

Report to:	Trust Board
Title of report:	Quality Governance Committee Upward Report to Board
Date of meeting:	29 th November 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>Infection Prevention Committee Upward Report The Secretary of State announced they would be initiating a programme of work for IPC which will be on the quality programme next year. Flu vaccination - Need to achieve 75% compliance with flu vaccination for CQUIN, the Trust need to vaccinate another 1,300 front line staff to achieve this compliance. Blood culture contamination - Trust wide contamination rates consistently remain above the DH recommendation of 3%. The chief Nurse has visited Wolverhampton and they shared the improvements they have made which will be shared at ULHT. Ongoing issues with Louth water safety, the Trust is planning to write formally as ULHT authorising engineer is not satisfied with what they are providing.</p>
	<p>Patient Safety Committee Upward Report There were IT issues so not all agenda items were discussed and these will be rolled on to the December agenda. Time2Talk will be rolled out across the 3 sites by 2017. Mortality Report – rolling 12 month data for the trust is with limits of 103, monthly HSMR below expected. Sepsis – presentation by the Trust sepsis lead highlighting current compliance and future developments</p>
	<p>Quality Report Trust HSMR for the past 3 months is below expected (May 99, June 93 and July 97). Lincoln HSMR is on a downward trajectory 107, Pilgrim and Grantham has remained below 100. 2 diagnoses groups showing high mortality at Lincoln – pneumonia and Acute myocardial infarction which will be investigated. New Harm Free Care is 97.76% There is a slight decrease for all falls however there is an increase for falls with harm. Scrutiny panel extended to moderate harms for hot spot areas. Pressure Ulcers - A separate paper has been prepared detailing reasons for the increase at Pilgrim. Infections – not alerting CAUTI – 3 CAUTIs reported, ULHT also insert more catheters that national benchmark. Compliance with catheter protocols / policy is not always evident. QG requested a report on compliance for February 2017.</p>

	<p>Sepsis – accountability for non-compliance with protocol and policy requires addressing at the sepsis meeting. Sepsis nurses are seconded until the substantive posts are in place. Training by the clinical education team will commence on the 1st Dec. eBundle pilot will be going live over the next few weeks.</p>
	<p>Electronic Discharge Document (eDD) There is a historical issue with compliance of sending eDD within 24 hours of discharge. A committee was developed with the medical Director as chair to help improve compliance. An amnesty was being discussed when it was discovered there were a large proportion of eDDs archived if they were 9 months or older. Of these 7,000 have not had a subsequent admission. The CCG have been made aware of our findings. The plan is to send these historical eDDs to the GP so they are aware the patient has been in hospital. The committee is trying to improve compliance but the current system is very time consuming and it is an ongoing issue. Until ePrescribing or a new eDD system is in place this will be an ongoing problem for the Trust. QG require an assurance report in Feb 2017.</p>
	<p>CQC A draft milestone plan has been developed for the 8 notices received to date. This plan will be monitored at the CQC committee. We are expecting the draft report 4th Jan 2017 and we will have 10 days to respond.</p>
	<p>Safeguarding A visit is planned to Peterborough in December to observe their safeguarding committee and discuss their reporting KPI's. The Joint Targeted Area Inspection (JTAI) evaluated the multi-agency 'front door' for child protection plus a 'deep dive' investigation. A provisional report has been received for accuracy and comments have been made by ULHT.</p>
	<p>QPIC Revised ToR were presented – minor changes to be made and the committee will approve the ToR.</p>
	<p>Pressure Ulcers – Pilgrim The report demonstrates that there is an increasing trend in pressure ulcers at Pilgrim but this is not associated with hospital acquired. This will be raised with the executive Nurse in CCG. We also need to ensure we identify patients when they arrive in A&E as there is compliance issues with the completion of the Anderson Tool.</p>
	<p>Fragile Services There was no one to present the report and the committee felt that there needed to be more triangulation of data. The Director of Nursing to feedback to the Director of performance & Improvement.</p>
	<p>Medicines A joint investigation is underway with St Barnabas Hospice into an incident involving esketamine. Aseptic isolator cabinets are now procured and being built, installation is anticipated at PHB in December and at LCH before the end of the financial year.</p>
	<p>Adverse Event RSM is helping to review the incident management system. The team are reviewing the reports to ensure greater intelligence is reported and looking at themes / key areas.</p>

	<p>Duty of Candour still requires greater analysis and reporting functionality to be improved.</p> <p>In October there were 16 new risks added to the register. The committee required greater clarity on the definitions used.</p>
	<p>Information Governance</p> <p>IG team will be line managed by the IT team.</p> <p>Failure to meet the 40 day Subject Access Request timeline will impact the IG toolkit score by 1% and drop to a level 1 becoming unsatisfactory.</p> <p>Concerns regarding the information security assurance series of the toolkit.</p>
	<p>H&S Report</p> <p>To note</p>
	<p>Patient Experience</p> <p>The response within agreed timescale has increased to 86% which is a huge improvement. The Deputy Chief Nurse has also won an award for her work.</p>
	<p>Security</p> <p>92% of staff complaint with conflict resolution. The Police now have a deployment threat assessment policy (THRIVE) and they are expecting us to deal with low level incidents of violence and aggression with our security staff and this is problematic with often only having one security officer on duty increasing the risks to not only our security officer but staff and service users.</p>
	<p>Revalidation</p> <p>91% of medical staff have had an appraisal which is a huge improvement. The Local Medical Decision Making Group (LDMG) meets weekly to review the current position of Doctors in Difficulty cases. To improve the timeliness and quality of Medical Investigations within the Trust a two-day Case Investigator Training event was delivered by NCAS in early November.</p>
Risks to refer to risk register	
Issues to escalate to Board	<p>Water issues at Louth</p> <p>Accountability of compliance with CAUTI / Sepsis / blood cultures processes and policy</p>
Challenges and exceptions	<p>Nothing was noted which affects the ability of the meeting to carry out its duties.</p>
Future exceptional items	
Recommendations`	<p>The Board is asked to note the contents of this report.</p>

Attendance

Voting members

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

Tim Staniland, Non-Executive Director

Richard Andrews, Deputy Medical Director

Michelle Rhodes, Chief Nurse

Non-voting members

Karen Sleigh, Head of 2021 Change Programme

Bernadine Gallen, Quality & Safety Manager

Leanne Martin, Risk Coordinator

Colin Costello, Chief Pharmacist

Nicola Parker, Beecham Croft

Kate Casburn, minutes