

Report to:	Trust Board
Title of report:	Quality Governance Committee Upward Report to Board
Date of meeting:	26 th July 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. Action Log 156/16 – The Fire Safety Advisor attended to brief potential changes to Fire Safety Training. Recent fires at GDH and PBH led to an inspection by the Fire and Rescue service, at which a formal action plan was issued requiring a TNA to be developed. This will facilitate the development of requirements for Fire Safety Training that are role specific. The committee was assured that out of recent incidents will arise plans for role specific training regards Fire Safety Training.</p>
	<p>2. Infection Control The committee noted and discussed the outbreaks of C-diff in Hatton Ward. The committee noted the lapses in care identified in the investigation into this outbreak (as well as the issues that went well) The committee acknowledged the following:</p> <ul style="list-style-type: none"> • Quality of Water Services at Louth • High levels of TVCs from water testing at M1 and M2 at PHB. • The lack of provision of microbiologists across the Trust. <p>The committee was briefed on a three month trial on several areas whereby housekeeping staff have been managed by a cleaning supervisor rather than ward staff. An improvement on ServiceTrac scores has been seen, but a formal evaluation will follow. The committee was not assured regards water safety across the Trust and requested an update to the next month's meeting from Path Lincs. The committee wished to escalate to the Board the lack of provision of microbiologists across the Trust.</p>
	<p>3. Medicines Safety Report. The committee noted and discussed the Medicines Optimisation and Safety Committee upward report. The committee noted the planned installation of the aseptic isolators in mitigation of the extant risks. The committee noted risks to income for the Trust relating to certain CQUINs; namely NHSE National Antimicrobial CQUIN whereby increasing patient activity over 2 years will make the targets difficult to achieve and</p>

	<p>National Chemotherapy Dose Banding CQUIN whereby a delay in full achievement of SACT data compliance via Varian Aria electronic prescribing with associated financial penalties from NHSE.</p> <p>The committee noted that Medical Gas storage audits have highlighted storage risks at Louth Hospital. These risks are being managed at the Medical Gas Committee and are captured on the risk registers.</p> <p>The committee was made aware that funding has been identified within Pharmacy budgets for temperature mapping of storage areas. This is needed for the application for Wholesale Dealers and Controlled Drugs Licences. This funding has not yet been released.</p> <p>The committee agreed to escalate the necessity to release the funding to the Board.</p>
	<p>4. Safeguarding</p> <p>The upward report from the Safeguarding committee was presented. The committee was briefed that an external peer reviewer was reviewing governance arrangement and a report was likely in September 2016. The committee reviewed the following:</p> <ul style="list-style-type: none"> • The Mile Bradbury Action plan • The role and functions of the Local safeguarding Children’s Board.
	<p>5. Patient Safety and Clinical Effectiveness Committee report.</p> <p>The committee received the upward report from Patient Safety and Clinical Effectiveness Committee.</p> <p>The frequency of competency assessment for all tasks except blood collection to a single one-off assessment.</p> <p>Blood Tracking - Still being reviewed by Capital Investment Programme Board.</p> <p>2 G&S sample rule will be implemented from August 1st 2016.</p> <p>Time2Talk to be rolled out by 2017</p> <p>HSMR - Trust 101.46 YTD (March 94.74) within acceptable levels</p> <p>SHMI - Jan 15 – Dec 15 110.99 decreasing</p> <p>WHO -98.7% compliance for the Trust</p> <p>NICE compliance is improving and only 1 guidance awaiting for lead consultant.</p> <p>Sepsis – Compliance with IVAB still not at the level required but numerous initiatives developed. A business case for sepsis nurses at Lincoln & Pilgrim A&E has been developed. In discussion with EMAS to commence the sepsis bundle, outreach reviewing notes coded as sepsis, eLearning package going live.</p> <p>6. Quality Report</p> <p>The committee approved the Quality Report and noted the following:</p> <p>HSMR YTD 101.45 (month March 94.74)</p> <p>Lincoln 111.93 – alerting (last 2 months 101/102)</p> <p>Pilgrim – 94.03</p> <p>Grantham 80.84</p> <p>SHMI – alerting</p> <p>Alerting Diagnoses – Sepsis & Perinatal</p> <p>Pulmonary Heart Disease & Liver alerting for the past 2 months, if still alerting next month a plan will be devised at PSC.</p> <p>Mortality reviews ongoing with reviews graded as suboptimal escalated to MoRAG.</p> <p>Safety Thermometer – within national limits</p>

	<p>Falls – increase overall number of falls but decrease of falls with harm Pressure ulcers – 5 cat ¾ pressure ulcers, currently reviewing avoidable / unavoidable CAS alert received regarding deteriorating patients, this is also on the risk register.</p>
	<p>7. Patient Experience The committee received the upward report from Patient Experience Committee. The committee noted that the Patient Experience Strategy is being progressed and the expectation is that it will be signed off by September 2016.</p>
	<p>8. Adverse Incident Report The Risk Manager presented the adverse incidents report for the period for June 2016. The Trust reported one Never Event in June 2016 relating related to the use of a 32mm ceramic insert, rather than a 36mm insert, in a total hip replacement. The Deputy Chief Nurse briefed the committee on the work done in aggregating the assurances required from the CCG. The committee noted that a CQC Inspection Project Manager had started with the Trust and an element of the role was to set up working groups to improve compliance with DoC regulations. The committee was not assured that there was a broad understanding of Duty of Candour obligations amongst employees.</p>
	<p>It was noted that with the departure of the Director of Nursing at 16:30hrs the committee was no longer quorate.</p>
	<p>9. Risk Register The Head of Strategy briefed the committee that the executive responsibility for Risk had moved to the Directorate of the Deputy Chief Executive and presented the updated picture of risk across the Trust. The discussed the top 10 risks presented in the report and the Chair noted that all had been reflected in previous business; though it was agreed there was a lack in progress in mitigating the risks extant. The committee requested further assurance regarding them mitigation of the risks associated with violence and aggression.</p>
Risks to refer to risk register	
Issues to escalate to Board	<ul style="list-style-type: none"> • Consultant Microbiologist / Infection Control Doctor provision at ULHT • Louth water quality • Levels of TVC on M1 & M2 at Pilgrim Hospital • Release the funding for fridge temperature mapping to support application for Wholesale Dealers and Controlled Drugs Licences.
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

Mr Tim Staniland, Non-Executive Director

Non-voting members

Mr Colin Costello, Chief Pharmacist

Mr Andrew Quarmby, Risk Manager

Mrs Penny Snowden, Deputy Chief Nurse (GDH)

Mrs Jenny Negus, Deputy Chief Nurse (PHB)

Ms Bernadine Gallen, Quality & Safety Manager

Mrs S Southall, Deputy Chief Nurse LECCG

In attendance

Ms Tracey Longfield (DAC Beechcroft)

Mr Keiron Davey, Fire Safety Advisor (Action log only)

Mrs Karen Sleigh, Head of Strategy