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: 27 SEPTEMBER 2012

COMMITTEE: Governance and Risk Management Committee

CHAIRMAN: Mr D Tracy

DATE OF COMMITTEE MEETING: 20 August 2012

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

- None

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

- availability of benchmarking data between hospitals/Trusts;
- progress on the 5 critical safety actions;
- ward dashboards;
- medical metrics;
- CQC report;
- staffing concerns, and
- external report into a specific case of patient care.

DATE OF NEXT COMMITTEE MEETING: 24 September 2012

Mr D Tracy
21 September 2012

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

MINUTES OF A MEETING OF THE GOVERNANCE AND RISK MANAGEMENT COMMITTEE HELD ON MONDAY 20 AUGUST 2012 AT 1:30PM 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 C Ribbins – Director of Nursing
Mrs E Rowbotham – LLR PCT Cluster Director of Quality (on behalf of Ms C Trevithick, Chief Nurse and Quality Lead, West Leicestershire CCG (non voting member))
Mr M Wightman – Director of Communications and External Relations
Professor D Wynford-Thomas – Non-Executive Director and Dean of the University of Leicester Medical School

In Attendance:
Dr B Collett – Associate Medical Director
Miss M Durbridge – Director of Safety and Risk
Mr M Duthie – Consultant Paediatric Intensivist (for Minute 88/12/1)
Mrs S Hotson – Director of Clinical Quality
Mr G Martin – Independent Lay Member (Quality and Governance), East Leics and Rutland CCG
Mrs S Mason – Divisional Head of Nursing, Acute Care (for Minute 90/12)
Ms C Rudkin – 5 Critical Safety Actions Programme Lead (for Minute 88/12/2)
Ms H Stokes – Senior Trust Administrator
Mr D Yeomanson – Divisional Manager, Women's and Children's (for Minute 88/12/1)

RESOLVED ITEMS **ACTION**

86/12 APOLOGIES AND WELCOME

Apologies for absence were received from Mr J Birrell, Interim Chief Executive, Dr D Briggs, Chair of East Leicestershire and Rutland CCG, Mr M Caple, Patient Adviser, Mrs S Hinchliffe, Chief Operating Officer/Chief Nurse, Mr P Panchal, Non-Executive Director, Mr S Ward, Director of Corporate and Legal Affairs and Ms J Wilson, Non-Executive Director. The GRMC Chair welcomed Mr G Martin, Independent Lay Member (Quality and Governance) East Leicestershire and Rutland CCG, to the meeting.

87/12 MINUTES

Resolved – that the Minutes of the meeting held on 23 July 2012 be confirmed as a correct record.

88/12 MATTERS ARISING REPORT

The matters arising report at paper B highlighted issues from the most recent GRMC meeting and provided an update on any outstanding matters arising since July 2011. In discussion on the report, members noted that the issues in Minute 66/12/2 of 25 June 2012 would be covered verbally in Minute 89/12/7.1 below.

Resolved – that the matters arising report and any resulting actions, be noted.

88/12/1 Clinical Audit Quarterly Report and Dashboard (Minute 78/12/5)

Paper C outlined progress in delivering UHL's clinical audit programme, noting that Divisions were now also using this dashboard template for audits within their areas. In light of the GRMC's wish to understand the 'added value' of clinical audit, each

Division had been invited to attend the Committee and advise of practice changes resulting from clinical audit, starting with the Women's and Children's Division.

In introducing their clinical audit presentation at paper C1, the Women's and Children's Divisional representatives particularly noted:-

(i) the formal project development and approval arrangements for clinical audit within the Division's 2 CBUs, supported by the Clinical Audit, Standards and Effectiveness (CASE) Team. 147 clinical audits were underway within the Division, 98% of which were on schedule. The presentation also outlined the split between national and Trust audits, noting the prevalence of CNST-related audits (40) within the Women's CBU;
(ii) the focus on identifiable clinical outcomes and actions from clinical audit projects, as per the dashboard;
(iii) the benefits of dedicated data collection support, although recognising that it was not feasible to have this in place for each individual project;
(iv) the difficulties of learning about national audits in time to participate in them. It was also felt that certain national audits might not be as well-designed as others;
(v) the challenges experienced in obtaining benchmarking data from other hospitals, and
(vii) progress towards level 2 compliance with the NHSLA maternity standards, noting the Division's decision to fund additional readiness visits.

In response to the presentation, the GRMC:-

(a) welcomed the rapid audit cycle approach used by the Division to effect change more promptly. The Medical Director also noted the Division's exemplar approach of using clinical audit to drive the Divisional business planning process;
(b) queried when the out-of-hours children's emergency theatre provision would be resolved (cited as an issue by the Division) – the Committee agreed to pursue this with the Clinical Support Division during its forthcoming CIPs presentation (September 2012 GRMC); **DCQ**
(c) voiced concern at the position in terms of learning about national clinical audits in a timely manner, and
(d) voiced concern at the lack of benchmarking data available from other Trusts – noting an initiative by UHL's previous Chief Executive, it was agreed to seek an update on data-sharing from the Interim Chief Executive. The GRMC also suggested approaching the Royal Colleges to progress national data-sharing, and the GRMC Chair advised that he would highlight this issue of national benchmarking to the August 2012 Trust Board. **GRMC CHAIR/ ICE** **MD** **GRMC CHAIR**

Following the departure of the Divisional team, the GRMC Chair noted the need for future Divisional presentations on clinical audit to be more focused on the outcomes from their projects, and to highlight the specific resulting actions/changes. **DCQ**

<u>Resolved</u> – that (A) challenges re: out-of-hours children's theatre provision be raised with the Divisional Director, Clinical Support, as part of that Division's CIPs presentation to the 24 September 2012 GRMC; **DCQ**

(B) the extent of any progress on data sharing/development of benchmarking information between Trusts be confirmed with the Interim Chief Executive; **ICE**

(C) the need for appropriate data sharing be raised with the Royal Colleges; **MD**

(D) all Divisions be advised that their clinical audit presentations to the GRMC should focus more strongly on specific actions planned as a result of/outcomes arising from such work, and **DCQ**

(E) concerns over the lack of data sharing be highlighted verbally to the 30 **GRMC**

August 2012 Trust Board. **CHAIR**

88/12/2 5 Critical Safety Actions – Progress Report (Minute 80/12/1)

Ms C Rudkin, Programme Lead, attended to advise of progress on the 5 Critical Safety Actions and CQUIN compliance against the agreed quarter 1 indicators. As detailed in paper D, although the results of the 6 and 8 August 2012 Commissioner visits to UHL to assess compliance would not be formally reported to the Clinical Quality Review Group until 23 August 2012, informal feedback was positive.

Despite the good progress made to date, pressure on clinical leads' time continued to impact on the embedding of the 5 critical safety actions programme. However, benchmarking work by the Programme Lead indicated that resolving the 5 critical safety actions would have a significant impact on reducing risk within UHL. Further communication work was planned, including an information stand at the Trust's 22 September 2012 Annual Public Meeting. Although recognising the need for organisational cultural change within UHL, the Medical Director emphasised the role of robust IT support, which would be progressed through the appointment of a managed IT business partner. In further discussion, the Director of Safety and Risk commented on both SHA and extra-regional interest in UHL's 5 critical safety actions programme. It was agreed to highlight progress on this project to the August 2012 Trust Board. **GRMC CHAIR**

Resolved – that progress on the 5 critical safety actions be highlighted verbally to the 30 August 2012 Trust Board. **GRMC CHAIR**

89/12 QUALITY

89/12/1 Nursing Metrics and Extended Nursing Metrics

Paper E detailed the nursing and extended nursing metrics for July 2012, noting that concerns re: antenatal and postnatal metrics were being personally managed by the Head of Midwifery. Lack of documentation was felt to be the underlying cause of the poor performance in these areas. In response to a general query, the Director of Nursing confirmed that the data in paper E covered all UHL wards.

In discussion on paper E, the GRMC noted comments from the Director of Safety and Risk that the level of green performance within the report did not necessarily tally with the findings of the recent NHSLA assessment visit – she voiced concern, therefore, that the metrics report might be providing an overconfident position. In response, the Director of Nursing reiterated that paper E covered nursing metrics only, and she confirmed that they were not intended to be used as the sole basis of assessing NHSLA/CNST compliance. Although welcoming the generally positive trend within the metrics, the East Leicestershire and Rutland CCG representative queried how to cross-reference the findings both with other sources of internal management information and external data, and thus provide Commissioners with a composite performance picture. It was crucial to triangulate the data appropriately and understand what the desired outcomes were (and whether those were being achieved). It was agreed to discuss the format of this report with the Chief Operating Officer/Chief Nurse at the October 2012 GRMC. In further discussion, the LLR PCT Cluster Director of Quality queried whether CNST requirements were being separately audited. Members also noted links between the discussion on this item and that in Minute 89/12/4 below. **GRMC CHAIR/ COO/CN**

Resolved – that the future format of the nursing/extended nursing metrics report be discussed further at the 22 October 2012 GRMC, with a view to making the data more user-friendly and meaningful and including appropriate triangulation of data and focus on outcomes. **GRMC CHAIR/ COO/CN**

89/12/2 Month 4 Quality Report

Due to the timing of this GRMC, it was noted that the month 4 quality report and usual accompanying commentary were not available. A draft version of the Divisional heatmap for month 4 had been circulated at paper F. The GRMC Chair advised that the full month 4 data would be discussed at the 30 August 2012 Trust Board, and noted that he was in discussion with the Director of Corporate and Legal Affairs re: the scheduling of 2013 GRMC dates. In response to a query, the Director of Safety and Risk advised that the position re: staffing levels reported as incidents would be covered in Minute 90/12/1 below.

Resolved – that the position be noted.

89/12/3 Quarterly CQUIN Update

Given that the quarter 1 CQUIN reconciliation would not be discussed by the Clinical Quality Review Group until 23 August 2012, it was agreed to defer this item until the September 2012 GRMC. The Director of Nursing noted verbally, however, that local CQUIN performance appeared promising. **DN**

Resolved – that the quarter 1 CQUIN update be deferred until the 24 September 2012 GRMC. **DN**

89/12/4 Dashboard of Lowest Scoring Wards in Relation to the Nursing Metrics and Patient Experience

Paper H comprised the quality of care and patient experience dashboards for the lowest scoring UHL wards in respect of those indicators. Although this report was anonymised, the identity of the wards in question was shared with Commissioners for appropriate reflection in their subsequent visits to UHL. In introducing the report, the Director of Nursing particularly invited GRMC views on how to simplify the report for future meetings. She also advised that 5 wards within the report were all from the same Division, and had received performance letters from the Chief Operating Officer/Chief Nurse. Their underperformance was part of a trend, and following a meeting with the appropriate Head of Nursing performance management was now in place for those wards. In discussion on the report, the GRMC:-

(a) noted the need for clarity on the purpose of the report, and on the meaning of the data being presented within it. It was suggested that using a reduced number of indicators would be helpful, thus focusing on key measures. The Director of Communications and External Relations was happy to discuss presentational issues with the Director of Nursing outside the meeting; **DCER**

(b) agreed that it was not necessary to anonymise the report – although noting the Committee's previous wish for anonymised data the Director of Nursing was happy for wards to be identified in future iterations;

(c) voiced concern at the continued underperformance of the wards in question, and queried both the causes and the remedial actions being taken. There were multifactorial reasons for the poor performance, and the LLR PCT Cluster Director of Quality advised that Commissioners' quality visits would raise questions if the same wards were found to underperform continuously;

(d) suggested that a summary report would be helpful to accompany and explain the data in paper H;

(e) noted (in response to a query) that the UHL Nursing Executive also reviewed the dashboards;

(f) noted the need for appropriate contextual information to be provided, to clarify whether the 'lowest performing' wards were also below acceptable standards of care (definition of 'acceptable standard' also to be included in future iterations). It would also be helpful to understand the factors affecting the best performing wards, so that appropriate lessons could be shared, and

(g) requested a table detailing the relative position (in terms of nursing metrics/patient experience performance) of all UHL wards, for review by the GRMC.

In light of the need to reflect the comments above and thus provide the Committee with appropriate assurance from the report, it was agreed that a revised version of the dashboard would be presented to the October 2012 GRMC rather than the next meeting. **DN**

Resolved – that a revised version of the quality of care and patient experience dashboard be presented to the 22 October 2012 GRMC, taking account of the presentation and content issues detailed above and including a table showing the relative position of all (identified) UHL wards. **DN**

89/12/5 Improving Discharge Processes – Update

In updating the Committee on this project, the Associate Medical Director reiterated that discharge planning was a high priority for UHL, although acknowledging that further work was needed to improve timely discharge. As noted in paper I, a discharge planning project board was in place within the Trust, chaired by the Head of Operations and supported by an operational group. In line with SHA requirements, ambitious discharge targets had been set by the Trust and significant work was needed to achieve these. In response to a query, the Associate Medical Director agreed to confirm UHL's clinical champion for discharge. The Associate Medical Director and the Discharge Project Lead would also learn appropriate lessons on discharge planning from other comparable Trusts. In respect of the Discharge Programme Board membership outlined in paper I, the LLR PCT Cluster Director of Quality advised of a need to ensure that Social Services' input to this and similar UHL groups was appropriately aligned. The GRMC Chair requested that quarterly updates be provided on the project to improve UHL discharge processes, with the Head of Operations also to attend for those updates. The GRMC Chair also noted his intention to highlight this issue verbally to the August 2012 Trust Board. **AMD** **AMD GRMC CHAIR**

Resolved – that (A) the Clinical Champion for the discharge project be confirmed; **AMD**

(B) contact be made with other local and peer Trusts to share information on their approach(es) to discharge planning; **AMD**

(C) progress on discharge planning be reported to the GRMC on a quarterly basis (updates to include attendance by the Head of Operations), and **AMD**

(D) the issue of improving discharge processes be highlighted to the 30 August 2012 Trust Board. **GRMC CHAIR**

89/12/6 Medical Metrics

Paper J advised members of progress on medical metrics (first month of data production), noting the difficulty of obtaining reliable Consultant-level data due to patients transferring between the care of Consultants at different stages of their UHL journey. The Associate Medical Director also advised that nationally, outcome data related to medical teams rather than to individuals. In discussion, the GRMC

queried why the specific metrics listed in paper J had been chosen – in response, the Associate Medical Director advised that they were deemed to be measurable, relevant to UHL priorities, doctor-focused and specific; however, she was happy to review the selection. In response to further questioning on this issue, the Medical Director considered that the choice of indicators was appropriate and defensible.

The GRMC Chair queried the purpose of the indicators, and also voiced concern that individual doctors' positions were not being measured. The Medical Director reiterated that individual performance measures would be contradictory to GMC guidance, and he emphasised the nature of medicine as a team delivery. When pressed further on this issue, the Medical Director advised that he was happy for the metrics to apply to individuals on the recognised basis that Consultants managed a team of medical professionals, rather than the metrics being used to measure individual Consultants against each other. The GRMC Chair was content with this qualification.

Noting a query from the Director of Communications and External Relations re: PPI input to the choice of indicators, the Patient Adviser also queried how recent patient questionnaires from Consultants linked to the medical metrics at paper J (the Associate Medical Director advised that the questionnaire related to the revalidation process). The Patient Adviser also suggested that an accompanying summary (detailing any red rated areas and proposed remedial actions) would be helpful in future iterations of paper J. Noting a query from the SHA Medical Director, it was agreed to seek a view from the Chief Operating Officer/Chief Nurse as to why UHL was using separate medical and nursing metrics rather than combined clinical metrics. **COO/CN**

In light of queries on the purpose and meaningfulness of the data, it was agreed to invite feedback on the medical metrics from Divisional Directors and then to seek a view from the Trust Board on the future use of those metrics. **AMD GRMC CHAIR**

<u>Resolved</u> – that (A) Divisional Director feedback be invited on the current medical metrics and their usefulness as a source of information, with a view then to be sought from the Trust Board on whether to continue with the medical metrics (issue to be highlighted verbally to the 30 August 2012 Trust Board), and **AMD/ GRMC CHAIR**

(B) a view be sought from the Chief Operating Officer/Chief Nurse on the potential future development of 'clinical metrics' rather than the currently separate nursing and medical metrics. **COO/CN**

89/12/7 <u>CQC Report re: Visit to the LRI Site of 27 and 28 June 2012</u>

Reporting verbally, the Director of Clinical Quality confirmed that the CQC had published a warning notice following its visit to the LRI on 27 and 28 June 2012, despite numerous comments submitted by the Trust. UHL had 3 months to comply from the date of the original report (eg up to 2 November 2012), although the final report had been altered and reissued since then. The CQC had found UHL to be compliant on 6 of the 9 outcomes assessed, and discussion had taken place within UHL on the proportionality of the CQC subsequently issuing a warning notice. Trust action plans for outcomes 9 and 14 had already been drafted, and greater clarity was now being sought on the individual points within the CQC warning notice to enable appropriate action plans to be developed (and Executive Leads to be identified). All action plans would be monitored by the GRMC on behalf of the Trust Board (with appropriate input from the Workforce and Organisational Development Committee in respect of outcome 14), with the first such update in September 2012. UHL staff (and external stakeholders) had been appropriately briefed ahead of the CQC warning notice being published, with further communications planned imminently by the Interim Chief Executive. The Trust Board would also be **DCQ**

appropriately advised on 30 August 2012, as part of the month 4 quality and performance report.

In response to a query, UHL's Director of Clinical Quality confirmed that warning notices were on the increase nationally, although unusual in these circumstances. She also reiterated that UHL had been found to be compliant on the patient experience outcomes. The LLR PCT Cluster Director of Quality advised that Commissioners were keen to allow UHL sufficient time and headroom to progress its action plans in response to the CQC visit.

Resolved – that UHL progress re: the CQC warning notice and compliance action plans be monitored by the GRMC on behalf of the Trust Board, with the first such update to the 24 September 2012 GRMC. **DCQ**

89/12/7.1 Report by the Director of Clinical Quality

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

90/12 SAFETY AND RISK

90/12/1 Patient Safety Report

Paper K and appendices comprised the patient safety report for quarter 1 of 2012-13, also incorporating trend reporting, claims, complaints and inquests. Information on patients with learning disabilities was included for the first time (in light of national requirements) as was ethnicity information in respect of complaints. The report also detailed an external report into the Trust's 2003 treatment of a specific patient. In terms of key issues within paper K, the Director of Safety and Risk drew the GRMC's particular attention to:-

(1) ***staffing concerns reported as incidents*** – this was particularly an issue within the Women's and Children's Division (midwifery labour ward staffing) and had also been highlighted to the Trust's Quality and Performance Management Group and discussed at the 15 August 2012 Confirm and Challenge sessions. In response to a query, the Director of Nursing advised that supply issues were likely to ease for UHL as other Trusts were not recruiting. Separately, staffing on Odames Ward was also highlighted as an area of concern, and the Director of Nursing outlined the pressures on the temporary extra capacity wards. She emphasised that steps were being taken to recruit nursing staff (noting that nursing posts were not required to go through the vacancy panel process), and advised that funding was available for nursing recruitment (noting also the additional acuity investment made by UHL). The GRMC Chair queried whether further communication was needed on this issue, and requested that the Executive Team consider how best to empower nurse leaders to make appropriate spending decisions. The GRMC also sought additional reassurance on UHL's winter preparedness in terms of nurse staffing levels, in light of the pressures being experienced during these summer months. The Divisional Head of Nursing Acute Care noted the impact both of the additional beds currently open and also the rising acuity of older patients. The Medical Director also noted the need for clarity on the number of LLR healthcare community beds required for winter 2012, and the LLR PCT Cluster Director of Quality agreed to pursue this information outside the meeting. Following these discussions, the GRMC Chair advised that he would highlight staffing concerns verbally to the August 2012 Trust Board; **EDs** **LLRPCT DQ** **GRMC CHAIR**

(2) ***UHL thematic review of never events*** – this was due for completion by 31 August 2012 and would take appropriate account of the NPSA tool used to

review national never events. An update on the review would be provided to the September 2012 GRMC; **MD/DSR**

(3) ***the external report into a 2003 case of patient care and treatment*** (as appended to paper K) - the Trust's response to (and proposed actions to address) each point of concern would be presented to the September 2012 GRMC, in order that the Committee could assure the Trust Board of progress in this matter. The GRMC Chair agreed to note the GRMC's consideration of this external report at the August 2012 Trust Board, and **MD/DSR** **GRMC CHAIR**

(4) ***serious untoward incidents*** – in response to a query, the Director of Safety and Risk advised that UHL did not have a larger number of never events than its peer Trusts, although it reported more than other East Midlands Trusts due to its size. The definition of never events/SUIs had changed from 1 April 2012 however, so it would not be meaningful to undertake a comparison across years. It would be useful, however, to undertake a peer comparison for 2012-13 at some point in this financial year. In response to a query, it was noted that never event 2012/17782 was currently under review to ascertain whether it was a misplacement or a displacement (the latter would not be a never event). **MD/DSR**

<u>Resolved</u> – that (A) concerns over staffing levels on certain temporary additional capacity wards be highlighted to the 30 August 2012 Trust Board; **GRMC CHAIR**

(B) the Executive Team be invited to discuss how to empower ward leaders to make appropriate staffing spending decisions; **EDs**

(C) clarity be sought from Commissioners on how many winter beds were required across the LLR healthcare community for 2012; **MD/ LLRPCT DQ**

(D) an update on the thematic review of never events be presented to the 24 September 2012 GRMC; **MD/DSR**

(E) 2012-13 benchmarking information be sought on the number of UHL never events and SUIs compared to peer Trusts; **MD/DSR**

(F) UHL's response to each of the concerns raised with the external clinical report into the 2003 care of a specific patient (and the resulting Trust actions) be presented to the 24 September 2012 GRMC, in order to be able to assure the Trust Board of progress on this matter, and **MD/DSR**

(G) the GRMC's consideration of the external clinical report in (F) above be highlighted verbally to the 30 August 2012 Trust Board. **GRMC CHAIR**

90/12/2 <u>Risk Management Report</u>

Paper L detailed the quarterly UHL risk register for 1 April 2012 – 30 June 2012 including any organisational risks scoring 15 or above, and highlighted developments in UHL risk management processes and ongoing actions where deadlines had passed. Since the production of paper L, responsibility for the Divisional risk registers had passed to CBU Managers, and the Executive Team had also discussed the grading of risks. Risks extant for 3 years had also been flagged to UHL's Quality and Performance Management Group, and work was underway by Divisions to review their own highest-rated risks. A Trust Board development session to discuss the strategic risk register and UHL risk processes was now scheduled for 1 October 2012.

In response to a query, the Director of Safety and Risk outlined the escalation process in place for the resuscitation risk (as one of the new risks opened in the

quarter). The GRMC Chair advised that the number of expired risks continued to be unacceptable, and queried how to reinforce the appropriate process to staff. Noting the system changes since paper L, the Director of Safety and Risk considered that the next iteration of the risk register would look significantly different. Responding to a further suggestion from the GRMC Chair, it was agreed that the Acute Care Divisional Manager would be invited to present her Division's risk register to the September 2012 GRMC. **DSR**

Resolved – that the Acute Care Divisional Manager be invited to attend the 24 September 2012 GRMC to present that Division's risk register. **DSR**

90/12/3 2012-13 Quarter 1 Health & Safety Report

Members considered the quarterly health and safety report for 1 April 2012- 30 June 2012, noting a 50% reduction in accident trends from 2011-12. In response to a query on the delay in reporting RIDDORs, the Director of Safety and Risk advised that the Health and Safety Team was not always aware at the time of occurrence that incidents were RIDDORs.

Resolved – that the 2012-13 quarter 1 health and safety report be noted.

90/12/4 Review of Specific Patient Safety Incidents

The Divisional Head of Nursing Acute Care attended for discussion of 2 specific patient safety incidents (papers N and N1). The GRMC Chair voiced concern at apparent basic nursing failures, and the Head of Nursing outlined the background to each incident and the factors involved. She acknowledged where performance had been less than optimum, and outlined the actions taken in response. Following appropriate review, the Director of Safety and Risk confirmed her assurance that the incidents were not due to any individual negligence.

GRMC members suggested reiterating (to staff) the need for falls assessments to be undertaken, and also noted that these incidents further highlighted the crucial need for robust winter planning across the LLR healthcare community. The GRMC Chair noted his increased assurance following review of the incident reports and commented that it would be helpful for such reports to be discussed with the appropriate ward sisters.

Resolved – that the review of 2 specific patient safety incidents be noted.

90/12/5 Safeguarding Case Reviews

The Director of Nursing advised members verbally of 2 specific safeguarding case reviews.

Resolved – that the position be noted.

91/12 ITEMS FOR INFORMATION

91/12/1 Point of Care Testing

Resolved – that paper O be noted for information.

91/12/2 Update on External Visits and Accreditations

Resolved – that paper P be noted for information.

91/12/3 Quarterly Data Quality and Clinical Coding Performance Report

Resolved – that paper Q be noted for information.

91/12/4 SHMI Report

Resolved – that paper R be noted for information.

92/12 MINUTES FOR INFORMATION

92/12/1 Finance and Performance Committee

Resolved – that the Minutes of the 25 July 2012 Finance and Performance Committee be submitted to the 24 September 2012 GRMC for information. **TA**

93/12 ANY OTHER BUSINESS

There were no items of any other business.

94/12 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 30 August 2012 Trust Board and highlighted accordingly within these Minutes:- **GRMC CHAIR**

- **availability of benchmarking data between hospitals/Trusts;**
- **progress on the 5 critical safety actions;**
- **ward dashboards;**
- **medical metrics;**
- **CQC report;**
- **staffing concerns, and**
- **external report into a specific case of patient care.**

95/12 DATE OF NEXT MEETING

Resolved – that the next meeting of the Governance and Risk Management Committee be held on Monday, 24 September 2012 from 1.30pm in the Board Room, Victoria Building, Leicester Royal Infirmary. **TA**

The meeting closed at 4.45pm

Cumulative Record of Members' Attendance (2012-13 to date):

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
D Tracy (Chair)	5	5	100%	C Trevithick*	4	3	75%
J Birrell	2	0	0%	S Ward	5	3	60%
D Briggs*	5	2	40%	M Wightman	5	2	40%
M Caple*	5	3	60%	J Wilson	5	3	60%
K Harris	5	4	80%	D Wynford-Thomas	5	3	60%
S Hinchliffe	5	4	80%				
P Panchal	5	3	60%				

* non-voting members

Helen Stokes - **Senior Trust Administrator**