

Report to:	Trust Board
Title of report:	Quality Governance Committee Upward Report to Board
Date of meeting:	30 th August 2016
Status:	For Information/Discussion
Chairperson:	Ms Penelope Owston
Author:	Bernadine Gallen
Purpose	This report summarises the discussions, approvals and decisions made by the Quality Governance Committee.
Background	This assurance committee meets monthly and takes scheduled reports from all Trust operational committees with a quality brief according to a work programme.
Business undertaken	1. Fire Safety An action plan has been signed off by the Chief Executive due to the notices we have received, if we do not comply we will receive an enforcement notice. They will be visiting Grantham soon and it is highly likely we will receive a notice. All staff need to be aware it is their responsibility. Fire leads working with estates to implement the actions. Training is now incorporating the appropriateness for all staff. Need to escalate to board
	2. CQC Updates CQC visiting ULHT on the 10 th October 2016. They are not reviewing GDH or Louth- 1st day is prep day, 2 days at LCH and 2 days at Pilgrim. A large data pack has been submitted on the 16 th August 2016. The Trust was required to submit a self-assessment for core services – demonstrate majority of ‘goods’ and 3 areas judged to be ‘outstanding’. There are 15 areas that ‘require improvement’ where we will be targeting support prior to the visit. A programme plan with 6 key workstreams has been developed.
	3. Infection Control Upward Report The Deputy DIPC for Infection Control will be leaving at the end of October 2016. The provision of Consultant Microbiologist is a huge risk for the Trust as we are struggling to recruit. Our CD is going on maternity leave and Dr Cowley will be replacing her. There is a 2.5WTE gap for NLAG & ULHT. Discussion to be had with the medical Director at Pathlinks. Need to escalate to Board. £240K has been invested in the Housekeepers this year which has supplied additional evening team at Pilgrim and Supervisors at Lincoln and Grantham. Phase 2 paper going to ET in September 2016. Hand Hygiene data includes non-submitting data.
	4. Safeguarding Upward Report The Trust has received a draft version of the external Safeguarding report – currently reviewing the content and will be tabled at the October meeting.
	5. Patient Safety Upward Report

	<p>A comparison with ULHT and Northumbria Healthcare: The report showed that an overview of the past 2 years indicated that both Trusts are in line with each other's HSMR, showing the same high period in January 2015 and a reducing HSMR. Both Trusts HSMR is comparable, each Trust has a stand out outlier for HSMR. Northumbria's Palliative care is double that of ULHT.</p> <p>MoRAG was formed in February 2016; a multidisciplinary team that peer review mortality reviews completed by clinicians, serious incidents and incident reports involving Mortality. 797 mortality reviews have been completed within the Trust since January 2016 – 83 of these have been referred for a peer review to MoRAG. Over the past 6 months MoRAG have reviewed 41 of the reviews submitted.</p> <p>For 2016/17 there is a comprehensive list of planned audits, which includes NICE, local re-audits, local audit lead plans and nationals. ULHT is eligible to participate in 40 national audits during 2016/17. A detailed pack of corporate audits will be sent out before the CQC visit. WHO compliance is currently the best it has ever been at 99.5%.</p> <p>From 1 January to 31 July 2016 there were 9 patients discharged from ULHT with cannulas still in situ. There were also 6 patients who had a safeguarding referral/complaint due to the cannula not being removed. A recent audit proved that the pre-discharge checklist is not always being completed prior to a patients discharge. HoN discussing with their wards. 7 day audit to be completed every 6 months</p> <p>Improvements are required in the following areas:</p> <ul style="list-style-type: none"> • Job Planning to afford daily consultant ward round for all specialities. • Clear documentation of discussions with patients/relatives in notes • Robust referral process (electronic) for all diagnostics • Consultant directed interventions available at weekends either on site or externally through formal arrangements. <p>The Trust performed above the National and Regional Mean for Daily Consultant Review on general wards and HDU areas.</p>
	<p>6. Information Governance</p> <p>Presented as part of the QGC workplan on a quarterly basis. Currently reviewing against toolkit which is showing low score, though this will increase as compliance is met. Issue relating to Subject Access Requests and failure to move to intelligence led audits by the ISO may impact previous Toolkit scores.</p> <p>Subject Access Requests backlog recovery plan presents other issues. This had been to the QGC in the past. The Committee was not assured; the paper submitted to the QGC in Dec 15 was to be refreshed and submitted to ET.</p> <p>It was noted that the Trust does not have a clear process of copying the notes for third parties e.g. Coroner. Staff are regularly not making copies. Coroners concerned about releasing original notes.</p>
	<p>7. Quality report</p> <p>Dr Foster data has been refreshed again for the period of April 2015 to March 2016, there are marginal changes in the report. HSMR is 101.51 for the Trust, LCH outlier at 112. March all 3 sites are within normal limits. Perinatal is alerting, codes have been changed in Medway but was too late for Dr Foster, however Perinatal has not been alerting since Sept</p>

	<p>2015. Sepsis not alerting for the past 2 months. SHIMI is 110.99 Jan 15 – Dec 15 which is an outlier. Working with the CCG on deaths within 48 hours.</p> <p>New Harm Free Care 96.6%.</p> <p>An in-depth report for cat 3 / 4 Pressure ulcers and the outcomes to be presented at September PSC.</p> <p>Sepsis work on going as not achieving the trajectory for IVAB within 1 hour.</p>
	<p>8. Patient Experience</p> <p>Complaints backlog reducing however there has been a decline at Pilgrim due to new starters settling in. We have had additional help within the team to clear backlog but the resource is no longer available. FFT remain concerned within A&E – month on month deterioration. A pick list of actions is being developed for ‘you said’ ‘we did’. Volunteer strategy to go to ET.</p>
	<p>9. Adverse Incidents</p> <p>Between 1st and 31st July 2016 2 incidents were reported on STEIS. The Trust currently has 41 SI’s categorised as “open” on the ULHT SI Tracker and 9 pressure ulcer SI’s.</p> <p>There were no Never Events in July.</p> <p>A total of 1304 records were reported on the Trust Incident Reporting System, these were either reported as Incidents, near misses or issues/concerns.</p> <p>With regard to Duty of Candour, of 12 incidents reported with a severity of Severe, or above, during July 2016 only 2 were reported on STEIS. A committee is being developed to review DoC.</p>
	<p>10. Risk Report</p> <p>14 new risks were added to the risk register in July.</p> <p>The number of current risks on the risk register now stands at 528.</p> <p>The Corporate Risk Register (defined as any risk with a risk score >15 in the ULHT Risk Management Policy and Procedures) currently contains 80 risks.</p> <p>20 risks were removed from the risk registers</p> <p>There is very little movement of risk scores across the risk register.</p> <p>The Strategy and Change directorate are reviewing to re-align risk scores across the Trust and populate gaps in control.</p> <p>Quality Governance Committee will be responsible for Patient Experience and Openness & Transparency on the Strategic Risk Register & BAF.</p>
	<p>11. Medical Revalidation</p> <p>The committee approved the recommendations of the report.</p>
Risks to refer to risk register	No new risks were identified at this meeting.
Issues to escalate to Board	<ol style="list-style-type: none"> 1. Fire Notices 2. Provision of Consultant microbiologist
Challenges and exceptions	Nothing was noted which affects the ability of the meeting to carry out its duties.
Future exceptional items	
Recommendations`	The Board is asked to note the contents of this report.

Attendance

Voting members

Penelope Owston (Chair), Non-Executive Director and Trust Deputy Chair

Tim Staniland, Non-Executive Director

Michelle Rhodes, Director of Nursing

Jan Sobieraj, Chief Executive

Paul Grassby, Non –Executive Director

Jennie Negus, Deputy Chief Nurse

Non-voting members

Andrew Quarmby, Risk Manager

Bernadine Gallen, Quality & Safety Manager

Kieron Daley, Fire Safety Officer

Dr Gurdip Samra, Deputy Medical Director

Tracy Pilcher, Executive Nurse LECCG

Ms Diane Hallatt, (DAC Beechcroft)

Mrs Gemma Coupland, Secretary (minutes)