

Report to:	Trust Board
Title of report:	Quality Governance Committee Upward Report to Board
Date of meeting:	28 th June 2016
Status:	For Information/Discussion
Chairperson:	Ms Penelope Owston
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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	<p>1. Infection Control</p> <p>The committee noted and discussed the three outbreaks: Parainfluenza in SCBU; C-diff in Hatton Ward and MRSA colonisation in Lancaster Ward. The committee acknowledged the following:</p> <ul style="list-style-type: none"> • Shortage of BCG vaccination • Revised Water Safety Guidance – HTM-04-01. • Ward engagement with NHSI improvement collaborative <p>The interim report into the C-Diff outbreak was presented verbally to the committee. This highlighted anomalies in ServiceTrac scores and led to discussions regarding the current business case regarding ownership of the housekeeping resource.</p>
	<p>2. Patient Safety and Clinical Effectiveness Committee report.</p> <p>The committee received the upward report from Patient Safety and Clinical Effectiveness Committee. The committee noted the following:</p> <ul style="list-style-type: none"> • The CCG presented the community mortality report which contains data for in-patient deaths for those who have died within 48hrs of admission. The Mortality Summit will agree actions to take forward to PSC. • Codes relating to perinatal deaths have been amended on Medway, but not on Dr Foster's. This being investigated. • ULHT are still falling short in certain areas relating to the implementation of NatSIPPs recommendation. A high level action plan and audit preform have been agreed. • ULHT are awaiting national report on 7-day working. • Falls - The monthly data generated by information services had included low harm in the calculation which has significantly adversely affected the falls data leading to interpretation that the Trust is a significant outlier against the National average. The data has now been adjusted and rerun using the National definition. • PU's - Content of the report was discussed. • Allergy - There are currently numerous patients on DATIX showing

	<p>with antimicrobial allergies, however, there were issues with the quality of reporting. A plan of action and written report, including a cumulative chart, will be presented for the September meeting</p> <p>3. Quality Report The committee approved the Quality Report and noted the following:</p> <ul style="list-style-type: none"> • HSMR is 99.88 Mar 15-Feb 16 Within Normal limits • SHMI is 111.21 - Oct 14-Sep 15 Above Normal limits <p>ULHT is alerting regards sepsis, a business case is being produced to appoint sepsis nurses at Lincoln and Pilgrim A&E following a successful pilot at Lincoln. PGD is out for consultation, sepsis boxes have been ordered.</p> <p>Other perinatal conditions relating to code PX95; these are being investigated as they have been amended on Medway, but not on Dr Foster's.</p> <p>Two new alerts appeared this month. As agreed at PSC, these will be monitor for three months.</p> <p>Mortality reviews compliance is increasing</p> <p>MRSA - There has been one case of hospital attributable (trajectory 0). The trust trajectory is zero cases. PHE have identified that this type of MRSA is not a Trust acquired case and it is actually the first case of animal to human spread, however the case will have to reported as per the usual processes and then be appealed in order to remove it from the figures.</p> <p>4. Safeguarding The upward report from the Safeguarding committee was presented. The committee was not quorate and a discussion followed regarding the format of future meetings.</p> <p>The committee agreed to review the meeting structure; support an external peer review' disseminate a summary of the Wood's Review and Government response and undertake an audit of DiL's referrals.</p> <p>The committee escalated the following concerns:</p> <ul style="list-style-type: none"> • Limited assurance regarding compliance with Regulation 13, given the lack of quoracy at the safeguarding committee and training compliance. • The capacity of SG given the additional work undertaken due to Long Leys and TH19. • Outstanding Mile Bradbury Action plan • Decision regard restraint training <p>A review of Safeguarding is proposed which will be discussed at ET on the 13th May. The purpose of this review is to undertake an assessment of the safeguarding services for adult and children at ULHT.</p> <p>The committee was not assured regarding the adequacy of safeguarding arrangements across the Trust.</p> <p>5. CQC Compliance Assurance Report The committee briefed relating to the planned methodology for preparing for the forthcoming CQC inspection. This was noted. An summary relating to the progress made against the CQC compliance notices extant was presented.</p> <p>6. Adverse Incident Report The Risk Manager presented the adverse incidents report for the period to May 2016. There is a downward trajectory of reporting of adverse</p>
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	<p>incidents over the last two years. There were no Never Events reported in May. The CCG commented that whilst the number of serious incident reports being presented to the CCG outside the 60 day timescale was reducing, the number requiring further assurances from ULHT and as such could not be removed from STEIS remained high. The committee was not assured that ULHT was meeting the obligations of the Duty of Candour requirements and asked for this to be placed upon the risk register.</p> <p>7. Risk Register The Risk Manager briefed the committee on the planned change of executive responsibility for Risk and the planned changes to the risk management process. The Risk Manager presented the Risk Report. Estates and Facilities have been carrying out a root and branch review of their risks, this has contributed to 68 risks being added to the risk register. 24 risk were removed. The risks added to the risk register have not been validated as the Risk Validation Group that was planned to sit on the 24th June 2016 was not quorate.</p> <p>8. Health & Safety Report The content of the upward report from the Health and Safety Committee was noted . There was discussion regarding progress to fire safety training by e-learning. The committee raised its concerns over site representation at site based committees.</p> <p>9. Patient Experience The content was noted. The EMSA Update Report for June 2016 identified that whilst action plans have clearly had a very positive impact the risks associated particularly with bed pressures and challenges with patient flow will require continued surveillance and scrutiny. The processes in place for reporting and validation will ensure this is in place and any new themes or issues are identified early to enable actions to be identified. The CQC report for 2015 shows the Trust as sitting towards the highest performing Trusts nationally</p> <p>10. BAF. A revised format for the BAF was presented to the committee. This was noted.</p> <p>11. Quality Account The Quality Account was presented to various stakeholders and was positively received. The committee commended the author for her endeavours in the short timescales presented. The committee endorsed the report</p>
	<p>12. Clinical Audit The Quality Account referred to clinical audit. The Account needs to be amended to reflect that clinical audit is a topic discussed within the PSC.</p>
<p>Risks to refer to risk register</p>	<p>There is a risk that ULHT could face regulatory action for failing to meet its obligations under the Duty of Candour legislation. The current risk relating to medical photography need to be re-assigned to safeguarding.</p>

Issues to escalate to Board	1. The adequacy of safeguarding arrangements across the Trust. 2. Attendance at various meeting and whether meetings are quorate.
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

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

Mr Paul Grassby, Non-Executive Director

Non-voting members

Mr Colin Costello, Chief Pharmacist

Mr Andrew Quarmby, Risk Manager

Mrs Penny Snowden, Deputy Chief Nurse (GDH)

Ms Bernadine Gallen, Quality & Safety Manager

Mrs Tracy Pilcher, Deputy Chief Nurse LECCG

Mrs Sharon Egdell, Associate Chief nurse/Deputy DIPC

Mr Richard Andrews, Deputy Medical Director

In attendance

Ms Tracey Longfield (DAC Beechcroft)

Mrs Elaine Walsh, Secretary (minutes)