

Report to:	Trust Board
Title of report:	Quality Governance Committee Upward Report to Board
Date of meeting:	26 th April 2017
Status:	For Information/Discussion
Chairperson:	Ms Kate Truscott
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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>Infection Prevention & Control There is an impending visit from NHSI on the 23rd May 2017. Post this visit the IPC will review their ToR. The current representation from medical staff is poor and they are planning to make the committee more robust. For 2016/17 there were 2 MRSA episodes, 59 C. Diff (within trajectory). The review on patients and staff who contracted TB has been completed and an extraordinary meeting is being coordinated to review our processes and policies for this group of patients.</p> <p>Safeguarding A Report following the rapid assessment of the form and function of ULHT safeguarding services for both Children and Adults was completed in August 2016. A number of recommendations were listed in the report. An action plan was developed and this is currently being worked through. Safeguarding is one of the work streams of the 17 quality & safety programmes. A Board Development Session would be required for the Board to review their roles and responsibilities.</p> <p>Learning from Deaths The CQC produced a report in December on 'Learning, candour and accountability' which referenced there would be guidance issued in March 2017. The guidance has been issued and lists a number of recommendations. The Trust has completed a gap analysis of where we are currently compared to the recommendations and are meeting again to review these on the 28th April 2017. A report will be produced for the June meeting. A Board Development Session will be required to review their roles and responsibilities.</p> <p>Patient Safety Committee Maternity Safety Plan The Maternity Safety Plan has the overarching ambition to improve both outcomes and experiences for women, their babies and their families during their pregnancy, birth and post-natal periods by improving patient safety, clinical effectiveness and staff satisfaction. The Maternity Safety Plan was ratified by both the Obstetrics & Gynaecology, and Neonatology Speciality Governance Meeting, and the W&C Directorate Trust wide Governance meeting in January 2017. It went to the Trust Board meeting in February 2017 and has been shared externally. Duty of Candour The Director of Medical Education presented a draft E-Learning tool for</p>

	<p>Duty of Candour. The Committee agreed that Duty of Candour would be mapped against all staff.</p> <p>CQC Milestone Plan</p> <p>An overview of the CQC Report was presented with updates on progress against the 17 areas of main concern. Strategies and improvement plans are in place to monitor and deliver against all milestones and additional senior leadership has been secured to support Pilgrim Hospital including Claire Pacey from NHSI who is working with ULHT as Turnaround Director.</p> <p>Terms of Reference</p> <p>Revised terms of reference for Patient Safety Committee were ratified.</p> <p>WHO Compliance</p> <p>Performance for March 2017 - Lincoln - 97%, Louth - 96%, Pilgrim - 100%, Grantham - 100%</p> <p>NATSSIP Update</p> <p>Gap Analysis continues to be collated for specialties and the Lead is liaising with clinicians. There are currently 5 example LocSSIP/policies available on the NHS improvement website and ULHT have submitted their policy for sharing. Theatres at Pilgrim are piloting the introduction of a team brief and de-brief document designed by Leicester, this has been shared with Lincoln teams.</p>
	<p>Quality report</p> <p>Mortality</p> <p>HSMR within expected limits. SHMI is within expected limits.</p> <p>Intestinal Obstruction without Hernia has been alerting for 3 months at Lincoln and an in-depth case note review has been commissioned.</p> <p>A process for non-compliance for completion of mortality reviews has been put into place. The Associate Medical Director has written to all consultants who have not completed their case note reviews within a timely manner and have 5 sets of case note reviews outstanding.</p> <p>Quality Governance are working with Dr Foster to understand Lincoln Site's HSMR, a report will be presented in May 2017.</p> <p>Two newsletters will be produced monthly; one newsletter will included a MoRAG case review and lessons learned; and the other will be a revival of the Mortality Matters Newsletter that will look at the specific effects of our mortality reviews; HSMR, SHMI, Review compliance. The first publication has been agreed for April 2017.</p> <p>Safety Thermometer</p> <p>New Harm Free Care 97.89% - in line with national %. Falls prior to hospital have been removed from the methodology to be in line with neighbouring Trusts.</p> <p>Falls</p> <p>Data demonstrates a higher proportion of falls across the sites for 2016/17 whilst maintaining overall a reduction in severe harm falls. In March there was a reduction in falls with harm per 1000 bed days however there was an increase in falls with severe harm.</p> <p>Pressure Ulcers</p> <p>In March, 11 grade 3 and 4 pressure ulcers were reported of which 5 were grade 4, scrutiny panel dates have been established and a work plan has been formulated for 2017/2018 to address the main lessons arising from the scrutiny panels. A request for an update on the pressure ulcer plan at Pilgrim to be presented at the May meeting.</p>

	<p>Medication There has been a reduction of medication incidents per 1000 bed days for the Trust in March however Grantham site has a higher number of incidents per 1000 bed days compared to Lincoln and Pilgrim.</p> <p>CAUTI There was 1 new CA-UTI in March 2017. The Trust have not delivered against 2016/17 trajectory (15), there have been 18 reported however, this is a significant reduction on 2015/16, 32. ST data demonstrates that ULHT continue to insert higher than the national average number of catheters.</p> <p>Sepsis Screening for sepsis for March was 90%, IVAB administered within 1 hour was 72%. Pilgrim site have forwarded a remedial action plan to improve compliance. Weekly data is distributed. The sepsis eBundle is currently going live in a phased approach, this will account for 100% of patients with a NEWS of 5 or more which will see a deterioration of compliance.</p> <p>Patients missing from the partial booking waiting list (PBWL) The Trust have identified a cohort of patients whose last appointment outcome included the need for a further follow-up to be booked, but currently these patients did not appear on the partial booking waiting list. There isn't a technical solution which will enable, with certainty, the patients inappropriately missing from the PBWL to be identified. Manual validation processes to identify these patients are ongoing on a sample of these patients. No harm has been reported relating to any patients affected by this issue at this point. From a sample of 43 thousand patients, 50 patients needed to be added to the PBWL. The overall trajectory is from the thousands of patient a few hundred will need to be added. The trust has invested in training for the staff to avoid these issues from re-occurring. This is being managed at FSID.</p> <p>Patient Experience The Trust is currently liaising with other Trusts to ensure more meaningful benchmarking data is available. The Trust is expecting a more marked increase in complaints due to the recent inspection. In March 73% of complaints were responded within the timeframe. Discussion around the introduction of open visiting across the Trust; currently practice varies between sites and wards and nationally there is a move towards greater flexibility. The committee requires greater representation from BU to ensure actions are delivered.</p> <p>Adverse Incident In March there were 1300 incidents reported on Datix. The Trust is in the lower quarter nationally for reporting according to NRLS. There were 25 incidents reported externally on STEIS which is an increase from 20 in February. 3 completed Serious Incident Investigations have been sent to the CCG. There are 120 Serious Incident Investigations open and at this time 56 are beyond the deadlines outlined in the National Framework. There were no Never Events in March. There have been no Never Events since November 2016. Out of 124 incidents reported with a severity of moderate or above during</p>
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	<p>February, 36 incidents had been identified on DATIX as requiring DoC, but only 20 of these provided DoC. System restrictions impede organisational ability to interrogate all incidents for compliance or necessity to comply, however it has been agreed Datix will incorporate drop down menus when a DoC is triggered, data will be collated on a monthly basis to check compliance and will be a standing agenda item on the speciality governance meetings.</p> <p>5 incidents were reported to the HSE under the RIDDOR (3 Lincoln, 1 Boston, 1 Grantham).</p> <p>Datix version 14 is currently being tested and the team are recommending switching over to this version next week. Business case has been developed detailing our specifications for the system and this will go to IPB next month.</p> <p>The team have recruited a band 5 and currently in the process of recruiting x2 band 4</p>
	<p>Risk Report</p> <p>The team are currently validating the corporate risk register. No new open risks and no closed risks for QGC. A Board Development Session will be required to review their roles and responsibilities.</p>
<p>Risks to refer to risk register</p>	
<p>Issues to escalate to Board</p>	<p>Board development sessions for:</p> <ul style="list-style-type: none"> • Safeguarding • Mortality • Risk <p>120 Serious Incidents Investigations open with 56 beyond National Framework expectations.</p> <p>The number of investigators in the organisation</p> <p>Capacity within the Risk team and the delay in recruitment</p> <p>The sepsis eBundle is currently going live in a phased approach, this will account for 100% of patients with a NEWS of 5 or more which will see a deterioration of compliance.</p>
<p>Challenges and exceptions</p>	<p>Nothing was noted which affects the ability of the meeting to carry out its duties.</p>
<p>Future exceptional items</p>	<p>DKA audit with an action plan to be presented at the May meeting</p> <p>Learning from deaths update to be presented at the May meeting</p> <p>Update on the Pilgrim pressure ulcer plan to be presented at the May meeting</p> <p>Maternity safety update to be presented at the September meeting</p>
<p>Recommendations</p>	<p>The Board is asked to note the contents of this report.</p>

Attendance

Voting members

Kate Truscott, (Chair), Non-Executive Director and Trust Deputy Chair

Michelle Rhodes, Director of Nursing

Suneil Kapadia, Medical Director

Non-voting members

Bernadine Gallen, Quality & Safety Manager

Tracy Longfield, Beecham Croft

Jennie Negus, Deputy Chief Nurse

Tracy Pilcher, Chief Nurse LECCG

Simon Priestley, Deputy Chief Pharmacist

Charles Barsted, Interim Chief Pharmacist

Gemma Coupland, minutes