

Report to:	Trust Board
Title of report:	Quality Governance Committee Upward Report to Board
Date of meeting:	31 st January 2017
Status:	For Information/Discussion
Chairperson:	Ms Penelope Owston
Author:	Bernadine Gallen

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	Terms of Reference / Work Schedule The ToR and work plan to be updated and discussed at the February meeting
	Infection Prevention & Control Flu CQUIN ULHT achieved a vaccination uptake of 70.13% of front line staff. The 17/18 CQUIN was for 75% attainment. The Trust will achieve 50% of the CQUIN. The 18/19 CQUIN is to achieve 70%. Post Exposure Prophylaxis Following several incidents a training package for A&E staff has been developed.
	Housekeeping Cleaning audit figures demonstrate an improvement on the pilot wards but not yet achieving 95% as new ways of working require further embedding. Staff appraisals have increase. The pilot is to be extended to March 2017. A further business case will be formulated and submitted.
	Microbiology The lack of Microbiology remains a concern for ULHT. Chief Nurse will explore if there are microbiology support from other areas. Medical Director has written to the NLAG but has not received a response. Propose for Jan to write to the chief Executive at NLAG.
	Safeguarding Incident Following a discussion at Trust Board, a Safeguarding review was completed in which a 17 month old child was reported to have experienced a delay in assessment and treatment whilst in attendance at A&E. No harm came to the baby and the delay was due to the paediatricians attending a critically ill baby on a ward - adding staff to the rota to support Middle Grades later in the day. It also highlighted there were WIFI dead spots – plans in progress. Strategy A draft Safeguarding strategy has been developed and has been distributed for comments External Peer for Safeguarding The report highlighted 21 recommendations which are progressing
	Falls Improvement – Pilgrim Roll out of the Workbook which has been successfully piloted.

	<p>Falls Group have produced an educational video demonstrating the correct procedure for taking L&S BP's, Scrutiny panels continue and if there are no falls with severe harm to review falls with moderate harm.</p> <p>ULHT have signed up to the next NHS Improvement 90 day event at Pilgrim which is due to commence in January 2017.</p> <p>Ward sisters to present at QGC if they have attended the scrutiny panels on 2 or more occasions.</p>
	<p>Overfill Rates</p> <p>A report was presented detailing the departments with higher usage of agency and the reasons why. There were 44 shifts put out to agency as part of the emergency care 2 week pilot on the Pilgrim site. This was to run the AEC through the 24 hour period for two weeks as a proof of concept. There are very clear guidelines when to increase staff. The outcomes of risk summits will be presented to the QGC bi monthly. 25 Nursing associates have started and they will qualify in 2 years.</p>
	<p>Patient Safety Upward Report</p> <p>NatSIPPs</p> <p>The action plan has identified 5 key areas for NatSIPPs: Cardiology, Endoscopy, Interventional Radiology and Main Theatres at Lincoln and Pilgrim. Aim to have 2 areas completed by Q4. Monthly reports to be presented at PSC on compliance.</p> <p>Hospital Transfusion Update</p> <p>Blood Tracking Contract for upgrade being signed and due to be installed and fully operational by February 2017.</p> <p>Introduction of 2 G&S samples for new patients has generally been seen as a positive change for patient safety, although, some concern remain around use in emergency.</p> <p>There has been one SABRE (Serious Adverse Event) this being the Cyber-attack at NLAG which affected ULHT transfusion systems. Outcome of the investigation from Path Links is awaited.</p> <p>VTE</p> <p>A proposal for the pilot of a nurse led VTE clinic at Lincoln was planned to commence in Feb 2017. VTE risk assessment continually above 95%.</p> <p>WHO Compliance</p> <p>For the month of December showed a drop and compliance at 97.4%; There were 7 episodes of were non-compliance. Discussions to propose surgeons who are non-compliant to complete an RCA.</p> <p>NICE Update</p> <p>In Q3 79 NICE assessments have been completed where in Q2 there were 66 completed giving an increase of 13 completed. 49% (79/161) of the baseline assessments have been completed for the Trust.</p> <p>CQUINs</p> <p>For Q3 we predict we will receive partial payment for sepsis and flu compliance, the remaining CQUINs we predict full payment. The CQUINs for 17/18 are all nationally set. Standalone reports will be presented to QGC and FSID on compliance.</p>
	<p>Quality Report</p> <p>Mortality</p> <p>HSMR for the period April 15 to Sept 16 is 99.6%.</p> <p>SHMI for the period July 15 to June 16 is 110.07% which is within</p>

	<p>acceptable limits. 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 is due to have its first meeting in February, this will review patients who have passed away within 30 days of discharge and who are 75 years old or above. Patients who deceased with a zero Charlson 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. Safety thermometer A paper will be presented at PSC in February to discuss the methodology other Trusts are utilising as it has become clear we are not using the same methodology and the results are used to benchmark. Pressure Ulcers The data does not distinguish between avoidable and unavoidable as there are pressure ulcers that still need to go through the scrutiny panels. CAUTI There was one CAUTI for December. We are still an outlier for number of catheters being inserted. The Patient Safety Lead is working with the consultant Nurse to review lessons learned and a comprehensive workplan has been developed. Sepsis eLearning has increased to 61% from 18% in November. Compliance with IVAB has increased to 73% and screening remaining around 84%. The launch of the sepsis eBundle is being proposed within the next few weeks.</p>
	<p>360 Internal Audit There were 4 medium recommendations which are being progressed.</p>
	<p>Quality Account The key priorities will be aligned with the Quality Strategy.</p>
	<p>Patient Experience There is discussion at reviewing the opening hours for visitors. The London School of Economics Complaints Analysis report was presented and demonstrated we are not a significant outlier. Complaints to be reported against per 10,000 bed-days. This demonstrates that Grantham had a significant peak in August which is being analysed whereas Lincoln, Pilgrim and across the Trust the rate has been largely steady. NHSI developed a Patient Experience Headline Tool which tracks performance and provides comparisons across all Trusts. NHSI have recently redeveloped the tool that will be formally launching soon; the new denominator for this is complaints per 1000 members of staff in post (for that quarter). The lessons learnt forum is proving to be very valuable. There are local recovery plans for FFT as we are below the national average. Volunteer applications has increased by 333%. Customer Care Training has 90 staff booked.</p>

	<p>Equality Diversity and Inclusion The lead will present to Quality Governance Committee quarterly commencing in April 2017 to give assurance in relation to the Public Sector Equality Duty and patient and service users.</p> <p>Adverse Incident Report In December there were 22 incidents reported externally on STEIS and 9 Serious Incident Investigation reports were sent to the CCG for approval. As at 31st December the Trust has 63 SI's categorised as "Open". A total of 36 investigations are beyond the deadlines. There were no Never Events in December. For December the Trust's CAS compliance is at 87.5%. NaTSIPPS has not achieved compliance within the required timeframe. 10 new risks were added to the risk register in December. The number of current risks on the risk register now stands at 753 - 11 risks have been removed. For Duty of Candour (DoC), an in depth report will be produced in the future. Out of 183 incidents reported with a severity of moderate or above during December, 38 incidents had been identified on DATIX as requiring DoC, but only 14 of these provided DoC. No new HSE Notices have been received for December. 13 incidents were reported to the HSE under the RIDDOR. The Trust reported 14 Information Governance related incidents during December; 8 incidents remain open and under investigation by the relevant department leads.</p>
	<p>Risk Register The lead was not present at the meeting and recommended the register requires greater clarity.</p>
Risks to refer to risk register	
Issues to escalate to Board	<p>DoC – there is still confusion with staff understanding what constitutes DoC and how they demonstrate compliance. The systems does not allow us to capture the data required. Microbiology support at ULHT</p>
Challenges and exceptions	<p>Nothing was noted which affects the ability of the meeting to carry out its duties.</p>
Future exceptional items	
Recommendations	<p>The Board is asked to note the contents of this report.</p>

Attendance

Voting members

Penelope Owston (Chair), Non-Executive Director and Trust Deputy Chair
 Tim Staniland, Non-Executive Director
 Paul Grassby, Non-Executive Director
 Kate Truscott, Non-Executive Director
 Suneil Kapadia, Medical Director
 Michelle Rhodes, Chief Nurse

Non-voting members

Bernadine Gallen, Quality & Safety Manager

Leanne Martin, Risk Coordinator

Nicola Parker, Beecham Croft

Jennie Negus, Deputy Chief Nurse

Kate Casburn, minutes