

<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>	26 <sup>th</sup> April 2016
<b>Status:</b>	For Information/Discussion
<b>Chairperson:</b>	Ms Penelope Owston
<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 a work programme.
<b>Business undertaken</b>	<p><b>1. Infection Prevention and Control Committee assurance report</b>          The Committee noted the report from Infection Prevention and Control Committee and welcomed the final data for 2015/16 on <i>C. Difficile</i>, where the Trust was below trajectory. During the year, the Trust had a single attributable MRSA case. Trajectories for the current year are unchanged. The committee also noted the higher than recommended level of contaminated blood cultures (3%) and the actions agreed by the IPC Committee in response. Further actions in the future management of norovirus were noted and depend on the successful business cases. The Director of Nursing highlighted inconsistencies in ServiceTrac audits and actions to build strong reliability in this area; good progress in the antimicrobial CQUIN; and updated the committee on the collaborative improvement programme with the TDA.</p> <p><b>2. Patient Safety and Clinical Effectiveness Committee report.</b>          The committee received the upward report from Patient Safety and Clinical Effectiveness Committee. Trust HSMR, both for the rolling 12m to January 2015 and year-to-date are within national expectations. SHMI is outside control limits for the latest data available. The committee discussed perinatal mortality, which continues to alter as an outlier and requested attendance at the next meeting by senior clinical staff from Women and Childrens business unit. The committee noted performance on the Trust audit programme, WHO compliance and adverse incidents. Actions in response to CAUTI and Cardiac arrests were discussed and approved. The chief concern of the committee was the reliability of observations where patients had suffered a cardiac arrest on wards and further investigation is under way. Overall, however, cardiac arrests have declined continuously since 2013. The committee approved a new procedure in vitreoretinal service presented by Ms Gosse. The committee noted and supported the Trust trajectory for expert training in incident investigation.</p> <p><b>3. Medication Optimisation and Safety Committee report.</b> The Chief Pharmacist presented the upward report from this committee,</p>

	<p>highlighting adverse medication incidents, antimicrobial strategy, e-learning and training, aseptic isolator cabinets, CD audits and the Hospital Pharmacy Transformation Programme. The committee discussed the workforce redesign to provide more patient-facing roles such as pharmacist prescribers and clinical pharmacy technicians. The expectation is that this restructuring will release further time for clinicians on wards. The Chief Pharmacist the achievement of the year 1 CQUIN in antimicrobial stewardship and also commented on forthcoming CQUINs to be adopted.</p> <p><b>4. Patient Experience Committee report.</b> The Deputy Chief Nurse presented a comprehensive report from the March meeting. Complaints performance remains below target, primarily as a result of delays in initiating investigations in service areas. The historical backlog now stands at a single case. In terms of FFT, the Trust remains in the lowest quartile for recommendation rates. The committee noted developments in adopting the DisabledGo programme, the business case for Electronic Palliative Care Co-ordination System (EPaCCS) and in caring for patients with sensory impairment. It was agreed that the Quality Governance Committee would receive quarterly updates from the End of Life care group in addition to the bimonthly Patient Experience report.</p> <p><b>5. Health and Safety committee reports.</b> The Senior Health and Safety manager presented an upward report from the Health and Safety Committee, an updated Health and Safety Strategy for approval and the annual report from the Health and Safety team. The committee agreed that fire safety training was of concern, should be prioritised based on risk, and that the mandatory requirement for face-to-face delivery should be further investigated. The CEO asked for the strategy to be discussed by the Executive Team to ensure senior engagement. An update on the HSE prosecution of the Trust was provide by the representative from DAC Beechcroft and it was noted that the case has now been adjourned until April 2017.</p> <p><b>6. Quality Report.</b> The Committee approved the Quality Report and noted the extended section on mortality. Changes in some areas were suggested, and a revised report will be provided throughout the new financial year.</p> <p><b>7. Adverse Incidents report.</b> The Risk Manager presented the adverse incidents report for the period to March 2016. Reports continue to highlight staffing concerns and the incidence of patient falls. Serious Incident investigations that have been completed were noted. Changes in the reporting of Duty of Candour were noted; The Risk Manager emphasised that not all cases reported on Datix as “severe” fall into the regulatory requirement for a written DoC response and that the new report reflected this.</p> <p><b>8. Risk Report.</b> The Risk Manager presented the Risk Report. 23 new risks were added to the risk register during March 2016 and 15 existing risks closed. The committee recognised that changes in the governance of risks and their management are taking place.</p>
<b>Risks to refer to risk register</b>	No new risks were identified at this meeting.

<b>Issues to escalate to Board</b>	None
<b>Challenges and exceptions</b>	Nothing was noted which affects the ability of the meeting to carry out its duties.
<b>Future exceptional items</b>	Quarterly reports from End of Life team.
<b>Recommendations`</b>	The Board is asked to note the contents of this report.

**Attendance**

*Voting members*

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

Mr Jan Sobieraj, Chief Executive Officer

Dr Suneil Kapdia, Medical Director

Mr Tim Staniland, Non-Executive Director

Ms Michelle Rhodes, Chief Nurse

*Non-voting members*

Dr Stephen Cross, Head of Quality Governance

Mr Andrew Quarmby, Risk Manager

Colin Costello, Chief Pharmacist

Ms Jennie Negus, Deputy Chief Nurse (PHB)

*In attendance*

Ms Tracey Longfield (DAC Beechcroft)

Mrs Kate Casburn, Secretary (minutes)

Ms Philippa Fitzmaurice, Senior Health and Safety Manager