

Report to:	Trust Board
Title of report:	Quality Governance Committee Upward Report to Board
Date of meeting:	31 st May 2016
Status:	For Information/Discussion
Chairperson:	Ms Penelope Owston
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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. Adverse Incident Report The Risk Manager presented the adverse incidents report for the period to April 2016. There is a downward trajectory of reporting on STEIS. The delayed reports to the CCG are also reducing. There were no Never Events reported in April. Due to the tight time period in reporting there is not sufficient time to commence preliminary investigations and so unable to comment if the grading is appropriate. A time lapse is being discussed to ensure accurate reporting. It was noted the report did not contain evidence of lessons learnt, this to be incorporated in future reports.</p> <p>2. Risk Register The Risk Manager presented the Risk Report. 17 new risks have been added to the risk register and 12 were removed. The committee were made aware a new process was being implemented, this to be discussed at the June meeting.</p> <p>3 Information Governance Report The Trust has successfully completed the Information Governance Toolkit Compliance and has achieved a minimum of level 2 in all areas. The Trust is therefore currently IGSoC (IG Statement of Compliance) compliant. The Trust has improved their score by 6% overall with more areas achieving a level 3 assurance than the previous year.</p> <p>4 Infection Control There is a National CQUIN for 16/17 to vaccinate 75% of frontline staff, the three main areas to try and increase uptake to include peer to peer vaccinations, attending training events and having central points for staff to go to for vaccinations. The Antimicrobial Lead has been in discussion with the Medical Director to increase Medical membership at the Antimicrobial Meetings.</p> <p>5. Patient Safety and Clinical Effectiveness Committee report. The committee received the upward report from Patient Safety and Clinical Effectiveness Committee. The incident with Formaldehyde has been resolved and there are now designated storage areas in place to prevent this incident from reoccurring. This investigation was praised and</p>

	<p>would be good to share with our colleagues. Trust HSMR, both for the rolling 12m to January 2015 and year-to-date are within national expectations. SHMI is outside control limits for the latest data available. The committee noted the improved performance with WHO, VTE and NICE.</p>
	<p>6. Quality Report The committee approved the Quality Report. Discussion took place around the work that was ongoing with ULHT and the wider community to investigate the reasons for the high out of death SHMI and deaths within 24 hours. An additional paper was submitted to highlight the methodology to calculate falls per 1000 bed days was inaccurate. The methodology included low harm, however, this data should not have been included in the methodology. With the new methodology applied we do not appear to be such an outlier – national average was calculated over a single month as 0.19 whereas we vary from 0.19 to 0.35.</p>
	<p>7. Medical Revalidation The Trust appraisal rate at the end of the fourth reporting period of 2015/2016 was 84%.</p>
	<p>8. Patient Experience The content was noted. Discussion around sharing information and potentially a reduced report to be forwarded to other committees to ensure lessons learnt. Dr Kapadia / Penny Snowden to speak to Jennie Negus on how key messages are disseminated to staff in relation to complaints and FFT.</p>
	<p>9. Safeguarding A review of Safeguarding is proposed which will be discussed at ET on the 13th May. The purpose of this review is to undertake an assessment of the safeguarding services for adult and children at ULHT.</p>
	<p>10. Quality Account The Quality Account is still in draft format and has not been forwarded for consultation. BG to send an updated draft format to CCG by Thursday.</p>
Risks to refer to risk register	No new risks were identified at this meeting.
Issues to escalate to Board	<ol style="list-style-type: none"> 1. Fire Training – to agree if the current face to face training is appropriate as it does not incorporate the different evacuation processes which is a key factor depending on each site. Also if eLearning is an option. 2. Quality Account is still in draft format and needs to be submitted by the 31st June to NHS Choices.
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

Ms Penelope Owston (Chair), Non-Executive Director and Trust Deputy Chair

Dr Suneil Kapdia, Medical Director

Mr Tim Staniland, Non-Executive Director

Non-voting members

Mr Andrew Quarmby, Risk Manager

Mrs Penny Snowden, Deputy Chief Nurse (GDH)

Ms Bernadine Gallen, Quality & Safety Manager

Mr Michael Foreman, QSO

Mrs Sarah Southall, Deputy Chief Nurse LECCG

In attendance

Ms Tracey Longfield (DAC Beechcroft)

Mrs Elaine Walsh, Secretary (minutes)