

Report to:	Trust Board
Title of report:	Quality Governance Committee Assurance Report to Board
Date of meeting:	23 rd April 2019
Chairperson:	Elizabeth Libiszewski , Non Executive Director
Author:	Karen Willey, Deputy Trust Secretary

Purpose	<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. The Committee worked to the 2018/19 objectives as the 2019/20 Board Assurance Framework was not available for review.</p>
	<p>Assurance in respect of SO 1a Issue: Delivering harm free care: reduction in pressure ulcers, falls and infection rates</p> <p><u>Source of assurance: Quality Data Report/Draft Performance Report – The Committee received the Quality Report and noted the positive achievements of the quality indicators in respect of falls with some improvement in CAUTI, verbal duty of candour at 100% and no grade 4 pressure ulcers at Grantham</u></p> <p><u>Actions Requested by the Committee:</u> The Committee received the report</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><u>Source of Assurance: Quality and Safety Improvement Plan – The Committee received a verbal update from the Director of Nursing, areas of concern noted were Medicines Management, Pilgrim ED and Safeguarding in relation to management of patients with dementia</u></p> <p><u>Actions Requested by the Committee:</u> The Committee requested a reworking of the report to ensure appropriate information is presented</p> <p><u>Source of Assurance: Quality and Safety Oversight Group – The Committee received a verbal update from the group. The group expects that divisions will full participate now that the Trust Operating Model is implemented. Separate groups are now in place for patient safety and clinical effectiveness to allow more focused discussions, the first month has shown improvements. Future written reports will be provided to the Committee</u></p>

	<p><u>Actions Requested by the Committee:</u> The Committee noted the update</p> <p><u>Source of Assurance: QIA –</u> The Committee received a verbal update in relation to QIAs. The Committee were advised that there were 48 QIA schemes in Q4 of which 10 were rejected. Training is being provided to support staff in producing PIDs and QIAs, this is being done in conjunction with NHSE and NHSI. QIAs will be reported to the Committee on a quarterly basis and the Boston reconfiguration will be reported to the Committee in May. Further work with Estates colleagues was highlighted to the Committee.</p> <p><u>Actions Requested by the Committee:</u> The Committee received the verbal update and requested full written reports to future meetings</p>
	<p>Lack of Assurance in respect of SO 1d Issue: Strengthening our clinical governance and risk identification: Developing a positive and open reporting culture as a learning organisation</p> <p><u>Source of Assurance: Risk Register –</u> The Committee acknowledged the work of the risk Manager in respect of the Risk Register but remain concerned about the length of due dates</p> <p><u>Actions Requested by the Committee:</u> The Committee requested that consideration be given to the development of the risk register to include residual risk scoring which should support better organisational understanding</p> <p><u>Source of assurance: Incident Management –</u> The Committee noted the report and were advised of a further potential Never Event, the committee will be updated once this has been confirmed. The Trust are ending the year with 6 Never Events and a further deep dive in to wrong site surgery Never Events will be conducted. The Committee were advised that prevention of future deaths notifications will be reported within the SI/Never Event report</p> <p><u>Actions requested by the Committee:</u> The Committee requested that the Board are formally advised of the 6th Never Event and the new never Event the 1st of 2019/20 if confirmed</p> <p><u>Source of assurance: Quality Account –</u> The Committee received the draft Quality Account in order to approve the priorities. The priorities within the account had been developed in line with CQUINs and not the True North objectives</p> <p><u>Actions requested by the Committee:</u> The Committee requested that the Associate Director of Clinical Governance work with the Executives of the Committee to develop the priorities in line with True North and provide a short paper to May Private Trust Board in order to ratify the priorities in line with timescales. Inclusion of both patient and staff experience</p>

	<p>measures were requested</p> <p>Assurance in respect of SO 1e Issue: Patient experience reflects our ambition as a Trust to put patients and safety first</p> <p>No reports due</p> <p>Assurance in respect of other areas:-</p> <p><u>CQC Report</u> The Committee received an update in relation to the PIR submission to the CQC. Further requests for information have been received by the Trust and responses submitted. Focus groups of Junior Doctors have been requested by the CQC to take place on 2nd May and 14th June</p> <p><u>Internal Audit Reports</u> The Committee received the management action plan in respect of the Internal Audit Governance Review and requested review by Dr Gibson prior to submission to Audit Committee. Quarterly reporting to the Committee will take place once reviewed</p> <p>The Committee received the medicines reconciliation internal audit report, further work to be undertaken to determine executive ownership. The Committee requested a re-audit be undertaken.</p> <p>The Committee were advised that NHSI will be visiting the Trust to conduct a well-led review, details are being finalised but is likely to include observation of Quality Governance Committee and a sample of reporting groups</p>
Issues where assurance remains outstanding for escalation to the Board	Quality Account priorities to be updated and presented to May private Board for approval
Items referred to other Committees for Assurance	None
Committee Review of corporate risk register	The Committee had received a Quality Governance Corporate Risk Register and consideration to be made regarding the inclusion of residual risk ratings
Matters identified which Committee recommend are escalated to SRR/BAF	None
Committee position on assurance of strategic risk areas that align to	The Committee considered the reports which it had received which provided assurances against the strategic risks to strategic objectives.

committee	The Committee were not assured in respect of any of the strategic risk areas which aligned to it.
Areas identified to visit in dept walk rounds	No areas identified.

Attendance Summary for rolling 12 month period

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

X in attendance A apologies given D deputy attended