

Trust Board paper Q

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 29 NOVEMBER 2012

COMMITTEE: Governance and Risk Management Committee

CHAIRMAN: Mr D Tracy

DATE OF COMMITTEE MEETING: 22 October 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:

- (1) progress on reducing formal UHL complaints (Minute 110/12/1);
- (2) progress on reducing falls (Minute 110/12/2);
- (3) staffing levels (Minute 110/12/3);
- (4) UHL nursing health check (Minute 111/12/1), and
- (5) progress against the Appreciative Enquiry action plan (Minute 111/12/5).

DATE OF NEXT COMMITTEE MEETING: 26 November 2012

Mr D Tracy – Non-Executive Director and GRMC Chair
23 November 2012

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

**MINUTES OF A MEETING OF THE GOVERNANCE AND RISK MANAGEMENT COMMITTEE HELD
ON MONDAY 22 OCTOBER 2012 AT 12.30PM IN THE BOARD ROOM, VICTORIA BUILDING,
LEICESTER ROYAL INFIRMARY**

Present:

Mr D Tracy – Non-Executive Director (Chair)
Dr K Harris – Medical Director
Mrs S Hinchliffe – Chief Nurse/Deputy Chief Executive
Mr P Panchal – Non-Executive Director
Ms C Trevithick – Chief Nurse and Quality Lead, West Leicestershire CCG (non voting member)
Mr M Wightman – Director of Communications and External Relations
Ms J Wilson – Non-Executive Director (from Minute xx/12)

In Attendance:

Miss M Durbridge – Director of Safety and Risk
Ms M Harris – Divisional Manager, Acute Care (for Minute 109/12/1)
Mrs S Hotson – Director of Clinical Quality
Ms A Randle – Senior Patient Safety Manager (for Minute 110/12/1)
Mrs C Ribbins – Director of Nursing
Ms H Stokes – Senior Trust Administrator

RESOLVED ITEMS

ACTION

107/12 APOLOGIES

Apologies for absence were received from Mr J Birrell, Interim Chief Executive, Dr B Collett, Associate Medical Director, Mr D Briggs, Chair, East Leicestershire & Rutland CCG (non voting member), Mr M Caple, Patient Adviser (non-voting member), Mrs S Hotson, Director of Clinical Quality, Mr S Ward, Director of Corporate and Legal Affairs, and Professor D Wynford-Thomas, UHL Non-Executive Director and Dean of University of Leicester Medical School.

108/12 MINUTES

Resolved – that the Minutes of the meeting held on 24 September 2012 be confirmed as a correct record.

109/12 MATTERS ARISING REPORT

The matters arising report at paper B highlighted both issues from the most recent GRMC meeting and provided an update on any outstanding matters arising since September 2011. No additional items were raised beyond those referenced below.

Resolved – that the matters arising report be noted.

109/12/1 **Progress on CQC Outcome 14 – ED Staff Engagement and Equipment Plan (Minute 98/12/4)**

Paper C outlined progress in addressing the CQC recommendation in respect of improving ED staff engagement and resolving outstanding ED equipment issues (outcome 14). In introducing the report, the Divisional Manager Acute Care advised that the results of a staff audit to test the impact of the action plan would be available shortly. She was confident that those results would show an improvement in ED staff engagement, although recognising that there was still more to do. All outstanding equipment had now been purchased, although delivery of certain items was still awaited. In discussion on the action plans appended to paper C, the GRMC:-

(a) agreed that timescales for completing the actions needed to be included, ahead of the

DMAC

CQC revisit to the Trust in November 2012;

(b) noted queries from the Chief Nurse and Quality Lead, West Leicestershire CCG on what cultural changes would result from the action plans, and on how best to measure that impact. The Acute Care Divisional Manager recognised the key importance of effecting cultural and organisational behavioural change within ED, and advised that this was a priority for the Division;

(c) received assurance (in response to a query) that the action plans were appropriately integrated in to the work of the ED Steering Group. A variety of open discussion forums were also available for all staff groups within ED. Given the large nursing workforce within ED, the Director of Nursing noted the crucial need to cascade information to that staff group via the Matrons;

(d) noted the measures being enacted to ensure that the purchased equipment was retained within ED, including signing all equipment in and out when used;

(e) requested that thought be given to the desired position in 6 months' time (and how it would look different to the position currently), with an update to measure progress to be provided to the GRMC in 3 months' time;

DMAC

(f) noted the updated ED staff newsletters, as now tabled for information, and

(g) noted the impact that winter 2012 experiences would have on staff morale within ED, and the resulting crucial importance of a robust LLR winter plan. Non-Executive Director Directors voiced concern over recent high levels of activity within the ED, and noted the opportunity to discuss these further at the 25 October 2012 Trust Board (presentation scheduled by partner organisations on LLR winter planning).

Resolved – that (A) prior to the CQC revisit in November 2012, the ED staff engagement and equipment action plans be updated to include timescale details;

DMAC

(B) a further update on the ED action plans be presented to the GRMC in 3 months' time (January 2013), to include 'measurements of success'/ progress towards the ideal 6-month outcomes, and

DMAC

(C) any Non-Executive Director concerns over the recent high-level of ED attendances, be highlighted to the October 2012 Trust Board as part of the LLR winter planning discussions.

NEDS

109/12/2 Potential Development of Clinical Metrics (Minute 89/12/6 of 20 August 2012)

The Medical Director confirmed his view that it would be helpful to develop comprehensive 'clinical' metrics to replace the existing separate nursing and medical metrics. Once finalised, the proposed set of clinical metrics would be presented to the Trust Board for approval, with any outlying performance against them (once agreed) reported to appropriate UHL Committees by exception (including the GRMC).

MD/
CN/DCE

Resolved – that once developed, the proposed clinical metrics be presented to the Trust Board for approval, with outlying performance then to be reported to appropriate Committees (including GRMC) by exception.

MD/
CN/DCE

110/12 **SAFETY AND RISK**

110/12/1 Data on Written Complaints in the NHS 2011-12 – NHS Information Centre

Paper D briefed the GRMC on the annual NHS complaints data published (for 2011-12) by the Information Centre for Health and Social Care. The paper also outlined the number of complaints received by UHL (and peer Trusts) since 2009-10 to date. In

introducing the report, the Senior Patient Safety Manager noted that UHL's focus on addressing complaints informally before they escalated to the formal written stage. She emphasised, however, that patients and relatives continued to be provided with appropriate opportunities to make complaints either verbally or in writing. Based on performance within the first 6 months of 2012-13, UHL's aim of reducing in-year formal complaints by 10% appeared to be deliverable.

Although welcoming the progress in paper D, the Medical Director voiced concern over the rise in complaints re: waiting times – this was partly as a result of increased emergency demand impacting on elective activity, and the Director of Safety and Risk confirmed that Divisions were developing appropriate action plans to address this rise in complaints. The GRMC agreed on the crucial need to address internal waits as a key priority for UHL, and requested that a granular breakdown of the increase in waiting time complaints (eg by individual areas) be provided to the Executive Team to enable appropriate targeting of action. It was recognised, however, that not all elements affecting internal waits were necessarily within UHL's own control. In further discussion on paper D the GRMC:-

DSR/
MD

(a) commented that it would be helpful to include the % rate of complaints (for the Trusts listed) in future reports, in addition to raw numbers. Although recognising this point, the Director of Safety and Risk advised that numbers were monitored differently by various Trusts;

(b) noted the very small number of UHL complaints ultimately upheld by the Parliamentary and Health Service Ombudsman – it was agreed to include this in future such reports to the GRMC;

DSR

(c) queried whether work was underway to clarify expectations re: (acceptable) 'staff attitude', given that this was a key factor within complaints. In response, the Director of Nursing noted that an update on the September 2012 'improving patient experience in clinical practice' report would come to a future GRMC once certain costing issues had been agreed with the Executive Team. Insofar as the data could be reliably captured, the GRMC Chairman also requested a more granular breakdown of staff attitude complaints relating to temporary staff in the next 6-monthly complaints update to the GRMC, given that this appeared to be a key factor in such complaints;

DSR

(d) noted (in response to a query from the Chief Nurse and Quality Lead, West Leicestershire CCG) the Director of Safety and Risk's view that UHL's performance on triaging complaints was reasonable in view of the numbers received;

(e) requested that future reports clarify the timescales being used when comparing yearly numbers, given (for example) that the 2012-13 figures shown currently related only to a 6-month period;

DSR

(f) agreed to seek a view from the Executive Team as to whether it was appropriate for complaints responses to be sourced directly from CBUs (by the central complaints team) rather than such responses being coordinated back through the Divisional management team, and

MD

(g) agreed to receive a further progress report on reducing complaints in 6 months time, unless numbers significantly increased in the meantime.

DSR

Resolved – that (A) more granular detail on the rise in complaints related to waiting times, be provided to the Executive Team for consideration of necessary remedial actions;

DSR/
MD

(B) the Executive Team be requested to consider whether it was appropriate for the central Complaints Team to contact CBUs direct for complaints responses, rather than the development of that CBU response being managed through the Divisional

MD

management team, and

- (C) a further update on UHL complaints performance be provided to the GRMC in April 2013 (unless numbers rose significantly in the meantime), to include:-**
- (1) additional detail on waiting time complaints (as provided to the Executive Team in (A) above);**
 - (2) the (small) number of UHL complaints ultimately upheld by the Parliamentary and Health Service Ombudsman;**
 - (3) clarity on the time periods being compared, and**
 - (4) additional detail on staff attitude complaints relating to temporary staff (if it was feasible to extract that data).**

DSR

110/12/2 Review of Inpatient Falls – Update

Paper E updated members on progress in preventing and managing inpatient falls, noting the Trust's ambitious target to have reduced such falls by 50% in-year (by 31 March 2013) and involving individual ward trajectories for that reduction. During quarter 3, falls had reduced in number in line with UHL's increased acuity and staffing investment. As noted in paper E, falls were also one of the 4 'harms' monitored through the patient safety thermometer. The report also noted that Fielding Johnson ward at the LRI was an outlier in terms of the number of inpatient falls reported, linked to its nature as an old-style Nightingale ward. Estates measures to address Fielding Johnson ward's environmental issues were currently being costed, and members requested an update outside the meeting. In discussion on paper E, the GRMC:-

DN

(a) noted comments from the Medical Director that the figures were not case-mix adjusted, nor was any account taken of differential ward sizes;

(b) noted a related (but separate) query from Ms J Wilson Non-Executive Director and Workforce and Organisational Development Committee Chair, as to progress on ward-security issues for the safety of 'wandering' patients. All previously-identified priority areas had been addressed, and it was agreed to seek an Executive Team view on whether any wider measures were now required;

CN/DCE

(c) discussed a query from the Director of Communications and External Relations as to whether falls were likely to increase in future linked to the rise in elderly admissions, and whether UHL had reviewed its likely future staffing needs accordingly. In response, the Chief Nurse/Deputy Chief Executive advised that the Executive Team was reviewing (i) a current shortfall in acuity monies received and (ii) measures to free up ward managers to undertake the management aspects of their role. National guidance has also been published recently re: nurse staffing of elderly care wards. In further discussion, members reiterated the impact of appropriate environmental and equipment factors in addition to staffing levels;

(d) queried whether the Trust's target of reducing falls by 50% in-year was achievable. Progress against the target would be reported through the monthly quality and performance report, with specific updates to the GRMC by exception only. The Director of Nursing also noted the close scrutiny by Commissioners and the SHA through the patient safety thermometer, and

CN/DCE

(e) agreed to highlight this issue verbally to the Trust Board on 25 October 2012.

GRMC
CHAIR

Resolved – that (A) the update on inpatient falls be noted, and highlighted verbally to the 25 October 2012 by the GRMC Chair;

GRMC
CHAIR

(B) an update on the cost of the estates solution to improve the Fielding Johnson ward environment, be provided to GRMC members outside the meeting;

DN

(C) in respect of wandering patients, the Executive Team consider whether any

further action was required on entry/access security measures for wards beyond the priority areas already addressed, and

CN/DCE

(D) progress against the 50% reduction in falls by 31 March 2013 be monitored through the monthly quality and performance report, with exception reports to the GRMC only in the event that progress was significantly off-trajectory.

CN/DCE

110/12/3

Patient Safety Report

The patient safety report at paper F updated members on key safety issues, highlighted any areas of concern and provided monthly data on serious untoward incidents (SUIs), CAS alerts and performance on root cause analysis reports (RCAs). In introducing the report patient safety report the Director of Safety and Risk noted the following in particular:-

- (i) the significant progress being made in respect of the 5 critical safety actions, particularly re: early warning score triggers;
- (ii) the need to monitor the impact of continued high activity levels in ED, particularly as winter approached;
- (iii) 4 safety and quality workstream reviews identified to be undertaken collaboratively with the University of Leicester, the headlines from which would be reported to the GRMC once available;
- (iv) key headlines from SUIs, noting a specific report also being presented to the confidential Trust Board on 25 October 2012;
- (v) continued work to finalise the thematic review of ED incidents, which would be reported to the GRMC once available;
- (vi) a spreadsheet outlining feedback from the Executive Safety walkabouts since April 2012;
- (vii) the continued review of cost improvement programme schemes to assess any potential impact on quality and safety – no schemes were currently rated as red on those aspects;
- (viii) a new Midlands and East policy on managing serious incidents, and the measures taken by UHL to strengthen the RCA sign-off process, and
- (ix) SUIs reported in September 2012. In discussion, the Director of Safety and Risk advised that UHL had fewer never events than other East Midlands Trusts.

MD

In further consideration of paper F, the GRMC particularly discussed the Trust's current nurse staffing position and measures to recruit to vacancies, pressing the Chief Nurse/Deputy Chief Executive for reassurance on nurse staffing levels (particularly as winter approached). Although competition was fierce (with some other Trusts offering incentives), the Chief Nurse/Deputy Chief Executive outlined the steps taken to increase nurse recruitment and also to review the development of other roles such as ANPs, and changing ward skillsets where appropriate. In response to a query, the Chief Nurse/Deputy Chief Executive commented on the standard benchmark that flexible/temporary staff should comprise a maximum of 12% of the nursing workforce. She also acknowledged that it would always be helpful to have more permanent nursing staff in place (noting that all UHL nursing recruitment was now to permanent posts). In response to a query about patient safety based on current staffing levels, the Chief Nurse/Deputy Chief Executive advised that she was closely monitoring the position on 2 temporary capacity wards. The Director of Safety and Risk also commented that September 2012 had seen the lowest number of incident report forms citing staffing levels as an issue. In further discussion, the Chief Nurse/Deputy Chief Executive also outlined her discussions with Commissioners re: their funding (and staffing) of stepdown wards at the LGH. The GRMC Chair advised that he would be raising the issue of nurse staffing at the October 2012 Trust Board, and he noted that winter planning and bed availability would also be discussed at that meeting.

GRMC
CHAIR

Resolved – that (A) headlines/key learning points from the 4 UHL-University of

MD

Leicester safety and quality workstream reviews be reported to the GRMC once available, and

(B) the GRMC's discussion above on nurse staffing levels be highlighted to the 25 October 2012 Trust Board.

**GRMC
CHAIR**

110/12/4 2012-13 Quarter 2 Health and Safety Report

RIDDORS continued to fall, with UHL on track to achieve its target of reducing RIDDORS by 10% within 2012-13.

Resolved – that the Health and Safety report for 1 July 2012 – 30 September 2012 be noted.

110/12/5 Safeguarding Case Reviews

The Director of Nursing advised the Committee verbally of safeguarding developments since the September 2012 GRMC meeting, including a number of requests for information from the Trust.

Resolved – that the position be noted.

111/12 QUALITY

111/12/1 UHL Nursing Health Check (September 2012 Data)

Members discussed the new format nursing health check (replacing the former nursing metrics report), as detailed in paper H. Although the new format detailed both the nursing metrics indicators and the 4 harms, 'red' performance was rated against the nursing metrics only. Although welcoming the simplified report therefore, members held a lengthy discussion on whether it provided sufficient assurance to the Committee in terms of identifying any areas of ward concern, and queried in particular:-

(a) how to ensure that all relevant data sources were appropriately reflected in the report, noting that the areas of concern re: (eg) falls did not match those in the falls review update at Minute 110/12/2 above;

(b) whether the report should also use performance on the 4 harms to red rate areas (where required). The Chief Nurse/Deputy Chief Executive and the Director of Nursing assured the GRMC that performance on those key outcomes was closely monitored, and they noted that the overarching report at paper H was underpinned by detailed dashboards shared with ward areas themselves. In response to a query, it was also noted that the results were presented/displayed on the wards in a different format;

(c) whether it would be helpful to include a running total score for the individual areas listed, in addition to their monthly score, and

CN/DCE

(d) whether it would be possible to print the report in a larger font, to make it more legible.

CN/DCE

Following discussion, the GRMC Chair required that a more intuitive approach be adopted to red flagging areas known to be underperforming against the 4 harms – the nursing health check report should be revisited every 3 months to assess whether those concerns persisted. The Medical Director also suggested that more granular detail on the data underpinning the health check report could be provided to Executive and Non-Executive Directors ahead of their safety walkabouts, rather than being necessarily included in the nursing health check report. The Chief Nurse and Quality Lead, West Leicestershire CCG also noted that Commissioners found the new format reporting very transparent. It was agreed that the new format nursing health check would be highlighted verbally to the October 2012 public Trust Board.

CN/DCE

CN/DCE

**GRMC
CHAIR**

<u>Resolved</u> – that (A) a more ‘intuitive’ approach be adopted to red flagging wards known to be underperforming on the 4 harms;	CN/DCE /DN
(B) the nursing health check be reviewed on a quarterly basis, to ascertain whether particular areas were showing a persistent red rating;	CN/DCE
(C) consideration be given to amending future iterations of the nursing health check, to reflect the points in (c) and (d) above;	CN/DCE
(D) granular detail on ward/area performance be provided to Executive and Non-Executive Directors ahead of their safety walkabouts, to supplement the level of information available in the GRMC reports, and	CN/DCE
(E) the new format nursing health check be highlighted verbally to the 25 October 2012 Trust Board.	GRMC CHAIR

111/12/2 Month 6 Quality and Performance Report

Paper I detailed the quality and performance report, heat map and associated management commentary for month 6 (month ending 30 September 2012). Reflecting the GRMC’s focus on quality, risk and patient safety aspects, the Committee noted the following issues in particular:-

- (1) the continued challenging position re: UHL Choose and Book performance (red rated);
- (2) discussions being held with partner agencies re: delayed discharges, as the position on that indicator was not improving;
- (3) continued national discussions in respect of the Net Promoter Score indicator, due to varying data gathering methods employed by different Trusts, and
- (4) performance on cancelled operations.

In discussion on the month 6 quality and performance report, the GRMC:-

- (a) queried what audit regime was in place to ensure that CQC concerns over outcome 9 (medicines management) did not recur. In response, the Chief Nurse/Deputy Chief Executive acknowledged the need for an embedded approach, and outlined the likely checking frequency. Executive Director walkabouts would also be used to monitor progress;
- (b) echoed the Chief Nurse/Deputy Chief Executive’s disappointment at the month 6 MRSA case. A thorough root cause analysis had been undertaken, with high levels of clinical attendance at that RCA meeting;
- (c) noted (in response to a query) that IT issues were partly but not solely responsible for current Choose and Book challenges. Although unlikely to meet the Choose and Book target for quarter 2 of 2012-13, the Trust hoped to recover the position in quarter 3;
- (d) noted that the final version of the external review of readmissions was yet to be received. Draft headlines were in line with Trust expectations, however, and the Medical Director noted the need for discussions with Commissioners about reinvesting any penalties, and
- (e) welcomed the good performance on fractured neck of femur, which would be fed back to the appropriate clinical team.

MD

Resolved – that (A) the month 6 quality and performance report be noted, and

(B) the GRMC’s congratulations on the good performance re: fractured neck of femur, be passed to the appropriate clinical team.

MD

111/12/3 Outcomes from the Public Health Workstream re: Out of Hospital Deaths – SHMI

The Medical Director advised that outcomes from the 3 main LLR healthcare community workstreams on this issue would be reported to the GRMC in 6 months' time. In response to a query, the Medical Director noted that the next SHMI ratings were due at the end of October 2012.

MD

Resolved – that an update on the 3 main workstreams to be reported to the GRMC in 6 months' time (April 2013).

MD

111/12/4 Readmissions Audit

The Medical Director advised that this item had been covered in Minute 111/12/2 above.

Resolved – that the position be noted.

111/12/5 Progress Against the Appreciative Enquiry Action Plan

Paper K provided assurance to the GRMC on the actions taken following the April 2012 Appreciative Enquiry visit to UHL, noting that action plans were in place to address the recommendations arising from that visit accordingly. Progress had also been reported to the 30 August 2012 public Trust Board meeting. The Director of Nursing noted that Commissioner members of the CQRG had recently requested further detail on how the cultural/behavioural aspects of the action plans would be taken forward within UHL – in response, the GRMC agreed that those specific elements were already covered in the existing action plans and that (although concerned by the acknowledged slippage on some of those elements) therefore a separate additional action plan on (eg) communications and engagement was not required. It was also noted that UHL's Chairman and Interim Chief Executive would be attending the November 2012 CQRG, and could therefore provide additional assurance re: the cultural/behavioural elements of the Appreciative Enquiry action plan at that meeting. It was agreed that the GRMC would receive a further update on progress against the Appreciative Enquiry action plan in 2 months' time. The GRMC Chair advised that he would also highlight this issue verbally to the 25 October 2012 Trust Board.

CN/DCE

GRMC
CHAIR

In further discussion and prior to the CQC revisit to UHL, the GRMC also noted the need to ensure that the Appreciative Enquiry action plan was appropriately aligned with the CQC action plan, and to the wider roll-out of the Trust's strategic direction.

DSR/
CN/DCE

Resolved – that (A) a further update on progress against the Appreciative Enquiry action plan be provided to the 20 December 2012 GRMC;

CN/DCE

(B) the Appreciative Enquiry action plan be reviewed ahead of the November 2012 CQC revisit to UHL, to ensure appropriate consistency with both the CQC action plan and also the roll-out of UHL's strategic direction, and

DSR/
CN/DCE

(C) progress on the action plan be highlighted verbally to the 25 October 2012 public Trust Board.

GRMC
CHAIR

112/12 **ITEMS FOR INFORMATION**

112/12/1 GMC Trainee Survey – Patient Safety

Paper L from the Associate Medical Director (Clinical Education) highlighted patient safety issues raised in the annual GMC survey of medical trainees, and outlined the actions taken by UHL in response and any further work required. The Director of Safety and Risk and the Medical Director would discuss how best to progress those issues outside the meeting (eg who would be best placed to lead on this within UHL). In response to a query, the Medical Director agreed to advise the Director of Communications and External Relations outside the meeting on what % of trainees had actually raised the concerns within paper L. It was also agreed that the

DSR/MD

MD

recommendations within paper L should be discussed further at UHL's cross-Divisional meeting, although members also supported the proposal that some level of corporate oversight should be maintained.

MD

It was agreed that the GRMC would be advised (by exception) of any new workstreams arising from the GMC trainee survey patient safety findings, noting the Medical Director's view that all of the issues highlighted were already known to the Trust.

MD

Resolved – that (A) Director of Safety and Risk and the Medical Director discuss how best to progress the patient safety related recommendations from the GMC trainee survey, outside the meeting;

DSR/MD

(B) the % of medical trainees expressing concerns re: UHL be confirmed to the Director of Communications and External Relations outside the meeting;

MD

(C) the patient safety issues raised within the survey be discussed at the UHL cross-Divisional meetings, with appropriate thought also to be given to how to retain corporate oversight of those issues, and

MD

(D) the GRMC be advised by exception of new workstreams arising from the GMC trainee survey findings.

MD

112/12/2 Update on Progress Against CQC Outcome 9 (Medicines Management)

Resolved – that the update on this item be noted (paper M).

112/12/3 Update on the Discharge Project

Resolved – that the update on this item be noted (paper N).

113/12 **MINUTES FOR INFORMATION**

Resolved – that the 29 August 2012 Finance and Performance Committee Minutes be noted for information (paper O).

114/12 **ANY OTHER BUSINESS**

114/12/1 Safe and Sustainable – National Review of Paediatric Cardiac Surgery Services

The Director of Communications and External Relations briefed the GRMC on the Secretary of State for Health's recent announcement regarding the successful referral to an Independent Review Panel of the outcome of the national review of paediatric cardiac surgery services. It was not yet clear, however, whether that IRP review would include the issue of ECMO services. The Committee welcomed this update.

Resolved – that the position be noted.

114/12/2 Report from the Director of Safety and Risk

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

114/12/3 UHL Major Internal Incident – October 2012

In response to Non-Executive Director concerns, the Chief Nurse/Deputy Chief Executive advised that the varying levels of partner engagement in the recent UHL internal major incident would be appropriately discussed in the debriefing process.

Resolved – that the position be noted.

114/12/4 New Reporting Requirements re: Serious Untoward Incidents

The Director of Safety and Risk reported on the response from both UHL and the CCGs to the new (more intensive) SUI reporting processes introduced by NHS Midlands and East, noting that the Trust was keen to take as pragmatic an approach as possible.

Resolved – that the position be noted.

115/12 IDENTIFICATION OF ANY KEY ISSUES TO HIGHLIGHT TO THE TRUST BOARD

Resolved – that the following items be highlighted verbally to the 25 October 2012 Trust Board by the GRMC Chair:-

GRMC
CHAIR

- (1) progress on reducing formal UHL complaints (Minute 110/12/1);
- (2) progress on reducing falls (Minute 110/12/2);
- (3) staffing levels (Minute 110/12/3);
- (4) UHL nursing health check (Minute 111/12/1);
- (5) progress against the Appreciative Enquiry action plan (Minute 111/12/5), and
- (6) the issue in confidential Minute 114/12/2 above (private Trust Board).

116/12 DATE OF NEXT MEETING

Resolved – that the next meeting be held on Monday 26 November 2012 at 1.30pm in the Board Room, Victoria Building, LRI.

The meeting closed at 3.28pm

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

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
D Tracy (Chair)	7	6	86%	C Trevithick*	6	5	83%
J Birrell	4	0	0%	S Ward	7	4	57%
D Briggs*	7	2	28%	M Wightman	7	4	57%
M Caple*	7	4	57%	J Wilson	7	5	71%
K Harris	7	6	86%	D Wynford-Thomas	7	4	57%
S Hinchliffe	7	6	86%				
P Panchal	7	4	57%				

* non-voting members

Helen Stokes
Senior Trust Administrator