

Trust Board paper H

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 26 July 2012

COMMITTEE: Governance and Risk Management Committee

CHAIRMAN: Mr D Tracy

DATE OF COMMITTEE MEETING: 25 June 2012

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

- Trust Board approval of the 2011-12 UHL Quality Account (Minute 63/12).

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

- fractured neck of femur performance (Minute 66/12/1);
- maternity services review (Minute 66/12/6);
- the need for a common basis of management information, for sharing between UHL and CCGs (Minute 67/12/2);
- PCT quality visit to AMU, ED, SAU and extra capacity areas (Minute 67/12/3);
- safety walkabouts (Minute 67/12/3);
- never events (Minute 68/12/1);
- progress on the 5 critical safety actions (Minute 68/12/1), and
- the theatres environment and ITU bed capacity (Minute 68/12/1).

DATE OF NEXT COMMITTEE MEETING: 23 July 2012

**Mr D Tracy – Non-Executive Director and GRMC Chair
20 July 2012**

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

**MINUTES OF A MEETING OF THE GOVERNANCE AND RISK MANAGEMENT COMMITTEE HELD
ON MONDAY 25 JUNE 2012 AT 1:30PM IN THE BOARD ROOM, VICTORIA BUILDING,
LEICESTER ROYAL INFIRMARY**

Present:

Mr D Tracy – Non-Executive Director (Committee Chair)
Dr B Collett – Acting Medical Director (on behalf of Dr K Harris, Medical Director)
Mrs S Hinchliffe – Chief Operating Officer/Chief Nurse
Mr M Lowe-Lauri – Chief Executive (up to Minute 67/12/3)
Mr P Panchal – Non-Executive Director
Ms C Trevithick – Chief Nurse and Quality Lead, West Leicestershire CCG
Ms J Wilson – Non-Executive Director
Professor D Wynford-Thomas – UHL Non-Executive Director and Dean of the University of Leicester Medical School

In Attendance:

Mr J Braybrooke – Consultant Orthopaedic Surgeon (for Minute 66/12/1)
Mrs R Broughton – Head of Outcomes and Effectiveness (for Minutes 66/12/4 and 70/12/2)
Miss M Durbridge – Director of Safety and Risk
Mr A Furlong – Divisional Director Planned Care (for Minute 66/12/3)
Mrs S Hotson – Director of Clinical Quality
Mr N Kee – Divisional Manager Planned Care (for Minute 66/12/3)
Mr A Powell – Deputy Director of Facilities (for Minute 66/12/5)
Mrs C Ribbins – Director of Nursing/Deputy DIPAC
Mr I Scudamore – Consultant Obstetrician (for Minute 66/12/2)
Ms H Stokes – Senior Trust Administrator
Mrs S Taylor – MSK CBU Manager (for Minute 66/12/1)
Mrs M Wain – Quality and Risk Manager Planned Care (for Minute 66/12/3)

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

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
D Tracy (Chair)	3	3	100%	E Rowbotham*	1	1	100%
D Briggs*	3	1	33%	C Trevithick*	2	2	100%
M Caple*	3	1	33%	S Ward	3	1	33%
K Harris	3	2	67%	M Wightman	3	1	33%
S Hinchliffe	3	3	100%	J Wilson	3	2	67%
M Lowe-Lauri	3	2	67%	D Wynford-Thomas	3	2	67%
P Panchal	3	2	67%				

* non-voting members

RECOMMENDED ITEMS

ACTION

63/12 UHL QUALITY ACCOUNT 2011-12

All available commentary was now included in the final draft 2011-12 UHL Quality Account (paper J), although comments had not yet been received from the City LINK. Formal feedback from External Audit (indicating no concerns) would also be available for the 28 June 2012 Trust Board. The Director of Clinical Quality also confirmed that the contents of paper J had now been updated in respect of both infection control and readmissions.

Recommended – that the UHL Quality Account 2011-12 be endorsed, and recommended for approval by the Trust Board on 28 June 2012.

DCQ

RESOLVED ITEMS

64/12 APOLOGIES

Apologies for absence were received from Dr D Briggs, Chair, East Leicestershire & Rutland CCG, Mr M Caple, Patient Adviser, Dr K Harris, Medical Director, Mr S Ward, Director of Corporate and Legal Affairs and Mr M Wightman, Director of Communications and External Relations.

65/12 MINUTES

Resolved – that the Minutes of the meeting held on 21 May 2012 be confirmed as a correct record.

66/12 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 October 2009. Members noted in particular:-

- (a) confidential Minute 56/12/1 – an update on further Trust-wide actions (following a recent review of the action plan) would be provided to the July 2012 GRMC, and
- (b) Minute 57/12/7 – the quarterly clinical audit report scheduled for the August 2012 GRMC would also be accompanied by an appropriate Divisional presentation (most likely by Women's and Children's).

DSR

DCQ

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

DSR/
DCQ

66/12/1 Fractured Neck of Femur (#NOF) Performance (Minute 44/12/1 of 23 April 2012)

The MSK representatives for this item confirmed that the 3 key actions to improve #NOF performance were on target, including the opening of the #NOF ward scheduled for 2 July 2012. The GRMC welcomed the good progress outlined in paper C, and noted comments from the Chief Nurse and Quality Lead, West Leicestershire CCG regarding the increased level of Commissioner confidence on this issue. In response to a GRMC query, the Consultant Orthopaedic Surgeon emphasised the absolute need for delivery of the key actions (in order to achieve improved performance), and noted that the #NOF assessment paperwork was also being reviewed as a key enabling tool. He also noted the need to deliver the key actions in the way originally intended, and his preference for ringfencing the #NOF ward staff in the event of temporary shortstaffing anywhere else in the Trust.

The GRMC Chair noted the often significant day-to-day variances in #NOF activity levels, which the musculo-skeletal representatives acknowledged as challenging. Mr P Panchal Non-Executive Director, suggested a need to have appropriate mitigating measures in place to cope with spikes in demand. As the #NOF model was based on historic variations, it was thought likely to be able to accommodate normal fluctuations.

Following discussion, it was agreed to receive a further update on improvements from the #NOF actions at the September 2012 GRMC, with an exception report in the intervening period in the event of any slippage on the key actions.

COS/
MSK
CBU

Resolved – that a further update on #NOF improvements be provided to the September 2012 GRMC (with exception reporting in the interim period should any slippage occur on the key actions).

COS/
MSK
CBU

66/12/2 Report from Mr I Scudamore, Consultant Obstetrician (Minute 34/12/7 of 29 March 2012)

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

66/12/3 Cost Improvement Programme 2012-13 – Assurance re: Quality and Safety Standards (Minutes 56/12/1a of 21 May 2012 and 47/12/2 of 23 April 2012)

Paper E detailed UHL's processes for identifying CIP schemes with potential risks to patient safety/quality of care and reporting them to Commissioners, noting the GRMC's own receipt of exception reports on any such schemes. No schemes were currently flagging as either amber or red. The Director of Safety and Risk confirmed that the FY2 reduction was not a CIP and would be removed from future iterations of the report.

Paper E1 also set out the specific position of CIPs within the Planned Care Division, in respect of any impact on patient safety/quality. In introducing that report, the Divisional Director clarified that although 2 schemes were quality rated as 'red', neither of them were in fact Planned Care Divisional cost improvement schemes, relating instead to a service issue and a role-review issue.

In response to a comment on the seemingly-multiple CIP review processes within Planned Care, the Divisional Director clarified that the Divisional team reviewed a flash report on a weekly basis, with a monthly review of each individual CBU. The CBUs themselves discussed their CIPs and risks at their monthly management meetings, with concerns escalated as appropriate. The monthly Divisional Board reviewed any CIPs with a risk score over 12, whilst any CIPs with a risk rating of 8-12 were reviewed on a 3-monthly basis. In response to a query from the GRMC Chair, the Planned Care Divisional Director noted his frustration at certain IM&T limitations on the speed at which transforming transcription services could be delivered.

Following the departure of the Planned Care representatives, the Chief Executive noted the potential for risks to arise from changes to the provision of non-UHL, community services, which he suggested should be raised with CCG colleagues via UHL's Medical and Associate Medical Director.

MD/
AMD

Resolved – that potential risk issues arising from community service provision/ service model changes, be discussed further with the Clinical Commissioning Groups.

MD/
AMD

66/12/4 SHMI Update (Minute 24/12/6 of 24 February 2012)

The Head of Outcomes and Effectiveness confirmed that a further update on the Summary Hospital Mortality Index (SHMI) would be available in September 2012. She also noted ongoing work to clarify definitions of patients admitted from care homes (rather than just 'from home') and also to understand whether 'died in hospital' covered both community and acute hospitals. The Chief Nurse and Quality Lead, West Leicestershire CCG confirmed that primary care was exploring appropriate support mechanisms for care home patients, and the need also to improve some of the documentation accompanying such patients on admission.

Resolved – that the SHMI update be noted.

66/12/5 Progress re: Actions Following Ward Fires (Minute 25/12/6 of 24 February 2012)

Further to Minute 25/12/6 of 23 February 2012, paper G outlined the significant progress made on the recommendations arising from the 3 ward fires at UHL during 2011. In discussion on this item the GRMC:-

- (a) queried the extent to which appropriate lessons/good practices had been learned from other organisations. The Deputy Director of Finance confirmed that experiences elsewhere were taken into account (as an example, although nationally fire incidents were few in number the presence of oxygen was a common theme, and measures to shut off the flow of oxygen in the event of fire

had been implemented at UHL). It was also noted that UHL was not an outlier in terms of fire incidents (based on ERIC returns);

- (b) noted the ongoing review of the Trust's Smoking Policy, and commented on the poor first impression created by smoking outside UHL building entrances. As a short-term measure, the Chief Executive suggested removing any verbal messages (on entering the buildings) about UHL being a non-smoking site, as these were not currently enforced. In response to a further query, it was noted that no consistent record was kept of persons smoking inside the hospital. However, information about patients' smoking habits was recorded in their nursing assessment documentation on admission; DCER
- (c) noted the UHL smoking cessation work led by Dr S Agrawal Assistant Medical Director. Patients could be given nicotine patches as part of the smoking cessation programme, which was reflected in the Trust's Policy on this issue. The Acting Medical Director requested that thought be given also to offering such patches to emergency patients, which it was agreed to highlight to Dr Agrawal; AMD
- (d) queried any Trust liability factors associated with patients leaving the ward to smoke – although this could not be prevented, patients were encouraged to advise staff if they were leaving to go outside, and
- (e) noted that the Trust's Smoking Policy did not prohibit patients from bringing in smoking materials, and nor did it sanction the removal of such materials.

Resolved – that (A) consideration be given to removing the spoken automated message re: UHL being a non-smoking site, at hospital entrances, and

DCER

(B) the issue of offering nicotine patches/smoking cessation advice to emergency patients, be highlighted to Dr S Agrawal, Assistant Medical Director and UHL Smoking Cessation lead.

AMD

66/12/6 Proposed Review of Maternity Services (Minute 57/12/9 of 21 May 2012)

The 21 June 2012 CCG Board had reviewed terms of reference for the proposed Commissioner-led review of maternity services (commissioning and provision). The panel would comprise both UHL and CCGs, with an external body being asked to undertake the review. Although noting that the Trust's Divisional Director Women's and Children's Division had already seen the terms of reference, the Chief Nurse and Quality Lead, West Leicestershire CCG agreed to circulate the finalised version to GRMC members (once available). In response to a query, the Chief Nurse and Quality Lead, West Leicestershire CCG considered that as it was Commissioner-led, the review would be Commissioner-funded, but she agreed to clarify the cost of the review and any resource issues to GRMC members outside the meeting. In discussion, the GRMC suggested the need for the review of maternity services to:-

CNQL
WLCCG

CNQL
WLCCG

- (a) examine funding arrangements including the new national tariff;
- (b) explore acuity issues;
- (c) link appropriately with LLR Public Health colleagues to explore the scope for anticipating pregnancy morbidity and mortality based on the LLR population demographics;
- (d) focus appropriately on the key pressures facing maternity services, in terms of capacity and infrastructure, and
- (e) result in a jointly-agreed decision on what maternity services needed to be commissioned for the future, in a sustainable and long-term solution.

CNQL
WLCCG

An update on the likely reporting timeframe for the maternity services review would be provided to the July 2012 GRMC.

CNQL
WLCCG

- Resolved – that (A) the finalised terms of reference for the Community-led review of maternity services be circulated to GRMC members for information;** CNQL
WLCCG
- (B) the points in (a) – (e) above be highlighted to the review lead, for inclusion accordingly;** CNQL
WLCCG
- (C) the overall cost of the review (including any specific cost to UHL) be advised to GRMC members outside the meeting, and** CNQL
WLCCG
- (D) the reporting timescale for the maternity services review be advised to the 23 July 2012 GRMC.** CNQL
WLCCG

67/12 **QUALITY**

67/12/1 Nursing Metrics and Extended Nursing Metrics

Papers H and H1 detailed the nursing and extended nursing metrics respectively for May 2012, noting that there was no consistent pattern behind the underperforming areas. The Chief Operating Officer/Chief Nurse suggested that it was now timely to review the metrics themselves, with a view also to asking staff for their own views on their service (to improve engagement). With regard to the extended nursing metrics, nutrition elements had now been addressed within outpatients.

The Chief Operating Officer/Chief Nurse also advised members that as the currently-open extended capacity wards were unlikely to be closing, it was appropriate to seek more permanent staffing arrangements for them, in the interests of patient care continuity. As a result of the Trust's extra investment in nurse staffing, recruitment of nursing and HCA staff was currently underway in medicine-focused areas.

In discussion on the nursing and extended nursing metrics the GRMC:-

(a) welcomed the continued good progress but queried how to ensure consistent and thorough dissemination of the metrics on the wards themselves. This was a particular issue on general ward areas, and was linked very closely to good ward leadership (as the actual data was made available to all wards). Ms J Wilson Non-Executive Director and Workforce and Organisational Development Committee Chair suggested adding a question to the nursing metrics on whether they were displayed on the ward, which the Chief Operating Officer/Chief Nurse agreed to consider including;

COO/CN

(b) queried the target audience for the metrics, suggesting a need for slightly different language if aimed at the public/patients. Although noting that the metrics were originally intended for staff, the GRMC Chair suggested it would be helpful to seek a view from the Director of Communications and External Relations regarding a more public-facing iteration on the wards (using a consistent format for all areas);

COO/CN
/DCER

(c) voiced concern over medical staff attendance at the team brief sessions, as indicated in the theatre metrics. It was noted that medical engagement had been discussed by the 25 June 2012 Workforce and Organisational Development Committee, and that the proposed UHL medical metrics were scheduled for further discussion at the August 2012 GRMC, and

(d) noted a suggestion from the Chief Nurse and Quality Lead, West Leicestershire CCG, that never events be appropriately linked to metrics. In further discussion, the Acting Medical Director acknowledged the impact of an appropriately strong clinical leader to ensure that the WHO checklist was followed prior to theatre, although noting the Chief Executive's caution against over-reliance on any single methodology.

Resolved – that (A) an additional question possibly be added to the metrics asking whether the results were displayed on the ward, and COO/CN

(B) contact be made with the Director of Communications and External Relations re: developing a more 'customer-friendly'/accessible presentation of the metrics in a consistent manner.

**COO/CN
/DCER**

67/12/2 Month 2 Quality Finance and Performance Report

Paper I comprised the quality, finance and performance report, heat map and associated management commentary for month 2 (month ending 31 May 2012). Reflecting the GRMC's focus on quality, risk and patient safety aspects, the Chief Operating Officer/Chief Nurse highlighted the following issues by exception:-

- (a) UHL's achievement of the following targets:- referral to treatment [RTT] (other than in ophthalmology), and cancer waits (reported 1 month in arrears);
- (b) the continuing challenge of the ED target, noting a 6.8% increase in activity. ED remained UHL's key priority, and both the Medical Director and the Chief Operating Officer/Chief Nurse continued to meet with LLR Cluster leads on this issue. w14 cases of C Difficile reported in April 2012 which was above trajectory, however the number of cases for May 2012 was none to date;
- (c) concerns over a rise in lower GI referral rates as a result of the community bowel screening campaign (the actual referral increase having exceeded even the 15-20% expected rise);
- (d) continuing discussions with Commissioners re: critical care capacity (Minute 68/12/5 below also refers), and
- (e) a significant increase in delayed discharges during both April and May 2012, based on multi-agency data. Although Social Services were meeting their own internal time targets, this was not sufficient to meet NHS requirements. Following a patient-by-patient review, UHL had also identified scope to begin its own assessment processes more quickly. The LLR PCT Cluster was also reviewing whole-system delays in the discharge process, having asked an external company to undertake a notes review of multi-agency issues (outcomes expected in 2-3 months time). Mr P Panchal Non-Executive Director, noted the crucial need to understand where the delays were occurring, from both a systems and a cost-apportionment perspective.

In terms of the new format general report, Professor D Wynford-Thomas, Non-Executive Director, suggested a need for greater explanation of the 'at a glance' section, and commented on the amount of duplication still contained. The Director of Safety and Risk also voiced concern that the commentary accompanying the data was not now included, as this was crucial to understanding the report. The Chief Operating Officer/Chief Nurse confirmed that a teaching session on navigating the report would be held for Trust Board members on 28 June 2012 and for QPMG members on 4 July 2012.

In further discussion the GRMC:-

- (1) sought greater clarity on the meaning of UHL's net promoter score, and its position relative to other Trusts. It was noted that this detail would be provided in the next quarterly patient experience report (scheduled for the July 2012 GRMC);
- (2) queried whether UHL and the PCT Cluster/CCGs were yet at the point of reviewing a common basis of information. Although recognising that Commissioners and providers needed to measure different things in some cases, the GRMC Chair reiterated the need for a shared dashboard of data and more consistent presentation of information. It was crucial that UHL was measuring issues of concern to PCTs/CCGs, with all parties working from the same data starting point. The Chief Nurse and Quality Lead, West Leicestershire CCG outlined how CCGs/PCT Cluster populated the agenda for their quality review schedule meetings, noting that the PCT Board performance report would now be shared with UHL at those meetings;
- (3) queried whether discharge issues were receiving sufficiently urgent and focused attention within UHL – the Acting Medical Director agreed to feed this comment

DN

back to the Medical Director accordingly. It was further agreed that the Acting Medical Director and the Head of Operations would provide an update on discharge work (including discharge letters) to the July 2012 GRMC, and (4) noted the need to maintain an appropriate focus on readmissions (as a crucial issue), particularly as the project manager had now finished.

AMD/
HO

AMD

Resolved – that (A) consideration be given to reinstating the commentaries within the quality finance and performance statistical reports, to provide context to the information;

COO/CN

(B) further detail on UHL’s net promoter score and aspirations be included in the quarterly patient experience report at the 23 July 2012 GRMC;

DN

(C) assurance be sought from the Medical Director that discharge issues were receiving appropriately targeted and urgent attention within UHL;

AMD/MD

(D) a further update on UHL discharge work (including discharge letters) be provided to the 23 July 2012 GRMC;

AMD/HO

(E) the Medical Director be advised of the need to maintain appropriate focus on readmissions, following the departure of the Project Manager, and

AMD/MD

(F) the need for a common basis of management information (for sharing between UHL and CCGs) be reiterated to all parties.

ALL

67/12/3 PCT Quality Visits to ED, MAU, SAU and Extra Capacity Wards at LRI

Paper K outlined the findings of the 24 May 2012 quality visit by Commissioners to ED, AMU, SAU and extra capacity wards at the LRI, and would also be discussed at the 4 July 2012 QPMG. The format differed to that of usual quality visit reports, as this was a follow-up rather than part of the regularly quarterly schedule. Although the Chief Nurse and Quality Lead, West Leicestershire CCG commented on the improved ‘feel’ of the 24 May 2012 visit she acknowledged that the report itself did not reflect this more positive nature, which was disappointing. She agreed to feed this back to the next CQRG meeting, and also to amend the content of the report itself.

CNQL
WLCCG

In terms of amending the report at paper K, the GRMC asked that the following also be taken into account (i) the fact that some of the requested actions/information had already been provided by UHL, and (ii) restructuring the report to reflect a more logical service/pathway flow. Members also noted the need to understand which issues would be raised with the specific area at the time of the quality visit itself, and which would subsequently be escalated. This latter point also applied to UHL’s own internal safety walkabouts, quarterly themes from which were fed through into the QPMG patient safety reports. The GRMC Chair requested that any issues of significant importance (either concerns or areas of good practice) also be circulated to GRMC for information.

CNQL
WLCCG/
DSR

DSR

Resolved – that (A) the PCT report on its 24 May 2012 quality visits to ED, MAU, SAU and extra capacity wards at LRI be amended to reflect the more positive nature of the visit, noting particularly the comments at (i) and (ii) above;

CNQL
WLCCG

(B) with regard to both external quality visits and UHL’s own internal walkabouts, further thought be given to which aspects to raise at the time of the visit and which to escalate subsequently, to ensure an appropriate focus, and

DSR/
CNQL
WLCCG

(C) any ‘themes’/instances of significant good or bad practice emerging from the UHL walkabouts, be circulated to GRMC members by exception.

DSR

68/12 SAFETY AND RISK

68/12/1 Patient Safety Report

In introducing the monthly update on patient safety issues (paper L), the Director of Safety and Risk noted the following matters by exception:-

- (a) a safety review in ED as a result of a number of SUIs in the past 9 months. The outcome of the review would be reported to the GRMC once available; DSR
- (b) a thematic review of never events (3 of which had been reported since 1 April 2012) which would be reported to the GRMC once available. Although sharing no obvious common denominators, the 3 events had all related to high volume, low complexity work within theatres; DSR
- (c) progress on the 5 Critical Safety Actions, with a project manager now in place. The Chief Nurse and Quality Lead, West Leicester CCG noted Commissioners' particular interest in this issue, and agreed to advise UHL as soon as possible if quarter 1 CQUIN payment thresholds had not been met (compliance currently assumed by UHL); CNQL
WLCCG
- (d) the generally more positive nature of internal safety walkabouts, although staffing levels continued to be mentioned;
- (e) a query as to whether Divisions had capacity to reduce the number of open incidents, as recorded on the provider management regime (PMR) return;
- (f) an update on the May 2012 SUIs, 2 of which related to 10x medication errors. In response to a query, the Acting Medical Director considered that e-prescribing would have been beneficial in the 10x medication errors, and Professor D Wynford-Thomas, Non-Executive Director further suggested that it would be helpful to such instances (where e-prescribing would have helped) to be flagged accordingly to the relevant service team(s); DSR
- (g) UHL's best performance to date (at 96%) re: completing ongoing CAS alerts with an expired deadline, and
- (h) 45-day RCA performance for May 2012.

In discussion, the Acting Medical Director and Chief Operating Officer/Chief Nurse voiced ongoing concerns regarding the numbers of theatres cancellations due to ITU/HDU bed capacity. Directing members to paper Q (Minute 70/12 below refers) and also to Minute 68/12/5 below, the Chief Operating Officer/Chief Nurse advised that, following a number of external reviews of critical care capacity which identified the need for further investment, this was also identified within the Better Care Together plans. A phased proposal of investment had also been received by the Executive Team to respond to immediate issues of capacity and this had also been forwarded to Commissioners where it was agreed that a clinical summit would take place regarding this. The GRMC Chair noted his wish to escalate the theatres working environment and ITU bed capacity to the 28 June 2012 Trust Board, given that similar issues had also arisen at the 25 June 2012 Workforce and Organisational Development Committee. GRMC
CHAIR

- Resolved – that (A) the review of ED SUIs be reported to the GRMC once available;** DSR
- (B) the thematic review of 3 never events be reported to the GRMC once available;** DSR
- (C) UHL be advised urgently if quarter 1 CQUIN payment thresholds were not met in respect of the 5 critical safety actions programme;** CNQL
WLCCG
- (D) UHL's theatres environment and ITU bed capacity be flagged to the 28 June 2012 Trust Board as issues of concern, and** GRMC
CHAIR
- (E) any 10x medication errors where e-prescribing would have been beneficial, be highlighted to the appropriate service team.** DSR

68/12/2 Safeguarding Case Reviews

The Director of Nursing advised that she had nothing further to add to the update provided in June 2012 in respect of specific identified cases. She noted, however, an approach for UHL to be involved in a further case from another area.

Resolved – that the position be noted.

68/12/3 2011- 12 Annual Safeguarding Report – Children’s and Adults

Paper M detailed UHL’s annual report 2011-12 in respect of safeguarding children and adults, and confirmed UHL’s continuing compliance with all key standards associated with safeguarding practice. As identified in the report, priorities for the future included the development of electronic safeguarding records and raising awareness amongst staff to ensure all had received a 3-yearly update. The report also noted increasing year-on-year activity, particularly re: safeguarding adults. In response to a query regarding the peer review audits, the Director of Nursing confirmed that both Internal and External Audit had been involved in the 2011-12 process.

Resolved – that the 2011-12 annual safeguarding report (children’s and adults) be received and endorsed.

68/12/4 CQC and OFSTED Review of Children’s Services Across LLR

Paper N outlined key findings from the recent CQC inspection of safeguarding arrangements for health organisations across Leicester, Leicestershire and Rutland (September 2011 – March 2012).

Resolved – that the level of assurances within the report be noted.

68/12/5 Resource/Capacity Issues within CCU/HDU

Further to Minute 68/12/1 above, the Chief Operating Officer/Chief Nurse reported verbally on her discussions with Commissioners re: UHL HDU/CCU resourcing and capacity. A medium-long term, LLR healthcare-economy wide plan was needed in addition to short-term capital measures already authorised by UHL, and the Chief Operating Officer/Chief Nurse outlined the steps already taken by the Trust to try and use its existing HDU/CCU estate more efficiently (including a small short-term increase in the number of such beds at the Glenfield Hospital). A collective LLR agreement on funding was needed however, and discussions would resume with Commissioners on 26 June 2012. The concentration of ITU facilities in appropriate location(s) was key, with a resulting impact on the type of facilities needed and the nature of surgery carried out on UHL’s various sites.

Both the Chief Operating Officer/Chief Nurse and the Acting Medical Director reiterated their regret at elective cancellations linked to ITU capacity, and noted that ITU figured in wider LLR reconfiguration plans as well as in UHL’s own internal plans. In response to a query from Ms J Wilson Non-Executive Director and Workforce and Organisational Development Committee Chair, the Chief Operating Officer/Chief Nurse agreed to consider appropriate linkages between UHL’s ITU working group and the Trust’s Transformation Board.

COO/
CN

Resolved – that consideration be given to ensuring appropriate links between the ITU bed capacity working group and the overarching UHL Transformation Board.

COO/
CN

69/12 **PATIENT EXPERIENCE**

69/12/1 End of Life Care within UHL – Update

Paper O detailed work within UHL relating to end of life care, reflecting work since 2008 in line with the Department of Health’s End of Life Care Strategy and recognising the crucial

need to deliver sensitive and appropriate such care to patients and their families. The Director of Nursing outlined the 5 key enablers within the 'route to success, and confirmed that implementation of the AMBER care bundle was a 2012-13 CQUIN. She also outlined UHL's training work with LOROS, aimed at improving staff communication skills re: end of life care. From that, a further 2-day communication training programme had subsequently been developed as part of a rolling programme for all ward sisters (the first cohort would be ward sisters from medical wards [highest number of deaths]). The GRMC welcomed the links with LOROS, although noting that UHL patients were not necessarily at the same stage of their end of life journey as LOROS patients. Mr P Panchal Non-Executive Director advised keeping end of life care under review, in light of Leicester's changing demographic and differing Community perspectives on death. Ms J Wilson Non-Executive Director and Workforce and Organisational Development Committee Chair, suggested that it would be helpful to present a patient story to the Trust Board in 2013, illustrating a positive example of UHL's end of life care.

COO/
CN/DN

Resolved – that a positive end of life care experience at UHL be considered as a potential Trust Board patient story for 2013.

COO/
CN/DN

69/12/2 CQC National Inpatient Survey Results

Resolved – that due to pressure of time consideration of this item be deferred to the 23 July 2012 GRMC.

DN

70/12 ITEMS FOR INFORMATION

70/12/1 Update on Progress with the Theatres Refurbishment Business Case

Resolved – that the contents of paper Q be noted.

70/12/2 Mortality Outlier Alert for 'Liver Disease Alcohol Related' and UHL Response to the CQC

Papers R and R1 outlined the further information provided to the CQC re: UHL mortality rates for patients admitted with 'liver disease alcohol related' as per the Dr Foster alert. Further information regarding the out of hours impact had also subsequently been provided, as the Dr Fosters' data had not been available to UHL at the time of its original response. The Head of Outcomes and Effectiveness recognised the need to understand the apparent difference in UHL's crude mortality rate and confirmed that this was being explored in detail by the relevant UHL service. In response to a comment from Mr P Panchal Non-Executive Director, it was noted that UHL could look into splitting the data between the city and county if the GRMC so wished.

Resolved – that papers R & R1 be noted.

71/12 MINUTES FOR INFORMATION

71/12/1 Finance and Performance Committee

Resolved – that the Minutes of the 25 April and 23 May 2012 Finance and Performance Committee meetings be noted for information.

72/12 ANY OTHER BUSINESS

There were no items of any other business.

73/12 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 28 June 2012 Trust Board and highlighted accordingly within these Minutes:-

GRMC
CHAIR

- fractured neck of femur performance (Minute 66/12/1);
- the confidential item in Minute 66/12/2 above;
- maternity services review (Minute 66/12/6);
- the need for a common basis of management information, for sharing between UHL and CCGs (Minute 67/12/2);
- PCT quality visit to AMU, ED, SAU and extra capacity areas (Minute 67/12/3);
- safety walkabouts (Minute 67/12/3);
- never events (Minute 68/12/1);
- progress on the 5 critical safety actions (Minute 68/12/1), and
- the theatres environment and ITU bed capacity (Minute 68/12/1).

74/12 DATE OF NEXT MEETING

Resolved – that the next meeting of the Governance and Risk Management Committee be held on Monday, 23 July 2012 from 1:30pm in the Cedar Room, Knighton Street Offices, Leicester Royal Infirmary.

TA

The meeting closed at 4.31pm

Helen Stokes
Senior Trust Administrator