

<b>Report to:</b>	Trust Board
<b>Title of report:</b>	Committee Assurance Report to Board
<b>Date of meeting:</b>	26 <sup>th</sup> September 2017
<b>Chairperson:</b>	Penny Owston
<b>Author:</b>	Bernadine Gallen

<b>Purpose</b>	<p>This report summarises the assurances received and key decisions made by the Quality Governance Committee (QGC). The report details the strategic risks considered by the Committee on behalf of the Board and any matters for escalation for the Board to respond.</p> <p>This assurance committee meets monthly and takes scheduled reports from all Trust operational committees according to an established work programme.</p>
<b>Assurances received by the Committee</b>	<p><b>Intestinal Obstruction without Hernia Mortality Review – not assured as documentation does not support care</b>  <b>SO Ref: 1</b>  There were 25 patient deaths compared to the Dr Foster expected 14 deaths at Lincoln. A case note review was completed on 19 sets of notes. 9/19 (47%) of patients the reviewer deemed the documentation showed more comorbidities than coded. 1/9 (11%) of the patients comorbidities missing would have been included within the charlson score. 6/19 (31.58%) of the patients reviewed were seen and assessed by the palliative care team. 3/6 (50%) of these reviewed patients were not coded as being seen by palliative care in Medway.  <b>Action:</b> Report to be submitted to CMB in conjunction with the previous coding report completed</p> <p><b>eDD deep dive – not assured as not sending 100% within 5 days</b>  <b>SO Ref: 1</b>  eDD has been on the risk register since 2009 and QGC requested a deep dive. There has been improvement with compliance of sending eDDs within 24 hours however we have not reached the target set by the CCG. The eDD system is time consuming to complete. Letters will be sent to Consultants who do not send eDDs within 24 hours.  <b>Action:</b> QGC to receive a report in 6 months to assess the effect sending letters to consultants who are non-compliant.</p> <p><b>Learning from deaths policy – assured as policy updated to align to national guidance</b>  <b>SO Ref: 1</b>  The Learning from Deaths policy will be published by the end of September on the Trusts internet. Medical Director reviewing how we can implement the Medical Examiner role as recommended to complete the reviews within 7 days whereas the Trust allows consultants 4 weeks to complete a review.  <b>Action:</b> Quality &amp; Safety Manager to prepare a paper to Board for November on the recommendations on learning from deaths.</p>

	<p><b>Mortality – assured processes are in place but not assured on learning</b>  <b>SO Ref: 1</b>                  HSMR and SHMI for the Trust within expected limits however Lincoln is continually high.                  Palliative care coding is below the national average. Pilgrim are in line however Lincoln is below the national average. Documentation of comorbidities is still an issue. The ward clerk audit was completed and one ward has developed a check list for the doctors for missing information. Ongoing education with junior doctors.  <b>Action:</b> Documentation and coding will be discussed at CMB</p>
	<p><b>Medication – not assured until pathway report analysed</b>  <b>SO Ref: 1</b>                  Pathway review has been completed and awaiting the report  <b>Action:</b> Report to be presented at QGC as soon as it has been received by the Trust.</p>
	<p><b>Falls – not assured as falls are not reducing</b>  <b>SO Ref: 1</b>                  The incidence of falls per 1000 occupied bed days has increased from 3.15 for 2016/17 to 3.39 for April to August 2017. The incidence of falls with harm remains at 0.25 against a trajectory of 0.19 for the same periods. Falls and falls with harm have increased on both the Pilgrim and Grantham sites, and have reduced slightly on the Lincoln site in August Focused work has been undertaken at Pilgrim through the NHSi Falls Prevention Collaborative on wards 6B and 3B with sustained improvements in performance.</p>
	<p><b>Pressure Ulcers – not assured until see reliable reduction in PU</b>  <b>SO Ref: 1</b>                  The Trust incidence of pressure damage is reducing.                  Analysis of hospital acquired category 3 and 4 pressure ulcers indicates that the incidence is improving however, until the scrutiny panel outcomes are known, it is not possible to determine the magnitude if the improvement in avoidable harm.                  The incidence of category 4 pressure ulcers is decreasing and no category 4 pressure ulcers were reported in August.                  PHB Wards 5B and 8A have reported the highest incidence of hospital acquired category 3 and 4 pressure ulcers.                  GDH has reported no hospital acquired category 3 or 4 pressure ulcers since January 2017.                  NHSI have implemented a pressure ulcer collaborative and have requested ULHT to join.                  Working with the CCG to review the number of patients admitted with pressure damage.</p>
	<p><b>Patient Experience- assured of process</b>  <b>SO Ref: 1</b>                  The patient experience report will not be going to Trust Board however FFT and complaints will be incorporated within the Integrated Performance Report which will go to TB. A scheduled programme will be developed to ensure we are using the data to change behaviour.  <b>Action:</b> A scheduled programme to be discussed at October meeting</p>
	<p><b>Quality and Safety Improvement Programme Progress – assured of process</b></p>

	<p><b>SO Ref: 1</b> A deep dive will be conducted into 2 project each month. The milestones need to be updated to include the 'well led' domains. The first 2 projects will be Pilgrim and Safeguarding with IPC and OPD the following month. <b>Action:</b> deep dive on Pilgrim and Safeguarding to be presented in October meeting.</p> <p><b>Infection Control &amp; prevention – not assured for microbiology cover and water contamination.</b> <b>SO Ref: 1</b> A gap analysis was completed on the hygiene code and the milestone plan is being updated. These will be signed off at the next IPC meeting. A microbiologist has resigned which leaves the Trust in a very difficult position with the potential of no representation at meetings, doing ward rounds. Chief nurse in dialogue with Nottingham and potential for a joint post. The contracting team are reviewing our contract with Pathlinks as the service being provided is not what the Trust requires. Filters on taps have been installed for water contamination at a cost of £1000 for each filter which require changing monthly at Grantham and Pilgrim. <b>Action:</b> A report to be presented to the meeting in October with the long term plan and costings for water contamination.</p> <p><b>Nursing workforce – not assured as agency rate has increased</b> <b>SO Ref: 1</b> The report has already been to TB the previous month. There needs to be a triangulation of posts, agency, fill rates, Bank and overtime. The Trust is reviewing block booking of staff as we need to increase bank staff and reduce agency staff. There are more vacant posts than last year however there is an increase in staff – this is due to the increase in establishment. A review of information is required. <b>Action:</b> MR &amp; BG to meet outside of meeting</p> <p><b>Adverse Incident – not assured as there is a new backlog</b> <b>SO Ref: 2</b> There were 36 SI's reported and 22 agreed. The backlog of historical SI's is reduced to 10 however there is a new backlog. The Trust is linking with LPFT to improve SI process and there is also a governance review.</p> <p><b>Duty of Candour – not assured due to the lack of evidence</b> <b>SO Ref: 2</b> 54% have received an apology however the evidence of the letters are not being uploaded to DATIX. The Deputy Chief Executive has emailed staff who have previously assured the DoC was actioned asking them to upload the letters.</p> <p><b>Research &amp; Innovation Strategy</b> <b>SO Ref: 2</b> The strategy needs to encompass Academic Health Science Network and link in with the university as this strategy will be until 2022. <b>Action:</b> Strategy to be discussed at TB</p>
<p><b>Issues where assurance remains outstanding for escalation to the Board</b></p>	<p>Research and Innovation strategy to be discussed. Learning from Deaths report in November.</p>

<b>Committee Review of corporate risk register</b>	<p><b>Risk Register – Assured working as intended and committee is altering their processes to align.</b></p> <p>The August Corporate Risk Register has 116 risks identified. There are 66 clinical risks identified for Quality Governance Committee. The Committee will be requesting deep dives into the risks that have been on the risk register for the longest period.</p> <p><b>Actions:</b> Risk will complete a deep dive into risks 1825 and 3262 and report findings back at the October meeting. Risk to also review how financial special measures will affect clinical risks for the October report.</p>
<b>Matters identified which Committee recommend are escalated to SRR/BAF</b>	
<b>Committee position on assurance of strategic risk areas that align to committee</b>	
<b>Areas identified to visit in ward walk rounds</b>	Wards 7B and Scampton ward were visited. The non- executive to feedback to Chief Nurse findings.

**Attendance Summary for rolling 12 month period**

<b>Voting Members</b>	<b>J</b>	<b>F</b>	<b>M</b>	<b>A</b>	<b>M</b>	<b>J</b>	<b>J</b>	<b>A</b>	<b>S</b>	<b>O</b>	<b>N</b>	<b>D</b>
Penny Owston, non-executive Director(Chair)					√	√		√	√			
Kate Truscott, non-executive Director							√					
Neil Hepburn, Medical Director					√	√	√	√	√			
Michelle Rhodes, Director of Nursing					√	√	√	√	√			
Mala Rao, non-executive Director					√	√	√	√	√			
Jan Sobieraj, Chief Executive							√		√			
Chris Gibson, non-executive Director									√			
<b>Non-voting members</b>												
Jennie Negus, Deputy Chief Nurse					√	√	√	√	√			
Bernadine Gallen, Quality & Safety Manager					√	√	√	√	√			
Karen Sleight, Head of 2021 (agenda item)					√		√	√	√			
LECCG Representative					√	√	√		√			
Jenny Hinchliffe Lead Nurse Patient Safety						√						
Chief Pharmacist							√	√				