

<b>Report to:</b>	Trust Board
<b>Title of report:</b>	Quality Governance Committee Assurance Report to Board
<b>Date of meeting:</b>	19 <sup>th</sup> March 2019
<b>Chairperson:</b>	Elizabeth Libiszewski , Non Executive Director
<b>Author:</b>	Karen Willey, 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. This assurance committee meets monthly and takes scheduled reports from all Trust operational committees according to an established work programme.</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. The HSMR continues to be within expected limits and in the lowest recorded for the Trust.</u></p> <p>The Committee welcomed sight of the draft Performance Report with additional analysis and acknowledged that further work is still to be undertaken. Some members of the Committee have had input in to the development of this.</p> <p><u>Actions Requested by the Committee:</u> The Committee requested that discretionary targets set within the new Performance Report are done so within control limits</p> <p><u>Source of assurance: PLACE Report - The Committee received the results for the 2018 PLACE inspections which demonstrates scores across the organisation are below the national average. The Committee were advised that work is underway to review actions and the PLACE domains have been aligned to existing corporate groups to ensure delivery of actions</u></p> <p><u>Actions Requested by the Committee:</u> The Committee will alert the Board to the reduced PLACE performance</p> <p><u>Source of assurance: Harm Free Care, Pressure Ulcers - The Committee noted progress with reducing the number of Category 4 ulcers across the Trust, and that Grantham has had no Category 4 ulcers for the last 12 months</u></p>

	<p><u>Actions Requested by the Committee:</u> Ongoing review of the action plan</p> <p><u>Source of assurance: Clinical Audit</u> - A summary report was received by the Committee, a large number of audits are being undertaken by Junior Doctors. The Committee noted that changes within clinical audit will need to be undertaken to support the move to a learning organisation.</p> <p><u>Actions Requested by the Committee:</u> The Committee requested that audits are captured on the Board Assurance Framework and that improvements in future committee reports be made to ensure they are representative of actual audit activity</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</u> - The Committee received the Quality and Safety Improvement Plan and project update reports for all projects.</p> <p><u>Actions Requested by the Committee:</u> The Committee remained concerned with the changes to completion dates and requested to continue seeing progress reports across all projects</p> <p><u>Source of Assurance: Quality and Safety Oversight Group</u> - The Committee received a verbal update from the group. The group had limited membership to provide focus on the work to be undertaken. Discussions centred on mortality and clinical effectiveness, upwards reports were received from all subject matter experts with the exception of infection control due to reporting timescales</p> <p><u>Actions Requested by the Committee:</u> The Committee received the verbal report</p> <p><u>Source of Assurance: QIA</u> – The Committee received a verbal update in relation to the QIAs. The Committee were advised that the QIA policy requires updating to ensure all QIAs are considered, not just those that go through the financial special measures scheme. Assurance cannot be given by the Committee on the large number of QIAs that have been recorded in reports to FPEC as a summary report is not received by QGC.</p> <p><u>Actions Requested by the Committee:</u> The Committee requested to receive an update on the 19/20 schemes at the April meeting</p>

	<p>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 received the Risk Register and agreed that the HSMR risk rating be reviewed in view of the significant improvement. The Committee noted the issues raised around recruitment within oncology and recognised this is a national issue.</p> <p><u>Actions Requested by the Committee:</u> The Committee noted the report</p> <p><u>Source of assurance: Incident Management</u> – The Committee noted the report and were advised the final SI outcome in relation to the Never Event in Dermatology is awaited. The DKA briefing note was received and discussed by the Committee</p> <p><u>Actions requested by the Committee:</u> The Committee noted the report and requested that the DKA briefing and SI be reported to Private Board</p> <p><u>Source of assurance: Perinatal Mortality</u> – The Committee received the report and noted that an independent review process has taken place into 12 cases identified by Dr Foster as being in the ‘Other Perinatal Conditions’ diagnosis group between November 2017 and October 2018. The review concluded that the alert for this diagnosis group was not care related but due to documentation not being fully completed to include all risk factors for the foetus. Hence although the Trust is currently an outlier for perinatal deaths this is a coding error and the Committee were assured this is not a risk.</p> <p><u>Actions requested by the Committee:</u> The Committee requested that some additional work be undertaken to ensure clarity within the report. Report to be presented to Trust Board</p> <p><u>Source of assurance: ATAIN CNST</u> – The Committee received the paper and discussed the potential to achieve a 10% reduction in CNST fees. The timescales to apply for this have not been met by the Trust however the CCG are supporting and have written to the national scheme organisers to request a one month delay to support the application</p> <p><u>Actions requested by the Committee:</u> The Committee approved the paper and the application to apply for the scheme and have requested that the Trust Board have sight of the paper and provide sign off to progress</p> <p><u>Source of assurance: NICE/Best Practice Assurance Report</u> – The Committee received the report which provided the position for February. The Committee identified that the report demonstrates a loss of organisational memory, in order to ensure this does not continue in the future processes need to be documented</p> <p><u>Actions requested by the Committee:</u> The Committee noted the report</p>
--	---

	<p><u>Source of assurance: Quarterly Contract Performance</u> – The Committee received the report and discussed the national CQUINs for 2019/20, it is anticipated that there will be a move to use System level CQUINs, the CCG are exploring the opportunity to opt out of national CQUINs. The Trust will work to both national and System CQUINs until confirmation is received</p> <p><u>Actions requested by the Committee:</u> The Committee request that Board has oversight of the CQUINs for 2019/20</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><u>Source of Assurance: Patient Experience Report</u> – The Committee received the report which demonstrates an example of the format of reporting to Quality and Safety Oversight Group. The Committee were assured that the future work programme would be produced in line with the Patient Experience Strategy</p> <p><u>Actions Requested by the Committee:</u> The Committee request that the strategy be completed and submitted for ratification in a timely manner</p> <p><u>Source of Assurance: 15 Steps Report</u> – The Committee received the report and noted the work that has been undertaken. The Committee requested that moving forward there was better administrative support in relation to the organisation of the 15 Steps</p> <p><u>Actions Requested by the Committee:</u> The Committee request that further thought is given to arranging the 15 Steps to enable Non-Executive Directors to plan diaries accordingly</p>
	<p>Assurance in respect of other areas:-</p> <p><u>Internal Audit Management of Patients Receiving Non-invasive ventilation</u></p> <p>The Committee accepted the report that has been through a number of iterations and noted that the actions had taken place</p>
<p><b>Issues where assurance remains outstanding for escalation to the Board</b></p>	<p>ATAIN CNST PLACE DKA Briefing – private Board</p>
<p><b>Items referred to other Committees for Assurance</b></p>	<p>None</p>
<p><b>Committee Review of corporate risk register</b></p>	<p>The Committee had received a Quality Governance Corporate Risk Register.</p>

<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. The Committee did not consider any further matters to escalate to 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>	A	M	J	J	A	S	O	N	D	J	F	M
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	X
Alan Lockwood Int Non Executive Director			A	X	X	X	X	X	A	X	A	A
Michelle Rhodes Director of Nursing	X	X	X	X	D	X	X	X	X	X	X	X
Neill Hepburn Medical Director	X	X	X	D	X	X	D	X	X	X	X	X

X in attendance A apologies given D deputy attended