

<b>Report to:</b>	Trust Board
<b>Title of report:</b>	Committee Assurance Report to Board
<b>Date of meeting:</b>	29 <sup>th</sup> August 2017
<b>Chairperson:</b>	Penny Owston
<b>Author:</b>	Bernadine Gallen

<b>Purpose</b>	<p>This report summarises the assurances 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.</p> <p>This assurance committee meets monthly and takes scheduled reports from all Trust operational committees according to an established work programme.</p>
<b>Assurances received by the Committee</b>	<p><b>ToR – lack of assurance as some processes and systems are currently not in place.</b> Mitigation in place: A Clinical Governance review is occurring from the 1st Sept which will include reviewing processes and systems to ensure the committee is assured.</p> <p><b>WHO – Assured processes are in place</b> SO Ref: 1 The medical Director has written to the CD’s detailing the expectations when the Surgeons fail to comply with the WHO checklist. Quality Governance maintains a record of who has received letters. <b>Source of assurance:</b> Patient Safety Committee receive monthly reports on compliance which is reported upwardly to QGC.</p> <p><b>Mortality – Assured processes are in place</b> SO Ref: 1 HSMR and SHMI are both within expected limits. <b>Source of assurance:</b> The Trust is reviewing their processes in relation to the national guidance on Learning from Deaths. An updated policy is due in September detailing the revised processes. The key objectives is to learn from patients who have Learning Disabilities / Mental Health issues and having input from bereaved relatives. A Board Development session is being coordinated.</p> <p><b>VTE – Assured processes are in place</b> SO Ref: 1 <b>Source of assurance:</b> UNIFY submission has achieved greater than 95% every month. Due to a national shortage of Enoxaparin, Dalteparin is being used for Thromboprophylaxis. Communications have been sent detailing the changes.</p> <p><b>Deprivation of Liberty (DoLs) – Committee assured</b> SO Ref: 1 <b>Source of assurance:</b> The paper provided the Quality Governance Committee with an overview of recent case law which could have an impact on the Trust in relation to Obstetrics where a patient lacks capacity. Training programme is being implemented.</p> <p><b>Safety Huddle proposal – noted</b> SO Ref: 1</p>

	<p>A proposal was presented on implementing safety huddles. This proposal to be presented at CMB.</p>
	<p><b>Patient Safety and learning Forum – noted</b>  SO Ref: 1  A proposal was presented on the implementation of a safety and learning forum. To await the outcome of the governance review prior to implementation to ensure processes are married.</p>
	<p><b>Patient Experience – assured processes in place</b>  SO Ref: 1  There were complaints related to safeguarding however there have been no identified themes. Focus towards learning from patients with Mental health. Communication training is ongoing.  Lessons learned newsletter was noted.  Dignity pledges cannot be formally launched until executive team sign off.  <b>Actions requested by the Committee:</b> Nominate staff who have been named in the complaints to attend the communication training</p>
	<p><b>Medication Safety Report – lack of assurance</b>  SO Ref: 1  Due to the poor attendance from Nursing and Medial personnel it is very difficult for the committee to drive changes  <b>Actions requested by the Committee:</b> Medical Director to nominate medical representation and Lead Nurse for Patient Safety to nominate Nursing representation.</p>
	<p><b>Clinical Documents – assured there is a process for clinical documents but not assured for corporate policies</b>  SO Ref: 1  There is a robust process in place for clinical policies however there is not for corporate policies as it is for the owner of the policy to update  <b>Actions requested by the Committee:</b> To escalate corporate policy process to TB</p>
	<p><b>Patient key Harms – lack of assurance due to increase in number of harms</b>  SO Ref: 1  The key harms are increasing.  Sepsis is still not live in Lincoln A&amp;E – meeting arranged with the executive team to resolve impasse. The sepsis eBundle data is still being validated as there have been issues identified on how the eBundle is collating the data. Director of Nursing discussing with Microbiology on the way forward of the PGD.  <b>Mitigation in place:</b> The harms are being discussed within the cabinet meetings.</p>
	<p><b>Infection Prevention &amp; Control – not assured</b>  SO Ref: 1  Chief Executive chairing IPC . The Trust is currently over their monthly trajectory however August appears to be on trajectory. Compliance with MRSA screening is generally poor, concerns were raised about how robust the process is for collecting screening data. During June 2017 there were three cases of MRSA colonisation/ infection on Carlton Coleby Ward in a 6-day period. An outbreak meeting was held and a detailed plan is in place. Discussions occurring around deep cleaning however there is a</p>

	<p>significant cost attached.</p> <p><b>Diabetes Ketoacidosis– action plan was noted however not assured processes in place to learn</b>          SO Ref: 1          The action plan will be surpassed by the Leicester review.          There was another patient who was found to have DKA on the Diabetes Ward. There has been a turnover of Nurse Leaders on the ward over the past few years          Diabetes Nurse Specialist will be based on the ward.  <b>Actions requested by the Committee: Update from review in October.</b></p> <p><b>Adverse Incident Report – committee not assured about process</b>          SO Ref: 2          Concern that we are amassing a current backlog. The Trust is partnering with LPFT to learn how they have improved their SI processes. There will be a training programme targeted at medical and nursing staff (band 7 or above). The PSC has not had attendance for 2 months from the RISK team. There is a governance review occurring from the 1<sup>st</sup> Sept.  <b>Actions requested by the Committee:</b> Medial Director discussing with Risk team representation at PSC and reviewing information reported to enable interrogation of data.</p> <p><b>Duty of Candour – Committee not assured</b>          SO Ref: 2          The Trust is tracking the compliance with DoC however poor compliance with adhering to the DoC processes.  <b>Mitigation in place:</b> Weekly data being sent and DoC will be incorporated within the governance review.</p>
<b>Issues where assurance remains outstanding for escalation to the Board</b>	Reviewing corporate policies
<b>Committee Review of corporate risk register</b>	<p><b>Risk Register – Assured working as intended and committee is altering their processes to align.</b>          There are 347 operational risks which are currently being sent to each risk holder to review. There are 115 corporate risks of which 65 are for the QGC to review. There are 3 risk from 2009 – 2011.  <b>Actions requested by the Committee:</b> The leads for the 3 risks from 2009 – 2011 will present at the September meeting – eDD, weighing facility at PHB and manufacturing of radiopharmaceuticals essential for Nuclear Medicine procedures.</p>
<b>Matters identified which Committee recommend are escalated to SRR/BAF</b>	
<b>Committee position on assurance of strategic risk areas that align to committee</b>	
<b>Areas identified to visit in ward walk rounds</b>	Greetwell ward was visited on 29 <sup>th</sup> August. Highlighted the number of falls. The ward is also having 6 newly qualified Nurses starting – this will

	enable the ward manager to be supernumerary.
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**Attendance Summary for rolling 12 month period**

<b>Voting Members</b>	<b>J</b>	<b>F</b>	<b>M</b>	<b>A</b>	<b>M</b>	<b>J</b>	<b>J</b>	<b>A</b>	<b>S</b>	<b>O</b>	<b>N</b>	<b>D</b>
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					√	√	√	√				
Marla Rao						√	√	√				
Jan Sobieraj							√					
<b>Non-voting members</b>												
Jennie Negus, Deputy Chief Nurse					√	√	√	√				
Bernadine Gallen, Quality & Safety Manager					√	√	√	√				
Karen Sleight, Head of 2021 (agenda item)					√		√	√				
Tracy Longfield, Beecham Croft					√	√						
Sarah Southall, Deputy Chief Nurse LECCG					√	√	√					
Jenny Hinchliffe Lead Nurse Patient Safety						√						
Simon Priestley							√					
Charles Barstead								√				
Penny Snowden							√					
Victoria Bagshaw							√					
Kate Casburn, taking minutes					√	√	√					