

Report to:	Trust Board
Title of report:	Quality Governance Committee Upward Report to Board
Date of meeting:	29 th March 2016
Status:	For Information/Discussion
Chairperson:	Ms Penelope Owston
Author:	Dr Stephen Cross

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. Infection Prevention and Control Committee assurance report The Committee noted the report from Infection Prevention and Control and welcomed the lower-than-trajectory annual level of <i>C. difficile</i> infections. Norovirus continues to be problematic on wards and actions in response were considered. Key decisions taken at IPC committee were the restriction of two Isolation rooms on ITU in respiratory isolation; water safety training to be arranged across the Trust; protocol for blood cultures and tighter safety in food sharing on wards, including cake-baking.</p> <p>2. Patient Safety and Clinical Effectiveness Committee report. The committee received the upward report from Patient Safety. Improvement in the e-Cobs system were noted, which included a system to alert clinicians to the requirement for the Sepsis 6 care bundle. Mortality measured by HSMR is lower than the national mean for the latest period available, though SHMI is higher than expected. The in-patient SHMI, however, is within expected limits. WHO compliance metrics were reported for each site and were in the range 93% (LCH) to 100% (GDH). The committee approved a rapid transfer protocol for PPCI patients.</p> <p>3. Quality Performance and Improvement Committee report. The committee noted the upward report from QPIC and the discussions held with regard to the role of the committee. It was noted that some Business Unit governance meetings had not taken place, though speciality meetings in most cases are held regularly. Further action is underway to address this issue and refine the functioning of this committee.</p> <p>4. Quality Report. The committee received and approved the Quality Report from the Board. A revised format, including key metrics, benchmarks and trajectories was presented by the Quality and Safety Manager and welcomed by the committee.</p> <p>5. Staffing Red Flag report. The committee reviewed report from the Director of Nursing describing</p>

	<p>the systems in place to escalate staffing concerns to the Board. Details of the system were provided with example reports. Key recommendations are to continue to use the red flag system, though some refinements were under consideration (including Ward Accreditation), and to continue to hold Heads of Nursing to account for compliance and data integrity.</p>
	<p>6. Adverse Incidents assurance report. The Risk Manager presented the adverse incidents report for June 2015. Reports continue to highlight staffing concerns and the incidence of patient falls. Serious Incident investigations that have been completed were noted. The recent spike in incidents of post-partum haemorrhage was noted and discussed; the Serious Incident group has requested further assurances from Maternity Risk management. There were no Never Events during the period. The committee noted that the HSE has now dropped one of the two extant charges against the Trust in respect of Risk Assessment relating to the use of hoist equipment.</p>
	<p>7. Risk report. The Risk Manager presented the Risk Report for June 2015. 11 new risk were added to the register in February and 24 risks removed. The Chief Executive highlighted that the risk register must be used to lead to improvement or risk becoming a static list. The risk manager reported on discussion under way to support executive oversight and engagement in risk management which will come to this committee at a later date.</p>
	<p>8. CQC Compliance Committee report. The Director of Nursing presented an upward report from this committee outlining current assessments of compliance with CQC regulations. It was noted that compliance should be more robustly assessed within the Trust than might be expected at CQC inspections and that some areas, including staffing and premises, are especially vulnerable. This paper will also be presented for discussion at Executive Team.</p>
	<p>9. “Learning from Mistakes” league table The Head of Quality Governance presented a league table compiled by Monitor and the TDA assessing Trusts for learning behaviour. The table is compiled using data from the National Reporting and Learning System (NRLS) and the National Staff Survey. Changes to NRLS uploads from the Trust made in 2015 have adversely affected Trust rankings – this has been corrected and the committee was assured that reporting levels at ULHT are acceptable. Staff assessments of organisational learning and behaviour also impact the rankings; it was agreed to refer these to HR and OD for action.</p>
	<p>10. Lincolnshire Diabetic Eye Screening Programme – quality assurance visit. The committee noted the report and referred the recommendations through the Medical Director to the Ophthalmology lead. <i>Post meeting note: Mr Gupta has provided assurances that recommendations have been actions and are in train.</i></p>
	<p>11. Other Business. 11.1 The committee reviewed a comprehensive report on falls progress from the Deputy Chief Nurse (GDH). 11.2 Findings and recommendations from an external review of Housekeeping were presented and discussed. It was noted that costs of recommendations were high and that the Executive Team were asked to</p>

	support additional investment in order to achieve compliance with key statutory obligations.
Risks to refer to risk register	No new risks were identified at this meeting. No changes in risk assessment on the Board Assurance Framework (BAF) were made.
Issues to escalate to Board	<ul style="list-style-type: none"> • Spike in Maternity incidents (under investigation) • Use of Risk Register as a tool for improvement required • Investment in housekeeping required
Challenges and exceptions	Nothing was noted which affects the ability of the meeting to carry out its duties.
Future exceptional items	None
Recommendations`	The Board is asked to note the contents of this report.

Attendance

Voting Members

Ms. Penny Owston, Non-Executive Director (Chair)

Mr Tim Staniland, Non-Executive Director

Mr Jan Sobieraj, Chief Executive Officer

Dr Suneil Kapadia, Medical Director

Ms Michelle Rhodes, Director of Nursing

Members

Dr Stephen Cross, Head of Quality Governance

Ms Penny Snowden, Deputy Chief Nurse (GDH)

Ms Jennie Negus, Deputy Chief Nurse (PHB)

Mr Andrew Quarmby, Risk Manager

Ms Bernie Gallen, Quality and Safety Manager

In attendance

Ms Diane Hallat, DAC Beechcroft

Ms Kate Casburn, Minutes