

Report to:	Trust Board
Title of report:	Quality Governance Committee Upward Report to Board
Date of meeting:	27 th September 2016
Status:	For Information/Discussion
Chairperson:	Mr Paul Grassby
Author:	D A Quarmby
Purpose	This report summarises the discussions, approvals and decisions made by the Quality Governance Committee.
Background	This assurance committee meets monthly and takes scheduled reports from all Trust operational committees with a quality brief according to a work programme.
Business undertaken	<p>1. eCOBS Data A verbal briefing was given regards the implementation of the eCOBS project. The project is ahead of schedule and under budget. Implementation at PHB is complete, with work now ongoing at GDH. Completion at LCH is scheduled to be 6 months ahead of schedule. The implementation has also been used as a development vehicle for future improvements with future plans for eSepsis; Plan for Every Patient timelines; A&E Flowboard and integration with ePA and EDD.</p>
	<p>2. Maternity Dashboard A proposed Maternity Dashboard was presented as an interim measure with a proposal of a live system by June 2017. An analysis of PPH was delivered, with the Deputy Chief Nurse wanting comment regards PPH of greater than 2000ml, with an improvement plan for outliers. It was agreed of reporting by exception.</p>
	<p>3. Safeguarding Review An upward report was presented. The review made 20 recommendations and an action plan to address each of those will be formulated and monitored through the Integrated Safeguarding Committee with regular progress reports to Quality Governance Committee. The Integrated Safeguarding Committee will be launched in October 2016 which will be supported by separate children's and adult operational meeting.</p>
	<p>4. CQC Update A verbal brief was given, highlighting that the inspection team would be following various topic lines. Linking complaints to patient experience and concentrating.</p>
	<p>5. Duty of Candour A draft milestone plan was presented with the caveat that some key stakeholders had not yet been consulted. A discussion centred around ownership of this issue; with the Medical Director and Director of Nursing espousing the view it sat within the Patient Experience domain. It was agreed to take the issue to the weekly SI meeting and report back to the next QGC.</p>
	<p>6. Infection Prevention and Control Assurance The re-occurring issue of microbiologist provision was discussed.</p>

	<p>Provisional arrangements were satisfactory, but there was an issue about achieving representation on statutory committees. This would be managed.</p> <p>The upward report requested that this issue be escalated to the Board; however, it was felt that there was no further granularity to be added by escalating to the Board.</p>
	<p>7. DIPC Annual Report</p> <p>The Annual Report was received by attendees with little opportunity to review. The NED's requested that the Report was brought back to the next QGC.</p>
	<p>8. QPIQ Assurance Report</p> <p>Chair abandoned the meeting on Thursday 8th September due to poor attendance and not being quorate. A subsequent meeting was held to determine how to take the meeting forward.</p>
	<p>9. Patient Safety and Clinical Effectiveness Assurance Reports</p> <p>HSMR (June 15 – May 16) is 101.76 SHMI (January 15 to December 15) is 110.99</p> <p>Only alert relates to “syncope & collapse” which is a sign & symptom. This alert is being investigated by the consultants.</p> <p>WHO compliance for the Trust is currently at 98.3%. Sign out not being undertaken is still an issue. A letter is to be sent to all Scrub Nurses informing them of the correct practice.</p> <p>NatSIPPS - Self-assessments has been achieved in 3 of the 4 key areas: Interventional Cardiology, Interventional Radiology and Endoscopy. The policy document will be presented at CESC.</p> <p>CD Audit - The compliance has improved considerably over the past 2 years. A letter will be drafted to all non-compliant areas.</p> <p>Safety Thermometer - Following Safety Thermometer teleconference it would appear that there is flexibility providing the organisation can demonstrate rationale and consistency. A review will be undertaken with other regional trusts to understand their process for collection before any amendments are made.</p>
	<p>10. Quality report</p> <p>HSMR YTD is in line within expected limits. In month May 16 HSMR has decreased by 13.1 to 88.2. HSMR YTD Alerting diagnosis groups are:</p> <p>Syncope and collapse: The coding of this diagnosis group is being investigated as this is a sign and symptom code. The notes have been sent to the respective Consultant for confirmation of the Main Condition Treated.</p> <p>SHMI has decreased in line with HSMR in the reporting period of Jan 2015 to Dec 2015 is 110.99. Alerting Diagnosis for SHMI; due to the time lapse in SHMI reviews were carried out for these alerts when these diagnosis alerted in HSMR. ULHT are working with the CCG's to assess the out of hospital mortality.</p> <p>Crude - against National average (time period: Jun 15 – May 16) ULHT are higher by 0.23%. ULHT's average is 1.64% for this time period. ULHT's crude mortality for year to date has decreased to 1.61%. In comparison of our HSMR to our peers ULHT are now in the middle of the group.</p> <p>Safety Thermometer New Harm Free Care is 98% Falls</p>

	<p>Falls with harm have reduced by 0.24 from previous month Pressure Ulcers A paper will be presented at Patient Safety Committee detailing lessons learnt for the SI's that have occurred to ensure lessons learnt</p> <p>Infection 3 C. Diff 0 MRSA Hand Hygiene 90% compliance Sepsis 70% compliance with sepsis bundle 40% compliance with IVAB Numerous strategies ongoing including Sepsis Nurses business case agreed, sepsis bundle to be on eCOBS, PGD has been signed off at the PGD committee.</p> <p>11. Quality Report issues to be escalated to Trust Board. There were no issues from the Quality Report to be escalated to the Board.</p> <p>12. Patient Experience A verbal update was provided based upon the report due to the Trust Board. An increase in complaints in august, but not to the extent alerting. Compliments to complaint ration at 28:1. A concern was raised that come mobile phone providers are displaying messages saying that FFT responses cost £1.50 per text. This was to be investigated.</p> <p>13. Adverse Incidents Between 1st and 31st August 2016, 4 incidents were reported on STEIS. The Trust currently has 36 SI's categorised as "open" on the ULHT SI Tracker and 7 pressure ulcer SI's. There were no Never Events in August 2016. A total of 1191 records were reported on the Trust Incident Reporting System, these were either reported as Incidents, near misses or issues/concerns.</p> <p>14. Integrated Strategic Risk Register/ BAF 17 new risks were added to the risk register in August. The number of current risks on the risk register now stands at 538. The Corporate Risk Register (defined as any risk with a risk score >15 in the ULHT Risk Management Policy and Procedures) currently contains 92 risks. 17 risks were removed from the risk registers The committee was asked to approve the current Corporate Risk Register and to note the progress made to improve the risk management processes for the Trust.</p>
	<p>15. Reporting of Injuries Diseases and Dangerous Occurrences Concern had been raised at a prior committee regarding the number of incidents reported under RIDDOR at the PHB site. A paper was presented to the committee reviewing the incident reported under RIDDOR in the last quarter. The investigation by the Health & Safety Team could not identify any direct links as to why PHB is reporting more than other sites, though it did identify the following causative factors; low staffing, reliance on Bank / Agency; and work pressures.</p>
Risks to refer to risk	No new risks were identified at this meeting.

register	
Issues to escalate to Board	None
Challenges and exceptions	Nothing was noted which affects the ability of the meeting to carry out its duties.
Future exceptional items	
Recommendations`	The Board is asked to note the contents of this report.

Attendance

Voting members

Mr Paul Grassby, (Chair) Non-Executive Director
 Ms Gill Ponder, Non-Executive Director
 Suniel Kapadia, Medical Director.
 Michelle Rhodes, Director of Nursing

Non-voting members

Ms Penny Snowden, Deputy Chief Nurse
 Ms Jennie Negas, Deputy Chief Nurse
 Mrs Karen Sleight, Head of Strategy
 Mr Andrew Quarmby, Risk Manager
 Ms Bernadine Gallen, Quality & Safety Manager
 Mr Colin Costello, Chief Pharmacist
 Mr A Roebuck, Consultant Nurse Cardiology/ Associate Chief Nurse
 Mrs Clare Pearson, Business Change Manager

In attendance

Mrs Kate Casburn, Secretary (minutes)