

<b>Report to:</b>	Trust Board
<b>Title of report:</b>	Quality Governance Committee report to Board
<b>Date of meeting:</b>	28 <sup>th</sup> June 2017
<b>Chairperson:</b>	Penny Owston
<b>Author:</b>	Bernadine Gallen

<b>Purpose</b>	<p>This report summarises the assurance received and key decisions made by the Quality Governance 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 to respond. This assurance committee meets monthly and takes scheduled reports from Trust operational committees according to an established work programme.</p>
<b>Assurance received by the committee</b>	<p><b>Assurance on maternity incidents however the Trust need to align the maternity risk process with the corporate process.</b>  <b>SO Ref: 1</b>  <b>Source of Assurance:</b> The Head of Midwifery presented a briefing paper to provide assurance to the QGC that maternity services have a robust risk management process in place.</p> <ul style="list-style-type: none"> <li>• The maternity and neonatal services have robust risk and governance processes which reviews all incidents within the services.</li> <li>• Investigations are multi-professional and all investigation reports follow a robust quality assurance plan which is embedded within the service.</li> <li>• Duty of candour meetings are arranged with all families to share reports and answer any further questions they may have. The meeting is taped and a copy is provided to families.</li> </ul> <p><b>Actions requested by the Committee:</b>          Director of Nursing &amp; Medical Director to meet with the Women’s &amp; Children’s triumphant to incorporate their risk reviews with corporate risk reviews. Feedback to QGC in August 2017.</p> <p><b>Assurance was given on the commander control plan on the fire at Pilgrim Hospital Boston 31st March 2017 however the timescale of the ward evacuation plans needs to be reviewed prior to August</b>  <b>SO Ref: 2</b>  <b>Source of Assurance:</b>          Head of emergency planning presented a summary of the chronology of key events / actions that took place in response to the Fire at Boston Pilgrim Hospital.</p> <p><b>Mitigation in place:</b>          The report includes recommendations and comments drawn from contributions by staff from across the hospital that played key and associated roles.</p>

	<p>There is also a technical plan relating to the fire  <b>Actions requested by the Committee:</b>          Present to QGC in September an update on the action plan</p> <hr/> <p><b>Assurance was given on the process of Risk however the risks require updating</b>  <b>Source of Assurance:</b>          All Risks relating to Quality &amp; Safety are submitted monthly to the QGC for review  <b>Mitigation in place:</b>          Risk relating to Quality &amp; Safety are reviewed at the QGC and a deep dive will be requested  <b>Actions requested by the Committee:</b>          Identified leads to update their risk and feedback to Risk Lead          QGC will identify a deep dive to be presented</p> <hr/> <p><b>Assurance was given in relation to Patient Experience</b>  <b>SO Ref: 1</b>  <b>Source of Assurance:</b>          Deputy Chief Nurse presented the Patient experience report which gave assurance on responding to complaints and increasing FFT %.  <b>Mitigation in place:</b>          Compliance with FFT is sent to managers          Compliance with responding to complaints is distributed to senior managers  <b>Actions requested by the Committee:</b>          Monthly reports submitted to QGC.          Lessons learnt to be incorporated quarterly within the patient experience report</p>
	<p><b>The Committee is more assured with falls than previously and are confident improvements will be evident in the near future</b>  <b>SO Ref: 1</b>  <b>Source of Assurance:</b>          The Lead Nurse presented a report on falls:</p> <ul style="list-style-type: none"> <li>• Encouraging progress continues to be made to reduce falls and harm from falls</li> <li>• All hospital sites have seen a reduction in falls</li> <li>• Grantham and Lincoln hospital sites are now reporting falls with harm that are better than the national reported average, with Grantham reporting no falls with harm in May.</li> <li>• Falls with harm remains above trajectory at Pilgrim however severe harm is reducing</li> <li>• Focused work has been undertaken at Pilgrim through the NHSi</li> <li>• Falls Prevention Collaborative on wards 6B and 3B, and both the incidence and severity of falls has reduced on both wards</li> </ul> <p><b>Mitigation in place:</b>          Work-plan in place          Scrutiny panels in place reviewing all falls with severe harm</p>

	<p><b>Actions requested by the Committee:</b> Quarterly reports submitted to PSC</p>
<p><b>Assurance have not been received by the committee</b></p>	<p><b>Lack of assurance in relation to Information Governance Training</b>  <b>SO Ref: 2</b>  <b>Source of Assurance:</b> The IG Specialist presented the compliance for the Trust. We are currently at 88% and need to achieve 95%.  <b>Mitigation in place:</b>          Reports are circulated to senior managers          Drop in sessions arranged          Adverts out to increase staff in IG team  <b>Actions requested by the Committee:</b>          MD to discuss with HR director in respect of all mandatory training          Monitor staffs pay progression who have not completed their mandatory training          MD to write to CDs (staff have to be compliant with mandatory training prior to authorising study leave)</p>
	<p><b>Lack of assurance due to the number of category 3 &amp; 4 pressure ulcers</b>  <b>SO Ref: 1</b>  <b>Source of Assurance:</b> The Lead Nurse presented a report with a progress report from the Trust Pressure Ulcer Prevention/Reduction</p> <ul style="list-style-type: none"> <li>• Pressure ulcer data should be interpreted with caution</li> <li>• Incidents to be reported on Datix from Aug 2017</li> <li>• Analysis of category 3 and 4 pressure ulcers indicates that the incidence is improving however, until the scrutiny panel outcomes are known, it is not possible to determine if there is an improvement in avoidable harm</li> <li>• Pilgrim has the highest incidence of category 3 and 4 pressure ulcers, Grantham have reported no category 3 or 4 pressure ulcers since January</li> </ul> <p><b>Mitigation in place:</b>          Improvement plan has been submitted          Dedicated training in wards with high number of pressure ulcers          At the development day for band 5 /6 nurses a presentation on accountability          Director of Nursing reviews pressure ulcers in the cabinet meeting with HoN, matrons and sisters  <b>Actions requested by the Committee:</b>          A report to be submitted to PSC quarterly</p>
	<p><b>Lack of assurance in relation to IPC</b>  <b>SO Ref: 1</b>  <b>Source of Assurance:</b> Lead Nurse for Infection Control presented the Viral Gastro-Enteritis outbreak in April 2017:          1st cases identified on Dixon Ward April 2017          Major outbreak declared 2nd May at Lincoln</p>

	<p>106 symptomatic cases          11 wards affected ( 8 Lincoln County + 3 Grantham)          9 wards closed          Norovirus genotype 2 identified          Outbreak declared over on 20th May when last ward re-opened          SI report submitted by June 17          Business case for doors to bays to MEAU successful and these will be fitted in the near future.</p> <p><b>C. Difficile Update</b>          22 cases to date trust-wide against a trajectory of 59 for 2017/18:          3 cases at GDH          10 cases at LCH          9 cases at PHB          Outbreak on Stroke Unit, Lincoln, April/May 2017: 4 cases within a 28-day period, 2 cases linked by ribotype          Period of increased incidence (PII) on ward 6A, Boston, May 2017: 3 cases within a 28-day period, all different ribotypes          5 patients diagnosed with C diff since April have subsequently died:          C diff was recorded on part 1A of death certificate for 1 patient          An additional death in a patient diagnosed with C diff at Pilgrim Hospital in March 2017 for whom C diff was recorded on part 1A has been referred to the coroner</p> <p><b>MRSA Update</b>          An MRSA Bacteraemia has been identified on Carlton Coleby at Lincoln County. RCA underway.</p> <p><b>Mitigation in place:</b></p> <ul style="list-style-type: none"> <li>• Extraordinary C.difficile meeting held after IPC Committee meeting 14.06.2017</li> <li>• Weekly Clostridium difficile review meetings taking place to review position and progress against actions</li> <li>• Action log in place addressing key areas including: clinical IPC practice; environmental cleaning; antimicrobial prescribing</li> <li>• Review of deaths being undertaken by trust</li> <li>• Recommendations from NHS Improvement visit on 21.06.2017 being followed</li> <li>• External C. difficile review from Professor of Microbiology planned for July 2017</li> <li>• Hygiene code being reviewed</li> <li>• Director of Nursing is reviewing the specification from Pathlincs</li> </ul> <p><b>Actions requested by the Committee:</b>          Report to be submitted to QGC in Sept 2017          Risk to be increased to 25</p>
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	<p>Deep dive into IPC</p> <p><b>Lack of assurance in relation to Lincoln’s HSMR but assured plans are in place to improve compliance.</b></p> <p><b>SO Ref: 1</b></p> <p><b>Source of Assurance:</b> Trust HSMR (March 2016 to February 2017) is 104.06 and is within expected limits. Lincoln’s HSMR is 117.8 (March 2016 to February 2017) SHMI (October 2015 to September 2016) is 110.30 and is within expected limits.</p> <p><b>Mitigation in place:</b> Alerts for 3 months are reviewed in detail A review was completed and highlighted documentation of comorbidities not being documented There is a detailed action plan being overseen by PSC however evidence of improvement will not be demonstrated for a period of time due to the 3 month time lag of data from Dr Foster.</p> <p><b>Actions requested by the Committee:</b> PSC to report to QGC monthly</p>
	<p><b>Lack of assurance relating to learning from adverse incidents</b></p> <p><b>SO Ref: 2</b></p> <p><b>Source of Assurance:</b> Report was presented by Medical Director. PSC chair highlighted that the committee required greater clarification as to the purpose of PSC as the reports received does not lend to interrogation of SIs and learning to be shared.</p> <p><b>Mitigation in place:</b> Plan in place to work through backlog Review of Governance structures by Medical Director</p> <p><b>Actions requested by the Committee:</b> Medical Director &amp; Director of Nursing to review reporting processes &amp; reporting of SIs.</p>
	<p><b>Lack of assurance in respect of specialty governance meetings but are assured processes in place to address non-compliance with speciality governance</b></p> <p><b>SO Ref: 2</b></p> <p><b>Source of Assurance:</b> Clinical Directorates have provided overview reports for each Specialty in their Directorate. This has identified that a number of specialties are not meeting and or not providing written evidence of outcomes of their meetings.</p> <p><b>Mitigation in place:</b></p> <ul style="list-style-type: none"> <li>• QPIC have agreed to strengthen the Directorate reporting arrangements from Clinical Directorates</li> <li>• The Medical Director and Deputy CEO are leading a review of specialty governance arrangements to establish and embed</li> </ul>

	<p>minimum standards for specialty governance; and develop a 'toolkit'. – ref QS02 in the Quality and Safety Improvement plan</p> <p><b>Actions requested by the Committee:</b> Upward reports submitted bi-monthly to QGC on compliance with speciality governance.</p> <p><b>Assurance was given in relation to the progress with DoC however not assured DoC is occurring.</b> <b>SO Ref: 2</b> <b>Source of Assurance:</b> Medical Director presented the DoC report which highlighted the progress of delivering the Duty of Candour Improvement Plan and the position of Duty of Candour. <b>Mitigation in place:</b> There is an improvement plan in place to implement a training programme for staff</p> <p><b>Actions requested by the Committee:</b> Change the Datix module to not allow staff to dictate if DoC is applicable for moderate harm or above as it is mandatory for these harms. Monthly data to QGC</p>
<b>Areas identified to visit in walk rounds</b>	Non Executives will visit wards reviewing the Sepsis eBundle at Lincoln County Hospital

**Attendance Summary for the rolling 12 month period**

<b>Voting Members</b>	J	F	M	A	M	J	J	A	S	O	N	D
Penny Owson, non-executive Director(Chair)					√	√						
Paul Grassby, non-executive Director					√							
Kate Truscott, non-executive Director												
Neil Hepburn, Medical Director					√	√						
Michelle Rhodes, Director of Nursing					√	√						
Mala Rao, non-executive Director						√						
<b>Non-voting members</b>												
Jennie Negus, Deputy Chief Nurse					√	√						
Bernadine Gallen, Quality & Safety Manager					√	√						
Karen Sleigh, Head of 2021 (agenda item)					√							
Tracy Longfield, Beecham Croft					√	√						
Sarah Southall, Deputy Chief Nurse LECCG					√	√						
Jenny Hinchliffe Lead Nurse Patient Safety						√						
Kate Casburn, taking minutes					√	√						