheet outlining the key issues discussed at this meeting was submitted to the Trust Board on 2 February 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:

- **summary of five critical safety actions discussed at the Joint Governance session;**
- **discussion re: sickness absence levels in GI Medicine/Surgery CBU (as part of Divisional Heat Map) (Minute 14/12/3 refers), and**
- **quality visits by the PCT (Minute 14/12/6 refers).**

DATE OF NEXT COMMITTEE MEETING: 23 February 2012

Mr D Tracy – Non-Executive Director and GRMC Chair
24 February 2012

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

MINUTES OF A MEETING OF THE GOVERNANCE AND RISK MANAGEMENT COMMITTEE HELD ON THURSDAY 26 JANUARY 2012 AT 1PM IN THE CEDAR ROOM, KNIGHTON STREET OFFICES, LEICESTER ROYAL INFIRMARY

Present:
Mr D Tracy – Non-Executive Director (Committee Chair)
Mrs S Hinchliffe – Chief Operating Officer/Chief Nurse
Mr P Panchal – Non-Executive Director
Mrs E Rowbotham – Director of Quality, NHS LCR (non voting member)
Mr S Ward – Director of Corporate and Legal Affairs
Mr M Wightman – Director of Communications and External Relations (upto and including part-Minute 13/12/1)
Ms J Wilson – Non-Executive Director
Professor D Wynford-Thomas – Non-Executive Director

In Attendance:
Mr J Braybrooke – Consultant Orthopaedic Surgeon (for Minute 12/12/3)
Professor S Carr – Associate Medical Director, Clinical Education (for Minute 15/12/8)
Dr B Collett – Associate Medical Director, Clinical Effectiveness (upto and including Minute 14/12/2)
Miss M Durbridge – Director of Safety and Risk
Mrs S Hotson – Director of Clinical Quality
Ms S Khalid – Chief Pharmacist (for Minute 12/12/1)
Ms H Killer – Children's CBU Manager (for Minutes 12/12/1 and 12/12/2)
Ms H Leatham – Head of Nursing (for Minute 13/12/1)
Mrs H Majeed – Trust Administrator
Ms H Poestges – Researcher, KCL (observing)

ACTION

RESOLVED ITEMS

10/12 APOLOGIES

Apologies for absence were received from Mr M Caple, Patient Adviser; Dr K Harris, Medical Director; Mr M Lowe-Lauri, Chief Executive and Mrs C Ribbins, Director of Nursing/Deputy DIPAC.

11/12 MINUTES AND ACTION SHEET

Resolved – that the Minutes and action sheet (papers A-A2) from the meeting held on 4 January 2012 be confirmed as a correct record.

12/12 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.

12/12/1 10X Medication Errors in Children

The Chief Pharmacist and the Children's CBU Manager attended the meeting to present paper C, an update on progress on actions taken to address concerns around 10X medication errors in children.

A deep dive of the 10X medication incidents that had occurred in 2011 had been undertaken and although no common denominators were identified, some further actions

had been recommended to strengthen the medication safety arrangements within the Children's CBU. As benchmarking data on the incidence of 10X medication errors was not available, it had not been possible to assess whether UHL was an outlier in this area. However, the Trust was in the process of establishing a benchmarking process with other major paediatric centres in order to collect and compare data prospectively. The original 'improving medication safety in children' action plan was being reviewed by the Paediatrics Medicines Management Board to ensure that all actions were still in place and to identify any new risk minimisation strategies that could be implemented.

Responding to a query, members were advised that training and competency assessment for medicines management was routinely discussed by the Medicines Management Board. However, it was noted that the reasons for medication errors was multi-factorial. A model adopted by the Great Ormond Street Hospitals to minimise medication errors would be used by UHL.

In response to a query from the Director of Corporate and Legal Affairs, the Chief Pharmacist advised that the evidence from implementation of an electronic prescribing and medicines administration (e PMA) system used in other Trusts demonstrated reduction in prescribing errors, however it did not eliminate all medication errors in children. The resource required to support an ePMA system in children was being scoped and it was expected that a system would be in place potentially by July 2012.

Individuals were required to re-do drugs assessment if they were involved in an incident relating to a drug error. If the same individual was involved in a drug error incident more than once, then performance management would be undertaken. However, if medical staff were involved in such incidents then it would be reported to their Educational Supervisor who would put a training package in place for the individual concerned.

The Committee Chairman requested a report (for information) on progress with the actions to improve medication safety in children to be provided to the GRMC in April 2012. **CP**
The Chief Pharmacist was also requested to inform the GRMC if benchmarking information for 10X medication errors in children became available. **CP**

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

(B) a report (for information) on progress with the actions to improve medication safety in children be provided to the GRMC in April 2012, and **CP/TA**

(C) the GRMC be informed if benchmarking information for 10X medication errors in children became available. **CP**

12/12/2 <u>Report by the Children's CBU Manager</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.

12/12/3 <u>Progress Report on Fractured Neck of Femur (#NOF)</u>

Further to Minute 95/11/2 of 27 October 2011, Mr J Braybrooke, Consultant Orthopaedic Surgeon attended the meeting to present paper E, an update on performance in relation to the #NOF best practice tariff (BPT) and CQUIN indicators.

An audit on the current working in relation to care of patients with #NOF had brought to light that theatre time was being used satisfactorily, however there was room for improvement. Due to the peaks and troughs in the numbers and types of #NOF admissions, the designated hip lists could not be protected. However, one of the possibilities that this could be achieved was by allowing the service to take over theatre 5 on a permanent basis.

In order to qualify for the BPT, patients must be over 60 years old, fall into a specific HRG grouper and achieve all of the 6 criteria. Currently, 42% of #NOF patients met these criteria and qualified for the top-up tariff.

In response to a query from the Director of Safety and Risk, it was noted that though UHL's mortality rate in respect of this indicator had not significantly changed, it had reduced to 9% in 2011 from 11% in 2010.

It was noted that a potential deterioration in performance was expected due to impending maternity leave of a Consultant Ortho-Geriatrician. The Chief Operating Officer/Chief Nurse advised that part-funding for a one-year cover for this post had been approved (through the winter pressure bids) and the remaining funding would be discussed at the Contract meeting on 27 January 2012. She noted the possibility of transformation funds to be used.

Members were also advised of the difficulties in getting access to theatres during peaks in activity or when multiple spinal cases were admitted requiring long periods in theatre. The Chief Operating Officer/Chief Nurse noted that work on efficient use of theatres/length of sessions was being progressed and update on the results of the work in relation to cancelled operations would be available in April 2012. **COO/CN/ AMD**

The continuation of the #NOF Steering Group was supported and a review of membership and frequency was suggested. The Committee Chairman requested that a further update be provided in April 2012.

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

(B) an update on the results of the work in relation to cancelled operations be provided to the GRMC in April 2012, and **COO/CN/ AMD/TA**

(C) **an update on #NOF be provided to the GRMC in April 2012.** **COS/TA**

12/12/4 Results of the audit of the electronic handover system piloted in the Medicine CBU

The Associate Medical Director (Clinical Effectiveness) presented papers F and F1, a report on the results of the audit of the electronic handover system piloted in the Medicine CBU from 23 December 2011- 2 January 2012.

The audit data from the current handover system had been limited but discussions were ongoing with IM&T to improve the range of audit data. Plans were in place to increase the utilisation of this system. Members noted the need for relevance of the data being audited and targets to be set.

Resolved – that the contents of papers F and F1 be received and noted.

13/12 PATIENT EXPERIENCE

13/12/1 Patient Experience Report

The Head of Nursing attended to present paper G, an update on the patient and family experience feedback for quarter 3 (October - December 2011). The summary/key points were highlighted in the cover sheet of the paper.

In discussion on this report, members:-

(i) queried the timeline for the completion of the actions agreed at the Carers Engagement Event - it was noted that this was a key part of the Patient Experience team who will lead implementation with support from Divisions and assurance would be provided to carers on an on-going basis;

(ii) noted that 'being treated with compassion and responsiveness to what matters most to each individual' had been rated 'amber' and scored 54%. Professor D Wynford-Thomas, Non-Executive Director queried whether the underlying components of this standard were appropriate - in response, it was noted that the sub-standards were in relation to 'responsiveness of care', however, the Head of Nursing agreed to check this; **HoN**

(iii) sought assurance that the data collected would be used appropriately - it was noted that Ward Sisters used the results to change service design and delivery. In relation to engagement with doctors, the Director of Nursing had had discussions with Dr S Agrawal, Assistant Medical Director to take this forward;

(iv) were advised that Consultants had provided positive feedback on how inpatient surveys should be re-structured;

(v) agreed for the report to be shared with the PCT;

(vi) noted that the 'Caring at its Best' projects had been progressed by the Divisions to improve patient satisfaction scores and progress was reported to the QPMG;

(vi) were advised that the survey responses were collected and incorporated into one dashboard which would be shared at CBU level, and.

(vi) in respect of the expectation that every Trust should ensure that the Net Promoter question should be asked to 10% of their inpatients each month, it was noted that the Trust was awaiting detailed guidance from the SHA for a launch before 1 April 2012.

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

(B) to check whether the underlying components in respect of standard 6 of the 'Caring at its Best' dashboard were appropriate for that standard. **HoN**

14/12 QUALITY

14/12/1 Update on Hospital Acquired Pressure Ulcers

Paper H provided assurance that the Trust maintained a reduction in the incidence of hospital acquired pressure ulcers. In discussion on this paper, the Chief Operating Officer/Chief Nurse highlighted that:-

(a) there had been a 50% improvement when comparing data from the same quarter in 2010;
(b) the initial results from the bi-annual prevalence survey undertaken in November 2011 confirmed the lowest ever Trust incidence of pressure ulcers of 3%;
(c) the new Midlands and East SHA had been consulting on new reporting tissue viability processes and clinical guidance to ensure standardisation of practices across the region;
(d) it had been challenging to obtain benchmarking information, however noted that East of England SHA might hold some data in this respect, and
(e) an increasing trend in the number of patients being admitted from their own homes had been noticed.

A peer review of the six unavoidable pressure ulcers reported in November 2011 had been completed and the team concurred with UHL's output. Responding to a query, it was noted that work would be continued to identify those areas where VITAL results indicated a need for more focused training and education would be provided appropriately.

The Committee Chairman welcomed the update and noted the good work detailed in paper H. As agreed at the GRMC meeting on 29 September 2011, the next quarterly report re: hospital acquired pressure ulcers would be presented to the GRMC in May **DoN**

2012.

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

(B) next quarterly progress report on HAPUs be provided to the GRMC in May 2012. **DoN/TA**

14/12/2 Nursing Metrics and Extended Nursing Metrics

Paper I summarised progress against the nursing metrics for the period August 2009-December 2011. Out of the 13 metrics in place, 10 scored 'green' and 3 'amber'. Paper I1 detailed the extended nursing metrics in place within 8 specialist areas across the Trust. Resuscitation checks would be focused in February 2012 with a target improvement of 4%. It was noted that there had been a decrease in performance in relation to this indicator in 2 ward areas, in particular - discussions had now been held with the ward managers and matrons of these wards and objectives had been put in place. Each ward was now required to identify a member of staff at the start of the shift, who would be responsible to check the resuscitation trolley. Professor D Wynford-Thomas, Non-Executive Director noted the good work and the statistical significance of the nursing metrics.

Resolved – that the contents of papers I and I1 be received and noted.

14/12/3 Quality, Finance and Performance Report – Month 9

Paper J detailed the quality, finance and performance report, heat map and associated management commentary for month 9 (month ending 31 December 2011). The Chief Operating Officer/Chief Nurse highlighted following key themes from the report:-

(a) 1 case of MRSA was reported bringing the year-to date position to 6. Members were advised that the MRSA trajectory for 2012-13 was 6. Responding to a query, it was noted that the Trust had infection prevention policies and procedures in place and relied upon staff to follow these appropriately. The Director of Quality, NHS LCR advised that a recent performance review had identified that UHL had performed well on its IP targets (rated 'green' on 5 and 'red' on 1) and acknowledged the aforementioned comment;
(b) an indication that the incidence of patients' falls in the Trust had started to reduce;
(c) reasons for the cancellation of operations on the day of surgery had been reviewed and revised processes to minimise cancellations had been put in place. Every cancelled operation would now be reviewed.

The Committee Chairman commented on the high sickness absence rate (7%) in the GI Medicine/Surgery CBU - in response, it was noted that there had been other issues in this CBU which might have led to the increase in sickness absence. The Committee Chairman agreed to highlight this issue to the Trust Board via these Minutes. **GRMC Chair**

Resolved – that (A) the quality and performance report and divisional heat map for month 9 (month ending December 2011) be noted, and

(B) the high sickness absence rate in GI Medicine/Surgery be highlighted to the Trust Board on 2 February 2012. **GRMC Chair/TA**

14/12/4 Trust Board Development Session – clinical audit and quality governance

Resolved – that the TB development session on clinical audit and quality governance be built in within the forthcoming TB development session on 2 February 2012.

14/12/5 2011-12 Quality Account Progress Report

The Director of Clinical Quality presented paper K, an update on progress towards producing the 2011-12 quality account and seeking input into deciding the priorities for improvement in 2012-13 for inclusion within this report. The consultation process on the Quality Account would be undertaken with Patient Advisers, PCTs, LINKs and OSCs as their comments would be fundamental to QA assurance.The areas of priority for 2011-12 identified by UHL to demonstrate a commitment to improving outcomes for patients, in relation to improving patient experience, reducing admissions and further reducing deaths would need to be reviewed and indicated as 'work in progress' within the quality account.

The Director of Clinical Quality agreed to present the first draft of the 2011-12 quality account to the GRMC in February 2012. **DCQ**

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

(B) the first draft of the 2011-12 Quality Account be presented to the GRMC in February 2012. **DCQ/TA**

14/12/6 Quality Visits by the PCT

Paper L provided an update on the findings from quality visits in UHL undertaken by the PCT in October 2011. The Trust currently received 24 hours notice of a visit but was not informed of the areas until the Commissioners arrived. The areas visited in October 2011 were wards 31, 17 and 19 at the Leicester Royal Infirmary site. There were many positive findings from the visit, however, issues raised were in relation to call bell responses, communication re: compliants, cluttered wards, occasional infection prevention issues and privacy and dignity issues. Responding to a query, the Director of Quality, NHS LCR advised that the areas were selected on the basis of issues identified from reports submitted to the PCT. The Committee Chairman agreed to highlight this to the Trust Board on 2 February 2012 via these minutes. **GRMC Chair**

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

(B) this item be highlighted to the Trust Board on 2 February 2012 via these minutes. **GRMC Chair**

15/12 SAFETY AND RISK

15/12/1 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.

15/12/2 Patient Safety Report

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

- SUIs reported in December 2011 at UHL;
- CAS exception report;
- UHL's 60 day performance regarding completed RCA reports;
- Learning from Experience Group update;
- ED SUI "deep dive", and
- triangulation of data, intelligence and concerns on safety and quality.

A total of 18 SUIs had been escalated during December 2011 (7 related to patient safety incidents, 6 related to the reporting of Hospital Acquired Pressure Ulcers (Grade 3&4) and 5 related to Healthcare Acquired Infections). All maternal deaths would now be reported

as SUIs. The Committee Chairman suggested that 5 critical safety actions be considered when SUIs were investigated.

Currently, three NPSA alerts had missed the deadlines, however, two of these had a timescale of closure by 5 March 2012. The alert re: 'Right Patient Right Blood' had been escalated to the QPMG for additional action. A wide variety of views was expressed in relation to the issues in the completion of blood transfusion training and assessment by staff in order to meet the NPSA's requirements for competency based assessment. The Chief Operating Officer/Chief Nurse (with support from the Director of Human Resources) agreed to discuss this matter at the Informal Executive meeting on 27 January 2012 and provide an update at the GRMC in February 2012. **COO/CN**

A meeting had been arranged to undertake a deep dive of the SUIs in the Emergency Department.

Members were advised that the 'Learning from Experience Group' had been established to maximise the potential for sharing, learning and improving the quality and safety of patient services. Members noted the need for this group to be amalgamated within one of the already existing groups and suggested that QPMG could be considered as one of the forums. The Non-Executive Directors requested that a list of existing Committees and their remits be shared with them. **COO/CN/ DCLA/ DSR** **COO/CN/ DCLA**

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

(B) in respect of the CAS alert 'Right Patient Right Blood' and NPSA's requirement for competency based assessment, the issues in relation to staff completing blood transfusion training and assessment be discussed at the Informal Executive meeting on 27 January 2012 and reported to the GRMC in February 2012; **COO/CN/ DHR/TA**

(C) the possibility of the discussion of the 'Learning from Experience' group being covered in future through the QPMG agenda be considered, and **COO/CN/ DCLA/ DSR**

(D) a list of the existing Committees and its remits be circulated, for information. **COO/CN/ DCLA**

15/12/3 <u>UHL Health and Safety Report – July 2011-December 2011</u>

The Director of Safety and Risk presented paper N, providing the detailed health and safety statistical report for quarters 2 and 3 of 2011-12, information on RIDDOR incidents, health and safety training and a brief overview of the work of the health and safety team.

Members noted that 37 RIDDOR incidents had been reported during this period (compared to 27 for the same period in 2010). Appendix 1 provided a brief description of all new employee and public liability claims received between 1 July and 31 December 2011.

Ms J Wilson, Non-Executive Director queried whether near misses were reported and noted the need for these to be handled appropriately, inorder to reduce the number of RIDDORs. The Director of Safety and Risk agreed to provide an update on this matter at the GRMC in February 2012. **DSR**

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

(B) the Director of Safety and Risk be requested to provide an update on reporting and handling of near-misses. **DSR/TA**

15/12/4 <u>Ward 16 Fire – Update</u>

The Director of Corporate and Legal Affairs advised that currently, three SUIs relating to fire were under review. The Director of Safety and Risk agreed to provide a report on the

internal investigation of the Ward 16 fire to the GRMC in February 2012. **DSR**

Resolved – that the internal investigation report of the Ward 16 fire at the Glenfield Hospital and the recent two fires be presented to the GRMC in February 2012. **DSR/TA**

15/12/5 Report by the Chief Operating Officer/Chief Nurse

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.

15/12/6 Women's and Children's Complaints Performance Report – Analysis of complaints data in the context of local demographics

Resolved – that in the absence of the Director of Communications and External Relations, this item be deferred to the GRMC meeting on 23 February 2012. **DCER/ TA**

15/12/7 Update on Nurses Training – VITAL Programme

The Chief Operating Officer/Chief Nurse confirmed that 2100 UHL nurses had currently completed the VITAL training, noting that the target set had been achieved.

Resolved – that the position be noted.

15/12/8 Critical Safety Action - Senior Clinical Review, Ward Rounds and Notation

Professor S Carr, Associate Medical Director (Clinical Education) attended the meeting to present paper O, an update on the critical safety action relating to Senior Clinical Review, Ward Rounds and Notation. A meeting with the stakeholders had been scheduled on 27 January 2012 to discuss the ward round notation and proposed key performance indicators. The ward round entry checklist/documentation would first be piloted in some medical and surgical areas to assess the impact it would make. Responding to a query, it was noted that the proposal was to have a generic template which would be modified according to the specialty and the format could either be a printed proforma or a template available as a sticker within the medical notes. Members suggested that a minimum data set be developed and the documentation be kept simple.

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

16/12 **ITEM FOR INFORMATION**

16/12/1 Health and Safety Executive's (HSE) Notification to visit Microbiology Laboratory

It was noted that the HSE would be visiting the Microbiology laboratory on 7 March 2012. The purpose of the visit was to undertake proactive monitoring of the laboratory containment level 3 facility but the inspector would also review the Trust's progress against the Brucella incident action plan.

Resolved – that the position be noted.

17/12 MINUTES FOR INFORMATION

17/12/1 Finance and Performance Committee

Resolved – that the Minutes of the 4 January 2012 Finance and Performance Committee meeting (paper P refers) be received for information.

18/12 ANY OTHER BUSINESS

Resolved – that there were no items of any other business.

19/12 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 2 February 2012 Trust Board and highlighted accordingly within these Minutes:- **GRMC CHAIR**

- **summary of five critical safety actions discussed at the Joint Governance session;**
- **discussion re: sickness absence levels in GI Medicine/Surgery CBU (as part of Divisional Heat Map) (Minute 14/12/3 refers), and**
- **quality visits by the PCT (Minute 14/12/6 refers).**

20/12 DATE OF NEXT MEETING

Resolved – that the next meeting of the Governance and Risk Management Committee be held on Thursday, 23 February 2012 from 1:00pm in Conference Rooms 1A&1B, Gwendolen House, Leicester General Hospital.

The meeting closed at 4:20pm.

Hina Majeed,
Trust Administrator