

<b>Report to:</b>	Trust Board
<b>Title of report:</b>	Quality Governance Committee Assurance Report to Board
<b>Date of meeting:</b>	11th October 2018
<b>Chairperson:</b>	Elizabeth Libiszewski , Interim Non Executive Director
<b>Author:</b>	Leon Rudman, Interim Deputy Trust Secretary

<b>Purpose</b>	<p>This report summarises the assurances received and key decisions made by the Quality Governance Assurance 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's response.</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>Lack of assurance in respect of SO 1a Issue: Delivering harm free care: reduction in pressure ulcers, falls and infection rates</p> <p>The Committee noted some improvements but had, in the light of continuing complexity, decided to maintain the 'not approved' rating</p> <p>Source of assurance:</p> <p><b>Draft Quality Strategy</b> – The Committee were assured with regards to the participation of the <i>People Reference Groups</i> in the governance process. It was noted that the groups were open entry and included staff, volunteers and patient groups.</p> <p>Actions Requested by the Committee:</p> <p>That work continue to ensure parity between the strategic priorities contained in the Quality Strategy and the Quality Account.</p> <p>That consideration be given to incorporating an Executive Summary and further polishing the draft quality strategy and including explicit aims/ambitions post Special Measures. It was also agreed that the Medical Director and his deputy would review the draft with a view to making it less nurse-focussed.</p> <p><b>Quality Performance Report</b> – The Committee were assured with regards to the appointment of the Medical Examiner which would result in the Mortality Review Process commencing effective 1st November 2018. The Committee noted the review of Sepsis deaths was ongoing and that compliance during August, in relation to the provision of in-patient IV antibiotics within 60 minutes, was 100 percent.</p> <p>The Committee were assured that the position regarding pressure ulcers</p>

	<p>which, although short of the Trust’s trajectory, was better than the national average.</p> <p>Actions Requested by the Committee:</p> <p>That the Medical Director be prepared to explain the significant reduction in the Severe Mental Health figures at the next meeting of the Board.</p> <p>That Benchmark and Trend Analysis be added to all dashboards and that Director of Nursing and the Associate Director of Clinical Governance review them for consistency.</p> <p><b>Infection Prevention and Control</b> – The Committee received the upward assurance report and were not assured. It was noted that issues persisted in respect of the water quality.</p> <p>It was noted that a full Health &amp; Safety report would be presented at the Board, following which the Committee would better understand the priorities and would need to be much better sighted on future issues.</p> <p><b>Patient Safety and Clinical Effectiveness</b> – The Committee received the upward assurance report and were not assured. The Committee acknowledged the work which had been undertaken in respect of medical device training and noted that nursing elements had been assumed by the QSIP, with the remainder falling under the remit of the Medical Devices Committee. The Committee were also unassured due to the volume of outstanding SI action items.</p> <p>Actions Requested by the Committee:</p> <p>That a full presentation be made at the next Committee meeting, with particular focus on ensuring actions are completed for all recent coroners findings especially those relating to <i>Preventing Future Deaths</i> rulings.</p>
	<p>Lack of Assurance in respect of SO 1b Issue: Improving our safety culture by delivering the Quality and Safety Improvement Plan</p> <p>The Committee commented on the need to shift the language and metrics so as to focus on the delivery of outcomes. The Committee agreed that they remained unassured in respect of the objective.</p> <p>Source of Assurance:</p> <p><b>Perinatal Mortality Update</b> - The Committee received the CCG Review of Intrauterine Deaths and Neonatal Deaths at ULHT and the ULHT Review of Stillborn. The Committee were informed that a higher proportion of mothers were following more complex pathways and that there had been difficulties in getting some women to engage.</p> <p>It was agreed that the Committee could not be properly assured until</p>

	<p>such time that the actions taken to date had been properly embedded. The Committee were assured that a new consultant midwife would be joining the Trust on Monday and that support was being received from an IST.</p> <p><b>Actions Requested by the Committee:</b></p> <p>The preparation of a comprehensive report which identifies the actions the Trust ought to be taking and the actions which are being taken. It was agreed that the report would include trajectories and be presented to the Board.</p>
	<p>Lack of Assurance in respect of : SO 1d Issue: Strengthening Clinical Governance and the Identification of Risk</p> <p>The Committee noted the progress that had been made by the directorates with regards to risk registers, but remained unassured relating to evidence of learning.</p> <p><b>Source of assurance:</b></p> <p><b>Patient Safety Report</b> - The Committee reviewed the data which indicated that the Trust was a significant outlier in terms of causing severe harm. It was noted that further analysis was required to validate serious harms reported to Sis reported. The Committee heard reports of learning events relating to the 'Never' events.</p> <p><b>Actions Requested by the Committee:</b></p> <p>That further work be conducted in respect of better understanding the data and that an appropriate caveat be included in the report before it was presented at the public session of the Trust Board.</p> <p><b>Risk Register</b> – The Committee were advised that each of the directorates now had a full risk register in place, which was a notable achievement. It was noted that the challenge would be in ensuring that the issues highlighted in the risk registers were included in the upward reports.</p> <p>The Committee were not assured in respect of Sedation Restraint or bed capacity risks.</p>

	<p>Lack of assurance in respect of SO 1e Issue: Patient Experience- Reflecting our ambition as a Trust to put patients and safety first.</p> <p>It was noted that despite some positive progress, there remained much work to do on learning and changing practice in response to feedback., so consequently, the Committee remained unassured.</p> <p>Source of assurance:</p> <p><b>Patient Experience Report</b> – The Committee received the report which was presented in a new format. It was noted that the report drew out themes from various sources of patient experience data.</p> <p>The Committee acknowledged the improvements and were assured that work was ongoing.</p> <p>The Committee were not assured with regards to the FFT data and were given a number of explanations as to why feedback might not have been sought from certain individuals. It was noted that the FFT data had been subject to an audit.</p> <p><b>Mental Health Act Compliance</b> – The Committee received the Internal Audit Report. The Committee noted the number of risks and remained unassured as self-imposed deadlines, in respect of the actions, had not been met.</p> <p>Actions Requested by the Committee:</p> <p>That the Safeguarding Committee provide upward assurance to this committee in order to ensure that actions were closed off.</p>
<p><b>Issues where assurance remains outstanding for escalation to the Board</b></p>	<p>No further items</p>
<p><b>Items referred to other Committees for Assurance</b></p>	<p>The Committee were still awaiting assurance on Bradbury and Saville recommendations. It was noted that Estates and Facilities had introduced DBS checking requirements for all contractors and subcontractors.</p>
<p><b>Committee Review of corporate risk register</b></p>	<p>The Committee had received a Quality Governance Corporate Risk Register.</p>
<p><b>Matters identified which Committee recommend are escalated to SRR/BAF</b></p>	<p>The Committee considered the reports which it had received which provided assurances against the strategic risks to strategic objectives for 2018/19.</p> <p>The agenda for the meeting was framed around the strategic objectives and the BAF.</p>

<b>Committee position on assurance of strategic risk areas that align to committee</b>	<p>The Committee considered the reports which it had received which provided assurances against the strategic risks to strategic objectives.</p> <p>The Committee were not assured in respect of any of the strategic risk areas which aligned to it.</p>
<b>Areas identified to visit in dept walk rounds</b>	No areas identified.

**Attendance Summary for rolling 12 month period**

<b>Voting Members</b>	O	N	J	F	M	A	M	J	J	A	S	O
Elizabeth Libiszewski Int Non Executive Director					X	X	X	X	X	X	X	X
Chris Gibson Non Executive Director	X	X	X	X	A	X	X	X	X	X	A	X
Alan Lockwood Int Non Executive Director								A	X	X	X	X
Michelle Rhodes Director of Nursing	X	X	X	X	X	X	X	X	X	D	X	X
Neill Hepburn Medical Director	A	X	X	X	A	X	X	X	D	X	X	D

X in attendance A apologies given D deputy attended