Report to:	**Trust Board**
Title of report:	**Quality Governance Committee Upward Report to Board**
Date of meeting:	28th February 2017
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	**Terms of Reference / Work Schedule** There noted to be issues with the sub committees ToR. NHSI have requested an external review into governance arrangements and processes which will commence in March 2017. The CQC action plan will also dictate the future work plan for the Quality Governance Committee. To coordinate an extra ordinary meeting and invite the NHSI representative to update the ToR and there is ward to board accountability.
	Infection Prevention & Control Antimicrobial Pharmacist Antimicrobial pharmacist is now on maternity leave. Lead Nurse interviews have occurred and offered a position to an external candidate who will commence in April 2017. Contaminated Blood Cultures Contaminated Blood Culture rate is 7% compared to 3% nationally. There are site action plans and the new Lead Nurse will have this in her portfolio. C. Diff Within the year we will be under the C. Diff trajectory of 59. Next years trajectory has not yet been set. MRSA Bacteraemia There were 2 MRSA Bacteraemia in January 2017. These were complex patients and the reviews have identified issues with swabs – both patients did not have appropriate swabs completed. One patient was also an out-lier on a ward and did not have appropriate senior clinical reviews. Both have had their RCAs completed. Physio Pool The physio pools at Pilgrim and Grantham are being utilised by external companies. The Service Level Agreements are to be reviewed for these external companies to ensure they are appropriate due to the level of chlorine that is required in the physio pools. Hand Hygiene facilities Continuously being highlighted the lack of sinks in A&E at Pilgrim and Grantham.
	Information Governance The Trust needs to achieve 95% compliance with IG training to achieve a level 2 for the IG toolkit. At the time of the audit we were at 83% and

	therefore a level 1. Measures are being put into place to try and improve compliance.
	Patient Safety Upward Report NatSIPPs All identified clinical areas are demonstrating progress and additional specialties have been instructed to complete gap analysis. Endoscopy and Cardiology will report to Patient Safety Committee with supporting audit data in March & April respectively. WHO For the month of January compliance with WHO has improved to 99.67%; There was 1 episode of non-compliance. Safety Thermometer Safety Thermometer methodology was discussed, highlighting inconsistencies between the parameters applied by Acute Trusts in Midlands. ULHT will prospectively collect data with community falls excluded to present to CCG in March for discussion around future data collection. Initial interrogation of data suggests inclusion of community falls accounts for organisational position as outlier for Falls Harms. Human Factors Human Factors Faculty to be launched using funds allocated through Sign up to Safety NHS Litigation Authority Bid (2014). 9 staff will be trained. Faculty will be responsible, with the support of Organisational Development, for delivery of sustained and structured Human Factors training across the Trust. MORAG There have been 1608 Mortality Reviews since January 2016. 118 of these cases have been referred to MORAG for peer review with 55% completed. Additional meetings are being convened to improve completion rates.
	Quality Report Mortality HSMR for the period Nov 15 to Oct 16 is 102.8%. 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 one month) for Biliary Tract disease, Liver Disease (Alcohol related) and Intestinal Obstruction without hernia. All diagnosis are closely monitored 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 met on the 22nd February 2017. The remit of the group is to review patients who have passed away within 48 hours of admission, 30 days of discharge and who are 75 years old or above. Need to ensure this group is aware of the ECIP project. 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. It was highlighted there has been a delay in the Coroner's office and the Trust has had to buy in extra temporary storage. This then can delay reports and reviews. Dr Kapadia has been in contact with the Coroner's Office to discuss this issue. Falls There has been a decrease of falls at Lincoln and Grantham however Pilgrim has not seen any improvement. Numerous strategies being deployed including working with the collaborative. Pressure Ulcers There was a backlog of scrutiny panels at Pilgrim which has now been resolved however this will demonstrate a huge spike in the number of SIs being reported as they will now be added to the STEIS tracker as judgement of avoidable or non- avoidable has been made. Individual letters will be sent to staff not adhering to the policy. CAUTI There was no CAUTI for January. 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 All sites are demonstrating improvement in Sepsis screening however the degree of improvement at Boston is less than at Lincoln and Grantham and IV ABX within 1 hour deteriorated from 75% to 59% in January at Boston. The Trust is planning to implement harm reviews. Sepsis eBundle being piloted this week.
	Health & Safety The Trust is developing a restraint policy and there have been meetings with LPFT and the police.
	Patient Experience There has been a small increase in the number of overdue complaints due to the operational pressures at the Trust. A new structure has been developed to tract themes for complaints and they are looking a adopting this for PALS. Lessons learnt forum meet alternative months. It has been noted that a high number of PALs have been resolved in a swift manner. FFT is below the national average however the trend is going in the right direction. A&E has improved slightly. Launching 'Ask Me' campaign.
	Adverse Incident Report The template needs to be adopted to include peer analysis. The report needs to enable greater intelligence to allow greater interrogation of the data and to correlate with claims, litigation, complaints. Deputy Chief Nurse and Quality & Safety Manager to discuss with the risk team as they were not present at the meeting.
	Risk Register The committee is not assured that we are receiving the correct information.
Risks to refer to risk register	

Issues to escalate to Board	Coordinate an extraordinary meeting to discuss Quality Governance Committee ToR and assurance Physio Pools at Grantham and Pilgrim being utilised by external companies DoC Lead for the Trust Lack of assurance of the Risk Register
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
Penelope Owston (Chair), Non-Executive Director and Trust Deputy Chair
Tim Staniland, Non-Executive Director
Kate Truscott, Non-Executive Director
Penny Snowden, Deputy Chief Nurse

Non-voting members
Bernadine Gallen, Quality & Safety Manager
Tracy Longfield, DAC Beachcroft
Jennie Negus, Deputy Chief Nurse
Sarah Southall, Deputy Chief Nurse LECCG
David Knight, Chaplin
Kate Casburn, minutes
Jayne Warner, Trust Secretary