


University Hospitals of Leicester 
NHS Trust

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 20 DECEMBER 2012

COMMITTEE: Governance and Risk Management Committee

CHAIRMAN: Mr D Tracy

DATE OF COMMITTEE MEETING: 26 November 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) Planned Care Division – Presentation on Clinical Audit (Minute 119/12/2.2 refers);
- (2) Review of UHL Discharge Performance (Minute 119/12/4 refers);
- (3) Patient Safety Report (Minute 120/12/1 refers);
- (4) Risk Register (and links between the operational and strategic risk registers - Minute 120/12/2 refers);
- (5) Quality Report, in particular the progress with the data reported in the NHS Safety Thermometer regarding 'harms' (Minute 121/12/1 refers);
- (6) Quality Ambition (Minute 121/12/2 refers), and
- (7) CQC Outcome 14 – Update on the ED Staff Engagement and Equipment Plan (Minute 123/12/4 refers).

DATE OF NEXT COMMITTEE MEETING: 22 January 2013

**Mr D Tracy
14 December 2012**

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

**MINUTES OF A MEETING OF THE GOVERNANCE AND RISK MANAGEMENT COMMITTEE HELD
ON MONDAY 26 NOVEMBER 2012 AT 1.30PM IN THE BOARD ROOM, VICTORIA BUILDING,
LEICESTER ROYAL INFIRMARY**

Present:

Mr D Tracy – Non-Executive Director (Chair)
Mr M Caple – Patient Adviser (non-voting member)
Mrs S Hinchliffe – Chief Nurse/Deputy Chief Executive
Ms C Trevithick – Chief Nurse and Quality Lead, West Leicestershire CCG (non voting member)
Mr S Ward – Director of Corporate and Legal Affairs
Ms J Wilson – Non-Executive Director

In Attendance:

Ms D Baker – Equality Manager (for Minute 119/12/5)
Ms J Ball – Divisional Head of Nursing, Planned Care (for Minute 119/12/2.2)
Mrs G Belton – Trust Administrator
Dr S Campbell – Divisional Director, Clinical Support (for Minute 119/12/3)
Dr B Collett – Assistant Medical Director
Miss M Durbridge – Director of Safety and Risk
Mr A Furlong – Divisional Director, Planned Care (for Minute 119/12/2.2)
Mrs S Hotson – Director of Clinical Quality
Mr A Jones – Discharge Project Lead (for Minute 119/12/4)
Mr M Metcalfe – Consultant Hepatobiliary and Pancreatic Surgeon and Chairman of the Learning from Experience Group (LEG) – for Minute 119/12/1
Mrs C Ribbins – Director of Nursing
Ms M Wain – Divisional Quality and Safety Manager, Planned Care (for Minute 119/12/2.2)
Mr C Walker – Clinical Audit Manager (for Minute 119/12/2.1)
Mr P Walmsley – Head of Operations (for Minute 119/12/4)

RESOLVED ITEMS

ACTION

117/12 APOLOGIES

Apologies for absence were received from Mr J Birrell, Interim Chief Executive, Mr D Briggs, Chair, East Leicestershire & Rutland CCG (non voting member), Dr K Harris, Medical Director, Mr P Panchal, Non-Executive Director, Mr M Wightman, Director of Communications and External Relations and Professor D Wynford-Thomas, UHL Non-Executive Director and Dean of University of Leicester Medical School.

118/12 MINUTES

Resolved – that the Minutes of the meeting held on 22 October 2012 (papers A and A1 refer) be confirmed as a correct record.

119/12 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 29 September 2011. No additional items were raised beyond those referenced below.

Resolved – that the matters arising report be noted.

119/12/1 Update on Review of Learning from Experience Group

Further to Minute 15/12/2 of 26 January 2012, Mr M Metcalfe, Consultant Hepatobiliary and Pancreatic Surgeon and Chairman of the Learning from Experience Group attended to present paper 'C', which detailed an update of the performance and shared learning to date with regard to the Learning from Experience Group (LEG), and he highlighted

key points from the report to members.

In discussion on this item:

- (i) Dr Collett, Associate Medical Director and Vice Chair of the LEG noted that the Group wished to seek a Training Representative to include within its membership. Dr Collett was in discussion with Dr S Carr, Associate Medical Director (Clinical Education) regarding how this matter could be taken forward;
- (ii) (in response to a query raised as to where the outcomes from this Group were reported) the Director of Safety and Risk confirmed that they were included within the Patient Safety Report presented to the QPMG on a monthly basis, and that a brief overview would also be provided to the GRMC;
- (iii) members particularly made note of the success of the Group in developing and implementing a common assessment package across the organisation for HCAs to undertake in respect of understanding Early Warning Scores (EWS) and note was also made of the positive engagement and support which the Group was receiving from the wider organisation, and
- (iv) following a suggestion raised by Mr Caple, Patient Adviser as to the possible benefit to be gained by the Group seeking a Patient Representative to join its membership, it was agreed that Mr Metcalfe, Chair of LEG would ensure that consideration was given to such at a future meeting of the LEG.

Chair,
LEG

In conclusion, the GRMC Chair thanked Mr Metcalfe for attending to present this item, and for the added value which this Group was providing for the Trust. Should the LEG undertake a review of its effectiveness during the next six to twelve months, then the GRMC Chairman noted that the GRMC would like to receive a copy of any such report produced.

Chair,
LEG

Resolved – that (A) the contents of this report be received and noted,

(B) Mr Metcalfe, Chairman of the LEG, be requested to ensure that consideration be given at a future meeting of the LEG to the inclusion of a Patient Adviser in the membership of the Group, and

Chair,
LEG

(C) (should the LEG undertake a review of its effectiveness in six to twelve month's time) Mr Metcalfe, LEG Chairman, be requested to submit a copy of any such report produced to a future meeting of the GRMC.

Chair,
LEG

119/12/2.1

Clinical Audit Quarterly Report

Mr C Walker, Clinical Audit Manager, attended to present paper 'D', which detailed progress against delivering the Trust's clinical audit programme.

In discussion on this item, members:

- (i) agreed with the Clinical Audit Manager's suggestion that future editions of the quarterly report were submitted a month earlier to the GRMC than the current schedule of planned submissions in order that the content of the report detailed more timely data (note being made that the report presented at today's meeting had been produced six week's previously, and therefore represented the position as at that specific point in time);
- (ii) made note of the most common reason for audits not always running to schedule (i.e. those audits for which action plans were awaited) and any relevant divisional issues in this respect;
- (iii) queried the escalation process followed where any actions had not been undertaken within the timescales specified, and requested further information on this issue within the next quarterly report presented to the Committee,

CAM/TA

- along with information regarding appropriate milestones, the planned process for addressing any backlogs and expectations for the future. Also requested for inclusion within future Clinical Audit Quarterly reports was to make identifiable those audits which had added value to patient care. Note was made that the appropriate route for escalation (after consideration at relevant Divisional Board meetings) would be through the Quality and Performance Management Group (QPMG) and the Confirm and Challenge meetings. Particular focus would be given to those where 'risk' was involved, and
- (iv) noted the advice provided by the Director of Clinical Quality that very little audit work was 'curiosity-driven', however audits were sometimes undertaken where a clinician's interest had led to an audit being undertaken, the results of which had resulted in specific improvements for patients.

Resolved – that (A) the contents of this report be received and noted, and

(B) the Clinical Audit Manager be requested to:

- (1) present future quarterly Clinical Audit Reports to the GRMC one month ahead than currently scheduled (in order to ensure that the data presented was as up-to-date as possible), and**
- (2) include the following additional information in future Clinical Audit Quarterly Reports presented to the GRMC: the process for escalation where actions had not been completed within agreed deadlines (including appropriate milestones, the planned process for addressing backlogs and expectations for the future) and also to make identifiable those audits which had added value to patient care.**

CAM/TA

119/12/2.2 Planned Care Division – Presentation on Clinical Audit

Further to Minute 88/12/1 of 20 August 2012, the Divisional Director, Divisional Head of Nursing and the Divisional Quality and Safety Manager of the Planned Care Division attended to provide an update on clinical audit within their Division (paper E refers), which included details of successes achieved to-date as well as the current challenges faced.

In discussion on this item, members noted the challenges faced by the Division currently (one of which was the additional resource required to deliver an increasing number of National and Local Mandatory Audits) noting the fundamental changes required in order to achieve a step-change, and discussed the possible trust-wide actions that could be undertaken to address these systemic issues, including national lobbying through relevant individuals / structures (where appropriate). In further discussion, it was agreed that the GRMC Chairman would raise with the Trust Board resource issues concerning the roll-out of PROMS to an additional 300 operations, with particular regard to whether this would result in any added value.

GRMC
Chair

The Chairman thanked the Divisional Director, Divisional Head of Nursing and the Divisional Quality and Safety Manager of the Planned Care Division for attending today's meeting, and noted the helpfulness of the information presented in terms of where service improvements had been achieved.

Resolved – that (A) the contents of this report be received and noted, and

(B) the GRMC Chair be requested to raise with the Trust Board resource issues concerning the roll-out of PROMS to an additional 300 operations.

GRMC
Chair

119/12/3 Progress Update on the Internal Waits relating to LRI Emergency Theatres

Further to Minute 98/12 of 24 September 2012, the Divisional Director, Clinical Support Division, attended to present paper 'F', which detailed an update on the internal waits relating to the LRI Emergency Theatres, and specifically identified the learning from

recent audit work undertaken to measure delays for patients requiring emergency surgery at the LRI. A number of resulting actions were now being implemented including changes in practice, scheduling for urgency and some additional sessions for emergency theatres.

In discussion on this item, members:

- (i) noted the work on-going in terms of accurately recording the data (particularly the importance of classifying the data appropriately);
- (ii) noted that the outcome of the Trust's bid for non-recurring transformation funds lodged by the Trust with the Cluster Leads was currently awaited – it was agreed that Ms Trevithick, Chief Nurse and Quality Lead, West Leicestershire CCG would make enquiries regarding the current stage of the bid; CN&QL
- (iii) in order to further enhance the comprehension of the data presented, the Divisional Director, Clinical Support was requested to ascertain if it would be possible in future iterations of the report to further sub-divide into hours the data featured under 'Outputs'; DD,CSD
- (iv) queried the expected timescale for capacity matching demand – this work was being addressed as a matter of clinical urgency and it was expected that additional theatre slots would be in place by January / February 2013;
- (v) noted a particular issue currently in respect of junior medical cover at night which had necessitated Consultants undertaking resident on-call duties, and queried the impact of this – a prioritisation process was in place for emergency and life threatening conditions requiring surgery, with staff deployed as clinically appropriate. Also noted were particular issues concerning the loss of trainees in anaesthesia, and the resulting impact of this situation, in terms of whether on-call anaesthetists would need to be removed from elective lists. It was recognised that this was a national issue, and that work was underway locally to try and resolve this, and
- (vi) agreed that the Director of Corporate and Legal Affairs would discuss with the Director of Communications and External Relations the possibility of publicising within the Trust the work being undertaken through the Internal Waits workstream, in order to further support the Group. DCLA

In conclusion, the GRMC Chair thanked the Divisional Director of Clinical Support for attending today's meeting to present this report. The Divisional Director, Clinical Support was requested to provide further assurance on this item to the GRMC at its February 2013 meeting. Should the funding referenced within the report (and above – point ii refers) not be forthcoming, the Divisional Director, Clinical Support, was requested to return to the January 2013 GRMC meeting in order to discuss the required contingency plans. CD,CSD/
TA

Resolved – that (A) the contents of this report be received and noted,

(B) the Chief Nurse and Quality Lead, West Leicestershire CCG be requested to undertake the action outlined under point (ii) above, CN&QL

(C) the Divisional Director, Clinical Support be requested to undertake the action outlined under point (iii) above in future iterations of this report to the GRMC, DD,CS

(D) the Director of Corporate and Legal Affairs be requested to undertake the action outlined under point (vi) above, and DCLA

(E) the Divisional Director, Clinical Support Division, be requested to provide further assurance on this item at the February 2013 GRMC meeting (or the January 2013 GRMC meeting should the funding not be forthcoming and contingency planning be required). DD, CS

Further to Minute 89/12/5 of 20 August 2012, Mr P Walmsley, Head of Operations and Mr A Jones, Discharge Project Lead attended to present paper 'G', which detailed a review of UHL Discharge performance, and specifically detailed information in respect of the BED Before 11am Project.

In discussion on this item, members:

- (i) noted the work that was on-going to fundamentally change the discharge process, which included a focus on changing behaviours around discharge. Whilst improvements were beginning to be observed, this had not translated as yet into a significant change in performance, despite the work that had been undertaken and the changes made to-date. Various actions required further focus, e.g. embedding in processes relating to Estimated Discharge Date (EDD);
- (ii) noted that not all of the benefits (resulting from the project) were being measured (e.g. the patients who were able to be treated in community hospitals);
- (iii) debated various issues relating to hospital transport, including anecdotal information provided by Mr Caple, which the Head of Operations undertook to feed into the monthly Transport meetings which were held. Ms Trevithick, Chief Nurse and Quality Lead, West Leicestershire CCG also requested that the UHL Head of Operations fed through to her any particular concerns from the Trust's perspective. The Director of Safety and Risk undertook to send through to Ms Trevithick, Chief Nurse and Quality Lead, West Leicestershire CCG, information raised in complaints by patients relating to hospital transport. Also emphasised was the desire of the Trust to have a representative on the group which negotiated the transport contract, since any subsequent issues arising with hospital transport could impact negatively on the Trust's reputation;
- (iv) acknowledged the significant cultural change required to progress this work stream, particularly for medical staff. A clinical champion had been appointed to assist in this respect;
- (v) in terms of additional actions underway to assure the quality of the discharge process, note was made of the work being undertaken with Junior Doctors in respect of the quality of discharge letter, particularly in terms of the information which should and should not be included, and of the technical advances expected from 1st March 2013 which would further enhance this process;
- (vi) (in response to a query) noted that none of the delayed transfers of care recently reviewed had been due to Social Services, and
- (vii) acknowledged that the provision of additional rehabilitation beds in Leicester City would assist greatly, as would achieving a contractual agreement with residential homes, as that already in place with nursing homes.

HO
HO
DSR

In conclusion, the GRMC Chairman thanked Mr Walmsley and Mr Jones for attending the meeting to present their report and requested that they provided a further update report in three to four months (towards the end of the current financial year). The GRMC Chairman undertook to brief the Trust Board of relevant issues around discharge to the Trust Board, in particular with regard to the need for additional rehabilitation beds in the City.

HO/DPL
GRMC
Chair

Resolved – that (A) the contents of this report be received and noted,

(B) the Head of Operations be requested to undertake the two actions outlined under point (iii) above,

HO

(C) the Director of Safety and Risk be requested to undertake the action outlined under point (iii) above,

DSR

(D) the Head of Operations and Discharge Project Lead be requested to submit a further update report to the GRMC in three to four month's time, and

HO/DPL/
TA

(E) the GRMC Chairman be requested to brief the Trust Board of relevant issues around discharge, in particular with regard to the need for additional rehabilitation beds in the City.

GRMC
Chair

119/12/5 Equality and Health Care for All Update Report

Further to Minute 57/12/1 of 21 May 2012, the Equality Manager attended to present paper 'H', which reported progress biannually to the Committee in respect of the equality objectives as required by the Equality Act 2010 and Quality Schedule indicator PE9, provided an update on the Health care for All action plan and newly added audit requirement for the Quality Schedule (CE13) and provided a summary on the age discrimination ban in goods and services that came into force on 1 October 2012.

In discussion on this item, Ms Wilson, Non-Executive Director, suggested that it would be helpful to seek a representative from the Probation Service on the UHL Steering Group for the Hate Crime Project, and agreed to provide the Equality Manager with a contact name for this purpose.

JW

In further discussion (and in response to a query made) the Equality Manager undertook to ensure that the Patient Experience Team would be addressing any negative comments received from patients in the age category 18 - 84 in respect of the two general satisfaction questions included within the Trust's local and national patient polling (noting that she was specifically following up on any negative comments received from those patients aged 85 and over as part of her remit).

EM

In conclusion the GRMC Chairman thanked Ms Baker for attending to present her report, and requested that she provide a further update to the Committee in six month's time.

EM

Resolved – that (A) the contents of this report be received and noted,

(B) Ms Wilson, Non-Executive Director be requested to provide the Equality Manager with a contact name to seek representation from the Probation Service on the UHL Steering Group for the Hate Crime Project,

JW

(C) the Equality Manager be requested to ensure that the Patient Experience Team would be addressing any negative comments received from patients in the age category 18 - 84 in respect of the two general satisfaction questions included within the Trust's local and national patient polling, and

EM

(D) the Equality Manager be requested to present a further update report to the GRMC in six month's time.

EM

120/12 **SAFETY AND RISK**

120/12/1 Patient Safety Report

The Director of Safety and Risk presented paper 'I, which updated the Committee on key safety issues, highlighting any areas of concern, and provided monthly data on SUIs, CAS information and RCA performance. This month's report also covered: capacity, activity and staffing, quarterly Patient Safety data, an update for the 5 Critical Safety Actions and Never Events including an update on the thematic review of never

Events work.

In discussion on this item, members:

- (i) noted the verbal information provided regarding a specific forthcoming inquest;
- (ii) noted that Divisions had been requested to set achievable trajectories for reviewing datix forms and meeting compliance with complaints and RCA reports;
- (iii) made note of the specific issues raised by the Director of Safety and Risk in relation to capacity, activity and staffing in light of the forthcoming Winter months;
- (iv) noted the Never Events Policy Framework;
- (v) held specific discussions regarding the EPMA , and the benefits of the next iteration of this system for users;
- (vi) requested that the Director of Safety and Risk gave consideration to a means by which to monitor actions agreed on the thematic reviews; DSR
- (vii) debated progress with compliance against the Who Surgical Checklist – it was agreed that all Divisions were required to achieve 100% compliance with use of the WHO Safer Surgical Checklist within a month, or would be requested to return to the next meeting of the GRMC in January 2013 to explain the reasons for non-achievement; DSR/TA
- (viii) discussed the immunisation of staff, particularly in respect of increasing levels of norovirus and whooping cough and the anticipated rise in cases of flu over the winter months – it was agreed that the Chief Nurse / Deputy Chief Executive would re-emphasise to staff the importance of having relevant immunisations for health reasons, and CN/DCE
- (ix) discussed midwifery staffing levels – whilst activity had risen, there were currently more midwives employed than ever before. The Head of Nursing and Midwifery was currently looking into the rosters with the aim of ensuring sufficient numbers of midwives at each of the Trust’s sites with maternity services (LGH and LRI) for the activity experienced.

Resolved – that (A) the contents of this report be received and noted,

(B) the Director of Safety and Risk be requested to undertake the action outlined under point (vi) above,

DSR

(C) the Director of Safety and Risk be requested to notify all Divisions of the action required of them in relation to the WHO Surgical Checklist (as detailed under point (vii) above, and

DSR/TA

(D) the Chief Nurse / Deputy Chief Executive be requested to undertake the action requested under point (viii) above.

CN/DCE

120/12/2 UHL Quarterly Risk Register Report

The Director of Safety and Risk presented paper ‘J’, which detailed the quarterly risk register report for the period 1 July 2012 to 30 September 2012. She specifically highlighted the new column included in the UHL Operational Risk Register which documented the relevant link to the Strategic Risk Register.

The Director of Safety and Risk highlighted examples where work was on-going to challenge the scores of long-standing risks, and also where Divisions were being asked to ensure that all risks had been logged with any additional risks subsequently highlighted then being logged. The UHL Strategic Risk Register and Board Assurance Framework was being refreshed and would be completed for presentation at the Trust Board meeting scheduled for 20 December 2012.

In discussion on this item, members:

- (i) requested that the Director of Safety and Risk sought a view from the Executive Team as to whether Executive Director Leads would find it useful to have a list of those risks recorded on Operational / Divisional Risk registers which related to the overarching strategic risk for which they were the nominated Executive Director Lead, and
- (ii) requested that the Director of Safety and Risk provided a report under the 'Items for Information' section on the agenda of the next GRMC meeting in January 2013 which detailed the reasons for any outstanding actions recorded on the Operational / Divisional Risk registers, and also detailed what action was taken where items did not have specific actions associated with them.

DSR

DSR

Resolved – that (A) the contents of this report be received and noted,

(B) the Director of Safety and Risk be requested to undertake those actions outlined under points (i) and (ii) above, providing a further report under the 'Items for Information' section on the agenda of the next GRMC meeting in January 2013.

DSR/TA

120/12/3 Report by the Director of Nursing

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

121/12 **QUALITY**

121/12/1 Month 7 Quality Report

The Chief Nurse / Deputy Chief Executive presented paper 'K', which provided the Committee with an overview of patient safety and quality performance for October 2012.

The Chief Nurse / Deputy Chief Executive noted that the CQC had undertaken an unannounced visit to the LRI on 5 November 2012, and early indications had demonstrated satisfactory findings. A visit from the CQC to the Glenfield Hospital was now expected. A particular issue was raised with regard to an external review of Never Events, in respect of which the Trust had not received any prior notification, and it was agreed that the GRMC Chairman would raise this issue at the Trust Board.

GRMC
Chair

Particular discussion took place regarding last month's increase in cases of Clostridium Difficile (which would be expected over the Winter months) although it was noted that the Trust remained in line with its annual trajectory. Also noted was the improvement in terms of the Trust's data regarding 'harms' reported utilising the national NHS Safety Thermometer measurement tool (page 7 of the report refers).

Resolved – that (A) the contents of this report be received and noted, and

(B) the GRMC Chairman to raise with the Trust Board the matter of the external review of Never Events, in relation to which the Trust did not receive prior notification.

GRMC
Chair

121/12/2 Quality Ambition (Strategy) 2012-15

Further to the Trust Board quality development session with Boston Consulting Group, the Chief Nurse / Deputy Chief Executive presented paper 'K1', which detailed an early draft summary of the trust 'Quality and Safety Ambition 2012 – 2015' for consideration and comments by members of the GRMC.

Key areas to note were:

- (a) the identification of three key goals for delivery (relating to the reduction of mortality, the avoidance of harm and the provision of patient centred care);
- (b) there would be a menu of projects to support delivery;
- (c) details of two key enablers including the 5 Critical Safety Actions and the 4 Harms, and
- (d) the planned workshops for staff, external engagement and project discussion. (In response to a query raised it was noted that this would include an invitation to patient advisers and LINKS).

A final draft of the report was due to be presented to the December 2012 Trust Board meeting with an early launch to complement the communications of other strategic organisational documents.

In discussion on this item, members:

- (i) noted the preference of the GRMC Chairman for entitling the strategy; 'Quality Commitment' rather than 'Quality Ambition';
- (ii) considered this to be the right approach, i.e. focussing on fewer, but significant actions;
- (iii) debated whether the strategy ought to commence from 2012 (to 2015) or 2013 (to 2016), and noted that this question would be posed to clinicians during the planned workshops;
- (iv) queried whether there should be inclusion about addressing specific needs (e.g. the maternity service);
- (v) noted the need for people to feel that this strategy was relevant and deliverable (this would be the subject of focus at the planned workshops);
- (vi) (in response to a query raised as to who would monitor achievement and how) noted that the Task Group would be reviewing the delivery of this strategy. If it was considered that the strategy constituted the most important issues on which to deliver (i.e. saving lives and preventing harm) then there was an argument that they should form part of the Trust's CQUIN / Quality Schedule;
- (vii) noted that it would be helpful to know the Trust's aims against all three indicators (e.g. achieve top quartile nationally etc) and where the Trust would stand nationally through achievement of these aims;
- (viii) noted that this was currently an internally generated strategy which was currently being circulated for comments, after which it would be issued publicly. Also recognised was the fact that this document would need to serve two audiences, and
- (ix) noted the comments made by the Chief Nurse and Quality Lead, West Leicestershire CCG, that this would be monitored through the Quality Schedule and of the desire to support the Trust in the direction it chose, albeit noting that there may be other elements which must be included. It was agreed that this report would be discussed firstly at the UHL Trust Board meeting on 29 November 2012, following which it could be disseminated to CCG colleagues for comments by the Chief Nurse and Quality Lead, West Leicestershire CCG.

CN/QL

Resolved – that (A) the contents of this report be received and noted, and

(B) this report be discussed firstly at the UHL Trust Board meeting on 29 November 2012, following which it could be disseminated to CCG colleagues for comment by the Chief Nurse and Quality Lead, West Leicestershire CCG.

CN/QL

121/12/3 External Audit's Opinion on the Trust's Quality Account

The Director of Clinical Quality presented paper 'L', which presented the findings from KPMG's report including assurance opinion on compliance with the Quality Account Regulations and the results of detailed testing of two mandated and one local

performance indicator.

Resolved – that the contents of this report be received and noted.

121/12/4 Feedback on CQC Visit to the LRI on 5 November 2012

Resolved – that it be noted that this item had been addressed under Minute 121/12/1 above.

121/12/5 CQC Self-Assessment

The Director of Clinical Quality presented paper 'M', which provided feedback on outcomes from the quarter 3 internal self assessment against the CQC outcomes, and noted that there was a need to achieve better alignment where any risks were evident.

In response to a specific query raised, the Director of Clinical Quality advised that this report was now outdated, and the 'red' RAG rating in relation outcome 9b was incorrect.

Resolved – that the contents of this report be received and noted.

122/12 PATIENT EXPERIENCE

122/12/1 Quarter 2 Patient and Family Experience Feedback Report

The Director of Nursing presented paper 'N', which provided the Committee with an update on the Patient and Family Feedback report for quarter 2 (July – September 2012). The key points made within the report were highlighted on the front cover.

In discussion on this item, members:

- (i) noted that the Trust was currently in the process of changing its Facilities Management provider, and discussed the process by which issues frequently raised by patients, such as food and environment, would be monitored within the contract, and
- (ii) noted the challenges the Trust faced over the winter period in ensuring that it had the correct bed base to enable it to reduce the number of ward moves. It was noted that older patients and patients with dementia should not be transferred between wards. The situation would be monitored daily.

Resolved – that the contents of this report be received and noted.

123/12 ITEMS FOR INFORMATION

123/12/1 Quarterly Data Quality and Clinical Coding Performance Report

Resolved – that this report (paper O refers) be received and noted.

123/12/2 Theatre Modernisation / Transformation Project

Resolved – that this report (paper P refers) be received and noted.

123/12/3 Report from the Director of Safety and Risk

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

123/12/4 CQC Outcome 14 – Update on the ED Staff Engagement and Equipment Plan

In respect of paper 'R' which updated the Committee on progress in respect of CQC

Outcome 14 – ED Staff Engagement and Equipment Plan, the Director of Safety and Risk made note of the good work represented within the report, although cautioned against being complacent, as staff within ED were frequently facing severe pressures due to the demand for their service. It was therefore agreed to consider at each relevant meeting whether any further action could be taken in relation to ED staff engagement, and it was further agreed that this issue would be raised with the Trust Board at its next meeting by the GRMC Chairman.

GRMC
Chair

Resolved – that (A) the contents of this report be received and noted,

(B) consideration be made at each relevant meeting to whether further action could be taken in relation to ED staff engagement, and

All

(C) the GRMC Chairman be requested to highlight this issue at the next Trust Board meeting.

GRMC
Chair

124/12 MINUTES FOR INFORMATION

124/12/1 Finance and Performance Committee

Resolved – that the public Minutes of the Finance and Performance Committee meeting held on 24 October 2012 (paper S refers) be received and noted.

125/12 ANY OTHER BUSINESS

125/12/1 Attendance at Statutory and Mandatory Training

Members discussed the current system for monitoring staff attendance at statutory and mandatory training as queries had been raised as to the reliability of the data gathered, and this was data which was required by the CQC. It was agreed to ask the Medical Director to provide information to the GRMC at its January 2013 meeting in respect of the process for recording staff attendance at statutory and mandatory training, with the potential need thereafter for the GRMC to raise the issue with the Trust Board if required.

GRMC
Chair /
TA

Resolved – that (A) this verbal information be noted, and

(B) the Medical Director be requested to provide information to the January 2013 meeting of the GRMC in respect of the process for recording staff attendance at statutory and mandatory training, with the potential need thereafter for the GRMC to raise this issue with the Trust Board, if required.

Chair
GRMC /
TA

126/12 IDENTIFICATION OF ANY KEY ISSUES FOR THE ATTENTION OF THE TRUST BOARD

Resolved – that the following items be highlighted verbally to the 29 November 2012 Trust Board by the GRMC Chair:-

- (1) Clinical Audit (Minute 119/12/2 refers);
- (2) Discharge (Minute 119/12/4 refers);
- (3) Patient Safety Report, in particular the external review of Never Events (Minute 120/12/1 refers)
- (4) Risk Register (and links between the operational and strategic risk registers) – Minute 120/12/2 refers);
- (5) Quality Report, in particular the progress with the data reported in the NHS Safety Thermometer regarding ‘harms’ (Minute 121/12/1 refers)
- (6) Quality Ambition (Minute 121/12/2), and
- (7) CQC Outcome 14 – Update on the ED Staff Engagement and Equipment Plan (Minute 123/12/4 refers).

127/12 DATE OF NEXT MEETING

Members discussed the proposed alternative meeting dates for the GRMC in 2013, noting that Tuesday mornings were suitable for all members with the possible exception of Mr Briggs, Chair, East Leicestershire & Rutland CCG (non voting member), who was not present at today's meeting. It was agreed to request that Mr Briggs raise any issues with the GRMC Chairman directly in respect of the revised meeting dates for 2013 (if required).

Chair
ELRCCG

Resolved – that (A) the next meeting date (to be held in January 2013) would be confirmed outwith the meeting, and

(B) Mr Briggs, Chair, East Leicestershire and Rutland CCG be requested to raise any issues with the GRMC Chairman directly in respect of the revised meeting dates for 2013 (if required).

Chair
ELRCCG

Post-Meeting Note - the next meeting of the Governance and Risk Management Committee will be held on Tuesday 22 January 2013 from 9.30am until 12.30pm in the Large Committee Room, Main Building, Leicester General Hospital.

The meeting closed at 4.31pm.

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

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
D Tracy (Chair)	8	7	87.5%	C Trevithick*	7	6	85.7%
J Birrell	5	0	0%	S Ward	8	5	62.5%
D Briggs*	8	2	25%	M Wightman	8	4	50%
M Caple*	8	5	62.5%	J Wilson	8	6	75%
K Harris	8	6	75%%	D Wynford-Thomas	8	4	50 %
S Hinchliffe	8	7	87.5%				
P Panchal	8	5	62.5%				

* non-voting members

Gill Belton
Trust Administrator