

Report to:	Trust Board
Title of report:	Quality Governance Committee Upward Report to Board
Date of meeting:	29 th March 2017
Status:	For Information/Discussion
Chairperson:	Ms Penelope Owston
Author:	Bernadine Gallen

Purpose	This report summarises the discussions, approvals and decisions made by
Daalamanad	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	Infection Prevention & Control
	The physiotherapy pools have temporarily suspended their services until a risk assessment has been completed.
	C. Diff – the Trust is nearly at its ceiling for the year.
	PHE informed the Trust of 3 TB cases. Information regarding contacts
	were obtained and a meeting was held with all stakeholders on Thursday
	16th March. Health and Safety and Occupational Health are involved. A
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	DATIX has been reported and a SI investigation will commence.
	DKA SI
	An overview of the DKA SI was presented to the committee by the Deputy
	Director of Nursing. There is a detailed action plan.
	Quality & Safety Improvement Plans
	There are 17 safety improvement plans aligned to the CQC draft report.
	The aim is to help us develop a safety culture. The executive board will
	meet to review progress. An exception report will be presented to board.
	A monthly progress report on areas pertinent to Quality Governance will be required.
	Ward Accreditation
	The Deputy Director of Nursing gave an overview of ward accreditation
	and we are currently reviewing the metrics required. We will be aligning
	the SQD which will be the ward accreditation indicators and Ward Health
	Check will be the ward accreditation pulse check.
	Q3 CQUIN
	Sepsis, Flu and Adult Critical Care Timely Discharge will only achieve
	partial payment. The remaining CQUINs we are in line to achieve full
	payment however we are still waiting on official confirmation from the
	specialised commissioners.
	specialised commissioners:
	Patient Safety and Clinical Effectiveness Assurance Report
	NatSIPPs
	All identified clinical areas are demonstrating progress and additional
	specialties have been instructed to complete gap analysis. Endoscopy are
	able to evidence full compliance and in view of this and broader progress



the committee agreed to report compliance against CAS Alert from March 2017.

WHO Compliance

For the month of February compliance deteriorated to 98.18%; There were 6 episodes of were non-compliance (all at Lincoln).

Safety Thermometer

Safety Thermometer methodology was discussed. ULHT wrote to Lincolnshire East CCG that with immediate effect 'Falls Before Admission' will be excluded from data collection, drawing ULHT into line with Sherwood Forest, Nottingham and Peterborough Hospitals. We have received confirmation from LECCG they are happy with our proposal. National Diabetes Audit (NDA) Compliance report

Due to data collection issues the organisation is currently non-compliant. Historically data had been collected for this audit using PAS but this functionality was lost through the inception of Medway. A remedial plan has been drafted and progress will be reported through Patient Safety Committee again in June 2017.

Quality report

Mortality Report

HSMR for the period December 15 to November 16 is 102.3%. SHMI for the period July 15 to June 16 is 110.07% which is within acceptable limits.

The Trust is not alerting for any diagnosis groups. Lincoln County Hospital are alerting (for two months) for Intestinal Obstruction without hernia, Pilgrim Hospital (for one month) Peritonitis and intestinal abscess. All diagnosis are closely monitored and consecutive alert for more than 3 months automatically initiates in-depth analysis.

Observed diagnosis groups, Pneumonia is still the highest; Derek from Dr Foster will be attending the Respiratory Governance Meeting to review Lincoln data.

The Trust is undertaking numerous strategies to understand why SHMI data is not aligning to HSMR data, The Lincolnshire Mortality Committee Meeting convened on 22th February 2016 with representation from the CCG and ULHT. Patients who deceased with a zero Charlton Score and who are 75 years of age or above will have a case note review.

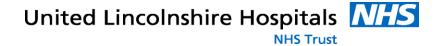
Derek Smith from Dr Foster will work with information services to review coding across the 3 sites.

A further Clinical Coding Masterclass has occurred on 16th March 2017 to provide staff with education in coding, performance, finance and Dr Foster.

Mortality Newsletters will commence from April to disseminate lessons learned from MORAG reviews.

Sepsis

The Committee were given assurance over recent controls introduced to improve performance including E-Bundle and Substantive Sepsis Nurses. E-Learning for Sepsis remains at 71% Intervals between rescreening (assuming previous negative screen) will be extended to 6 hours. This will be included in the revised observation policy and communicated to staff. Harm reviews will be undertaken and these harm parameters are defined



	as died or avoidable admission to ICU.
	Quality Account Timetable
	This timetable was noted
	Patient Experience Report
	The report was noted.
	There have been discussions to increase the focus on actions. The board
	patient story will focus on dementia care. Discussion around end of life
	and this theme will be presented at the May board.
	Adverse Incidents and Lessons Learned
	Report was noted.
	Version 14 of Datix is currently in test but will potentially take 4 months
	before it is rolled out. This upgrade will allow better reporting of Duty of
	candour (DoC). The committee is still not assured of the reporting and
	processes. The Deputy Director of Nursing will discuss with the Medical
	Director the potential of writing a letter to each CD and HoN.
	Risk Register
	The Risk team are still in the process of cleansing the data in the risk
	register to ensure the information contained is meaningful and
	completed. In February there were 258 risks closed (254 were estates &
	facilities), 30 were corporate. Estates and Facilities have carried out an
	exercise to validate the risks on DATIX. These have now been linked to
	one of nine core risks.
	The Risk Team are seeking ongoing assurance when risks are closed. They
	are also encouraging greater ownership on the shop floor as they need to
	provide information on what they are doing at speciality governance and
	feed tis upwards. The risks that need escalating to the board are;
	Vascular Services at Pilgrim
Biological Color	2. Medicine Licence
Risks to refer to risk	
register Issues to escalate to	Duty of Candour – reporting and processes
_	Duty of Candour – reporting and processes DKA SI
Board	TB
	Vascular services and medicine licence
Challenges and	Nothing was noted which affects the ability of the meeting to carry out its
exceptions	duties.
Future exceptional	duties.
items	
Recommendations	The Board is asked to note the contents of this report.
Accommendations	The board is asked to note the contents of this report.

Attendance

Voting members

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

Kate Truscott, Non-Executive Director

Pal Grassby, Non-Executive Director

Penny Snowden, Deputy Chief Nurse



Sudhakar Rao, Clinical Director W&C

Non-voting members
Bernadine Gallen, Quality & Safety Manager
Tracy Longfield, Beecham Croft
Jennie Negus, Deputy Chief Nurse
Sarah Southall, Deputy Chief Nurse LECCG
Kate Casburn, minutes