

<b>Report to:</b>	<b>Trust Board</b>
<b>Title of report:</b>	<b>Quality Governance Committee Upward Report to Board</b>
<b>Date of meeting:</b>	Tuesday 26 <sup>th</sup> January 2016
<b>Status:</b>	For Information/Discussion
<b>Chairperson:</b>	Mr Tim Staniland
<b>Author:</b>	Dr Stephen Cross

<b>Purpose</b>	This report summarises the discussions, approvals and decisions made by the Quality Governance Committee.
<b>Background</b>	This assurance committee meets monthly and takes scheduled reports from all Trust operational committees with a quality brief according to an established work programme.
<b>Business undertaken</b>	<p><b>1. Patient safety and Clinical Effectiveness Committee assurance report.</b>          The Patient Safety committee reviewed and discussed items according to its work programme and standing agenda. The committee noted the work programme to recruit and induct additional nurses, the measures taken to ensure safe practice and resolved to continue to monitor the relationship between agency usage and patient outcomes. Continuing concern was expressed with regard to the reliability of patient observations; the Deputy Chief Nurse (GDH) is producing an action plans for improvement for the next meeting. A new work programme and reporting format for the Patient Safety Committee was presenting and approved. Trust HSMR is currently 101.69 (rolling 12 month figure) and is within expectation; SMHI including deaths after discharge is now 111.14, which is outwith control limits, though in-hospital deaths at a SMHI of 107 is within. Further analysis of SHMI data to identify causes of death in the community was agreed.</p> <p><b>2. Infection Prevention and Control Committee assurance report.</b>          The committee received a presentation from the Chief Nurse describing the recent norovirus infections and the response by the Trust. It was noted that the infections originated in the community and were not the result of transmission within the hospital. Assurances with regard to actions to manage the infections, relationships with patients and visitors and the exemplary response and hard work of our staff were noted.</p> <p><b>3. Royal College of Surgeons Report on Oral and Maxillofacial services.</b>          The Medical Director provided an update to the committee on the response to the Trust's previous action plan in response to this report from the RCS. Further assurances and actions have been sought. The Medical Director is pursuing a number of lines of action and agreed to circulate the relevant documentation to members of the committee.</p> <p><b>4. Safeguarding Committee assurance report.</b>          The Deputy Chief Nurse (LCH) tabled a report from the Safeguarding Committee, highlighting concerns with regard to staff training in safeguarding and on constraint and restriction. Levels of training are</p>

	<p>unlikely to reach the 85% required for achievement of our CQUIN, and have been significantly affected by operational pressures resulting in non-attendance. Options for e-learning to address the issue are under consideration. The response to the national report on the Miles Bradbury case was considered and agreed to form a paper for the Board. The annual report for the service was tabled and sign-off requested.</p>
	<p><b>5. Patient Experience Assurance Report.</b> The Deputy Chief Nurse (PHB) presented the assurance report. It was noted that slight improvement in Friends and Family Test data in emergency care have taken place but that percentage “recommends” are still below expectation. Feedback from PALS has focused on difficulties with waiting times and cancellations. New initiatives in support for patients experiencing hair loss were described. Results of headline tools and national survey status were noted. Changes in personnel and structure were noted by the committee. The Deputy Chief Nurse (PHB) also provided the committee with information relating to a complaints peer review process.</p>
	<p><b>6. Adverse Incidents assurance report.</b> The Risk Manager presented the adverse incidents report for December 2015. There were no strong variations in incident rate or profiles and no outstanding notices from the HSE or CAS.</p>
	<p><b>7. Risk report</b> The committee received the risk report and the current Corporate Risk Register. 16 new risks were added to the risk register during December 2015, including one relating to Isolator Cabinets, already escalated and reviewed by the Board. 4 risks were removed from the register during the same period. The committee noted that ET would be reviewing responsibilities in risk management and assigning an Executive chair for the Risk Validation Group.</p>
	<p><b>8. Quality Report</b> The committee received the Quality Report for October 2015 and noted the quality information provided in the areas of Patient Safety, Clinical Effectiveness and Patient Experience. The report was approved.</p>
	<p><b>10. Health and Safety Committee update</b> The Committee received an update from the Health and Safety manager outlining the need to continue the Trust Manual Handling programme (“Diligent”) with appropriate external input. The committee noted the update and received assurance that budget for this programme has now been approved.</p>
	<p><b>11. Sepsis management update</b> The Clinical Director for Theatres and Critical Care provided a report of new initiatives in managing sepsis, together with details of the Task and Finish group’s work. Key actions included the introduction of a revised Sepsis care bundle, resolution of difficulties in immediate antibiotic provision and training and education were noted. The sepsis group will report to the Patient safety Committee. Quality Governance will receive regular updates through this route.</p>
	<p><b>10. BAF review</b> The Board Assurance Framework was discussed at length. The Committee still had some issues with resolving risk scores for objectives which</p>

	covered multiple quality areas. The Committee noted that work had commenced on the 2016/17 framework and further clarity would be sought at that time.
<b>Risks to refer to risk register</b>	None
<b>Issues to escalate to Board</b>	No new issues to escalate.
<b>Challenges and exceptions</b>	Nothing was noted which affects the continuing ability of the meeting to carry out its duties.
<b>Future exceptional items</b>	None

**Attendance 28.7.15**

*Voting members*

Dr Suneil Kapdia, Medical Director  
 Mr Tim Staniland (Chair in Ms. Owston's absence), Non-Executive Director  
 Dr Paul Grassby, Non-Executive Director  
 Ms Michelle Rhodes, Chief Nurse  
 Mr Mark Brassington, Director of Operations

*Non-voting members*

Dr Stephen Cross, Head of Quality Governance  
 Mr Andrew Quarmby, Risk Manager  
 Colin Costello, Chief Pharmacist  
 Ms Penny Snowden, Deputy Chief Nurse (GDH)  
 Ms Jennie Negus, Deputy Chief Nurse (PHB)  
 Ms Elizabeth Ball, Deputy Chief Nurse (LCH)

*In attendance*

Ms Tracey Pilcher, Executive Nurse, LWCCG  
 Mrs Elaine Walsh, Secretary (minutes)