

Report to:	Trust Board
Title of report:	Quality Governance Committee Upward Report to Board
Date of meeting:	29 th March 2017
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	Infection Prevention & Control The physiotherapy pools have temporarily suspended their services until a risk assessment has been completed. C. Diff – the Trust is nearly at its ceiling for the year. PHE informed the Trust of 3 TB cases. Information regarding contacts were obtained and a meeting was held with all stakeholders on Thursday 16th March. Health and Safety and Occupational Health are involved. A DATIX has been reported and a SI investigation will commence.
	DKA SI An overview of the DKA SI was presented to the committee by the Deputy Director of Nursing. There is a detailed action plan.
	Quality & Safety Improvement Plans There are 17 safety improvement plans aligned to the CQC draft report. The aim is to help us develop a safety culture. The executive board will meet to review progress. An exception report will be presented to board. A monthly progress report on areas pertinent to Quality Governance will be required.
	Ward Accreditation The Deputy Director of Nursing gave an overview of ward accreditation and we are currently reviewing the metrics required. We will be aligning the SQD which will be the ward accreditation indicators and Ward Health Check will be the ward accreditation pulse check.
	Q3 CQUIN Sepsis, Flu and Adult Critical Care Timely Discharge will only achieve partial payment. The remaining CQUINs we are in line to achieve full payment however we are still waiting on official confirmation from the specialised commissioners.
	Patient Safety and Clinical Effectiveness Assurance Report NatSIPPs All identified clinical areas are demonstrating progress and additional specialties have been instructed to complete gap analysis. Endoscopy are able to evidence full compliance and in view of this and broader progress

	<p>the committee agreed to report compliance against CAS Alert from March 2017.</p> <p>WHO Compliance For the month of February compliance deteriorated to 98.18%; There were 6 episodes of were non-compliance (all at Lincoln).</p> <p>Safety Thermometer Safety Thermometer methodology was discussed. ULHT wrote to Lincolnshire East CCG that with immediate effect 'Falls Before Admission' will be excluded from data collection, drawing ULHT into line with Sherwood Forest, Nottingham and Peterborough Hospitals. We have received confirmation from LECCG they are happy with our proposal.</p> <p>National Diabetes Audit (NDA) Compliance report Due to data collection issues the organisation is currently non-compliant. Historically data had been collected for this audit using PAS but this functionality was lost through the inception of Medway. A remedial plan has been drafted and progress will be reported through Patient Safety Committee again in June 2017.</p> <p>Quality report</p> <p>Mortality Report HSMR for the period December 15 to November 16 is 102.3%. SHMI for the period July 15 to June 16 is 110.07% which is within acceptable limits.</p> <p>The Trust is not alerting for any diagnosis groups. Lincoln County Hospital are alerting (for two months) for Intestinal Obstruction without hernia, Pilgrim Hospital (for one month) Peritonitis and intestinal abscess. All diagnosis are closely monitored and consecutive alert for more than 3 months automatically initiates in-depth analysis.</p> <p>Observed diagnosis groups, Pneumonia is still the highest; Derek from Dr Foster will be attending the Respiratory Governance Meeting to review Lincoln data.</p> <p>The Trust is undertaking numerous strategies to understand why SHMI data is not aligning to HSMR data, The Lincolnshire Mortality Committee Meeting convened on 22th February 2016 with representation from the CCG and ULHT. Patients who deceased with a zero Charlton Score and who are 75 years of age or above will have a case note review.</p> <p>Derek Smith from Dr Foster will work with information services to review coding across the 3 sites.</p> <p>A further Clinical Coding Masterclass has occurred on 16th March 2017 to provide staff with education in coding, performance, finance and Dr Foster.</p> <p>Mortality Newsletters will commence from April to disseminate lessons learned from MORAG reviews.</p> <p>Sepsis The Committee were given assurance over recent controls introduced to improve performance including E-Bundle and Substantive Sepsis Nurses. E-Learning for Sepsis remains at 71% Intervals between rescreening (assuming previous negative screen) will be extended to 6 hours. This will be included in the revised observation policy and communicated to staff. Harm reviews will be undertaken and these harm parameters are defined</p>
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	<p>as died or avoidable admission to ICU.</p> <p>Quality Account Timetable This timetable was noted</p> <p>Patient Experience Report The report was noted. There have been discussions to increase the focus on actions. The board patient story will focus on dementia care. Discussion around end of life and this theme will be presented at the May board.</p>
	<p>Adverse Incidents and Lessons Learned Report was noted. Version 14 of Datix is currently in test but will potentially take 4 months before it is rolled out. This upgrade will allow better reporting of Duty of candour (DoC). The committee is still not assured of the reporting and processes. The Deputy Director of Nursing will discuss with the Medical Director the potential of writing a letter to each CD and HoN.</p>
	<p>Risk Register The Risk team are still in the process of cleansing the data in the risk register to ensure the information contained is meaningful and completed. In February there were 258 risks closed (254 were estates & facilities), 30 were corporate. Estates and Facilities have carried out an exercise to validate the risks on DATIX. These have now been linked to one of nine core risks. The Risk Team are seeking ongoing assurance when risks are closed. They are also encouraging greater ownership on the shop floor as they need to provide information on what they are doing at speciality governance and feed tis upwards. The risks that need escalating to the board are;</p> <ol style="list-style-type: none"> 1. Vascular Services at Pilgrim 2. Medicine Licence
Risks to refer to risk register	
Issues to escalate to Board	<p>Duty of Candour – reporting and processes DKA SI TB Vascular services and medicine licence</p>
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

Kate Truscott, Non-Executive Director

Pal Grassby, Non-Executive Director

Penny Snowden, Deputy Chief Nurse

Sudhakar Rao, Clinical Director W&C

Non-voting members

Bernadine Gallen, Quality & Safety Manager

Tracy Longfield, Beecham Croft

Jennie Negus, Deputy Chief Nurse

Sarah Southall, Deputy Chief Nurse LECCG

Kate Casburn, minutes