

<b>Report to:</b>	Trust Board
<b>Title of report:</b>	Quality Governance Committee Assurance Report to Board
<b>Date of meeting:</b>	13 <sup>th</sup> December 2018
<b>Chairperson:</b>	Elizabeth Libiszewski , Non Executive Director
<b>Author:</b>	Jayne Warner, 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. This assurance committee meets monthly and takes scheduled reports from all Trust operational committees according to an established work programme.</p>
	<p>The Committee Chair noted the request from the Trust Board, following the escalation by the Director of Nursing and the Chief Operating Officer about their concerns about the safety of the Emergency Department at Pilgrim that the Committee</p> <ul style="list-style-type: none"> <li>• Are assured on the preparations for the Risk Summit requested by the Trust on 14 December</li> <li>• Are assured of the immediate actions being taken to address concerns</li> <li>• Retrospectively review previous assurances provided and consider where these need to be different</li> </ul> <p>In response to this request the Committee agreed to suspend none urgent items of business and limit the agenda to a review of assurances on Pilgrim ED and other urgent items only.</p> <p>Assurance in respect of SO 1a Issue: Delivering harm free care: reduction in pressure ulcers, falls and infection rates <u>Source of assurance: eDD Compliance report</u> – The Committee received a report which highlighted that the Trust had received a breach notice due to the non-compliance with sending eDDs in line with standards set by commissioners. The Committee were not assured that actions taken had produced the necessary shift in culture and working practices to see improvement. <u>Actions Requested by the Committee:</u> Report on the impact of changes made to ensure this is having the impact required.</p> <p><u>Source of assurance: Place Report</u> – The Committee received the results of the 2018 Patient Led Assessment of the Care Environment with steps to improve on the outcomes. The Committee were not assured that the</p>

	<p>action plan was extensive enough or sufficiently robust to address the issues highlighted by the assessment.</p> <p><u>Actions requested by the Committee:-</u> The Committee rejected the plan and requested that a revised robust plan is presented to QGC at its February meeting. The Committee would hold the rein on oversight of the improvement plans. The Committee agreed that the outcome of the assessment should be highlighted at Trust Board.</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: Pilgrim ED Deep Dive -</u> The Committee received an information pack which had been collated ahead of the Risk Summit and included initial findings from the CQC unannounced visit. The Committee considered where the assurances had been reported since the conditions served on the Trust following the February visit by the CQC to Pilgrim ED. The Committee concluded that this had been inadequate. The Committee were not assured that the actions taken had made a difference as there were a number of issues in the most recent findings which remained from the February report.</p> <p><u>Actions Requested by the Committee:</u> The Committee asked for assurances on new and different actions being taken to address the concerns. The Committee heard that changes had been made to senior leadership in the department. The Director of Nursing also highlighted the introduction of the transfer team, additional HCSW presence in the department and additional consultant presence. The Committee challenged whether the Trust had sought solutions internally as well as the requests for support which had been made to partners. This included a challenge that all registered nurses in none nursing roles had been approached.</p> <p>The Committee asked for assurance that the concerns raised by the Divisional Managing Director Women and Children had been investigated. This was confirmed.</p> <p>The Committee asked for assurance that Lincoln ED team had reflected on the issues identified and could give assurance that the same matters would not be highlighted in the Lincoln ED.</p> <p>The Committee requested details of quality impact assessment on all failures to deliver standards and fragile services.</p> <p><u>Source of Assurance: Quality and Safety Improvement Plan-</u> The Committee received the Quality and Safety Improvement Plan along with the most recent progress report and KPI's.</p> <p><u>Actions Requested by the Committee:</u> The Committee agreed that going forward the actions needed to be included within the QSIP and the Committee would expect to receive detailed reports on actions and impact rather than summarised reports.</p>

	<p>The Committee would expect to see ward accreditation results and any external reporting in relation to the issues.</p> <p>Assurance in respect of other areas:-</p> <p><u>External Reports – Royal College of Paediatrics Reports Action Plan.</u> The Committee received the action plan in response to the report which would be shared at Trust Board. This would be reviewed monthly by QGC</p> <p><u>ToR and Work programme:-</u> The Committee agreed the minor amendments to the ToR and work programme.</p>
<b>Issues where assurance remains outstanding for escalation to the Board</b>	No further items
<b>Items referred to other Committees for Assurance</b>	No items
<b>Committee Review of corporate risk register</b>	The Committee had received a Quality Governance Corporate Risk Register.
<b>Matters identified which Committee recommend are escalated to SRR/BAF</b>	<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>	J	F	M	A	M	J	J	A	S	O	N	D
Elizabeth Libiszewski Int Non Executive Director			X	X	X	X	X	X	X	X	X	X
Chris Gibson Non Executive Director	X	X	A	X	X	X	X	X	A	X	X	X
Alan Lockwood Int Non Executive Director						A	X	X	X	X	X	A
Michelle Rhodes Director of Nursing	X	X	X	X	X	X	X	D	X	X	X	X
Neill Hepburn Medical Director	X	X	A	X	X	X	D	X	X	D	X	X

X in attendance A apologies given D deputy attended