

Report to:	Trust Board
Title of report:	Quality Governance Committee Upward Report to Board
Date of meeting:	26 th October 2016
Status:	For Information/Discussion
Chairperson:	Ms Penelope Owston
Author:	Bernadine Gallen

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. CQC Update</p> <p>The Trust has received 8 enforcement notices to date. These consist of</p> <ul style="list-style-type: none"> • Lack of Assurance regarding the robustness of Major Incident Management • There is a lack of a risk assessment regarding ligatures in the accident and emergency departments at LCH and PBH therefore not providing assurance that there is awareness of the potential for self-harm in the department • There is a lack of clinical guidelines regarding the care and treatment of mental health patients in Accident and Emergency at LCH • The lack of a 24-7 GI bleed rota poses a patient safety risk to those requiring a GI Bleed Pathway • There is a lack of robust clinical policies and processes at PHB regarding the care of patients with tracheostomy • There is a lack of assurance regarding safe care provided to a patient on Ward 6A at PHB who received administration of Lorezapam • There is a lack of assurance of having appropriate staff caring for patients who require non invasive ventilation • There is lack of assurance that patients with sepsis receive adequate care and treatment in accordance to the Trust Clinical Pathway <p>Action plans are currently being developed for each enforcement action which needs to be submitted by 4pm on Wednesday 26th October 2016.</p> <p>2. Infection Prevention & Control Assurance Report</p> <p>The provision of Consultant Microbiology is still a major concern. It has been added to the risk register. There is also no presence from the consultant microbiology at the water safety group which is mandated nationally. A candidate has been interviewed for the WTE Consultant Microbiologist post and offered the position. The candidate has verbally accepted, but is currently working overseas and is required to work 6 months' notice period.</p> <p>Ongoing issues with Louth water safety, the Trust has written formally as ULHT authorising engineer is not satisfied with what they are providing. Blood culture contamination rates consistently remain above the DH recommendation of 3% , at 6.36% in September. Requested that improvement plans are developed by each site IPC group and monitoring of progress will be through Trust IPC committee</p> <p>3. Safeguarding</p>

<p>This item to be moved to the November meeting</p>	<p>4. Patient Safety and Clinical Effectiveness Assurance Report A contract for the upgrade of Blood Transfusion Tracking has been signed and is due to be installed and fully operational by February 2017. This will not solve the current issues at Louth. A plan is to be presented at the next update at PSC. The introduction of 2 G&S samples for new patients has commenced on August 1st and there was no evidence of increased use of O D-negative. HSMR year to date position for ULHT is within expected limits. The Trust has 33 SI's categorised as open on ULHT's SI Tracker. The report requires greater input around moderate harm reporting. The Trust were 96.35% compliant for VTE risk assessment (trajectory 95%) Analysis of incidences of pressure ulcers per 1000 bed days is displaying a downward trajectory. Requested to add in how we compare nationally. WHO compliance for September is 97.37%. It was noted that the sign out section of the checklist is still proving to be problematic. The number of cardiac arrests at ULH continues a downward trend since 2013 with the largest reduction being in 2015. The backlog of NICE guidelines for Neonates and Paediatrics is improving; discussions were ongoing with Obstetrics/Gynaecology. Technology Appraisals (TA), have improved but ongoing improvement required. eOBS has been rolled out in all areas at Pilgrim and was currently being rolled out at Grantham. The project is running ahead of schedule and to cost. The SI Tracker provides the Trust with assurance that all Serious Incidents action plans are completed. Since June 2015 compliance with action plans submitted is 86.54% for SI's and 60.61% for SLE.</p>
	<p>5. Quality Report Trust HSMR (Jul 15 – Jun 16) is 101.31, LCH is an outlier at 114.84, Pilgrim and Lincoln are within expected limits. Only alerting diagnoses is syncope (4 deaths) The coding of this diagnosis group is being investigated as this is a sign and symptom code. The patients have been sent to the respective Consultant for confirmation of the Main Condition Treated. Current SHMI reporting period (Jan 15-Dec 15) show that ULHT has decreased to 110.99 . In hospital deaths are in line with HSMR at this time period. The number of out of hospital deaths remains elevated. The CCG and ULHT are discussing this at the mortality summit. Harm free care for September is 96.77% (this includes falls in the community , of the 11 falls 7 were pre admission. In September we have seen an increase in the number of falls reported on the Pilgrim site (for falls with harm and no harm) and low/ no harm falls on the Lincoln site which has led to a spike in the overall Trust figure. Heads of Nursing and Consultant Nurse for Frailty to develop a tailored plan. There were 3 cat 3 / 4 pressure ulcers for September. We have requested a benchmark to assess how we compare nationally as the safety thermometer data is demonstrating ULHT as being within normal limits. Hand hygiene- overall trust compliance is at 99% Clostridium difficile – 26 cases for year to date (Trajectory is 59) MRSA bacteraemia - 0 cases to date (Trajectory 0) Lincoln & Grantham are achieving 88% – 89% for commencement of</p>

	<p>sepsis bundle but Pilgrim are still struggling and achieved 50% in September. All sites require improvement for IVAB within 1 hour. Sepsis nurses being seconded in the interim prior to the substantive posts.</p>
	<p>6. Patient Experience There are currently zero overdue complaints. The number of complaints responded to within timescale is showing a continual upward trajectory. Since the backlog of complaints has been cleared the team will commence surveying complainants during this 30 day closing period using a survey format developed by the PHSO and NHSE which is currently being nationally piloted. This will enable us to measure and understand complainant experience and potentially 'formally close complaints sooner than in the current 30 day time period. The ratio on compliments vs complaints for September is 28:1. During September the Trust received 11,450 FFT ratings and 9,956 comments; response rates overall are good and within national averages; however the Trust is currently within the 10% of lowest performing Trusts in terms of percentage recommends. Currently the trust is undertaking 4 of the mandated national patient surveys.</p>
	<p>7. Adverse Incidents And Lessons Learned Report Seven incidents were reported externally on the Strategic Executive Information System (STEIS) in September. There are 33 open SI's and 11 pressure ulcers. There are 23 investigations beyond their deadline. There are also 40 SI's which the CCG require further assistance. Of 170 incidents reported with a severity of Moderate or above during September, 32 incidents had been identified on DATIX as requiring Duty of Candour. The risk team are clarifying how the evidence can be collected. The executive team are meeting regularly with the CCG to improve communication and processes. The hearing for HSE's prosecution of the Trust relating to the fall of a patient from a hoist has been relisted for the April 2017. 8 incidents were reported to the Health and Safety Executive under the RIDDOR in September. 16 new risks were added to the risk register in September, the committee requested greater information around mitigation and why risks were closed. There is currently a review of risk management and are identifying areas for improvement. The committee were not assured around the current risk register but were assured that it was being addressed.</p>
	<p>8. Integrated Strategic Risk Register/ BAF The items on the BAF to remain</p>
	<p>9. Maternity Dashboard The maternity dashboard has been revised in conjunction with the CCG. There are discussions to have a regional and a national maternity dashboard to enable benchmarking. Currently the data is collected manually but plans for an IT system for all pathways to be electronic which will make the data collection more robust.</p>
	<p>10. Trust R & D Committee Terms of Reference and update on change of name Currently the committee did not feel the name change reflected the core duties. To be resubmitted next month with changes.</p>
	<p>11. Exception quality report to Trust Board</p>

	3 month trial to commence in November to consist of the quality report and exception report to go to Quality Governance Committee, exception report to go to FSID and Trust board.
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. Consultant Microbiologist provision 2. Louth water safety 3. SHMI 4. Sepsis 5. Risk
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

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

Tim Staniland, Non-Executive Director

Jan Sobieraj, Chief Executive

Paul Grassby, Non –Executive Director

Jennie Negus, Deputy Chief Nurse

Kate Truscott, Non- Executive Director

Suneil Kapadia, Medical Director

Non-voting members

Sue Bennion, Head of Midwifery

Sarah Southall, Deputy Chief Nurse LECCG

Karen Sleight, Head of 2021 Change Programme

Bernadine Gallen, Quality & Safety Manager

Ms Diane Hallatt, (DAC Beechcroft)

Jennie Negus, Deputy Chief Nurse

Aaron Bahandra, Patient Experience Lead