

Report to:	Trust Board
Title of report:	Committee Assurance Report to Board
Date of meeting:	25 th July 2017
Chairperson:	Kate Truscott
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Purpose	<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>
Assurances received by the Committee	<p>Assurance there are processes in place to identify WHO non compliance SO Ref: 1.1.1 Source of Assurance: WHO data was presented as part of ongoing audit Mitigation in place: Monthly audits and Louth had 4 non-compliance episodes. Actions requested by the Committee: Medical Director to write to all consultants if 3 or more episodes of non-compliance within 12 months. Review data in August to ensure the action has been addressed</p> <p>Assurance there are processes in place for NICE guidance but lack of assurance with cross speciality issues SO Ref: 1.1.1 Source of Assurance: Quarterly reports presented to PSC Mitigation in place: The chair of PSC to discuss with Medical Director aligning NICE to job plans Actions requested by the Committee: Report update at August meeting Identification of lead consultant for NICE</p> <p>Assurance that action is being taken in relation to PSA – Polymer Gel Granules SO Ref: 1.1.1 These granules are widely used in ULHT. The alert is for risk of death and severe harm from ingestion of the granules. Mitigation in place: Safety Briefing sent detailing granules to be stored in a locked cupboard and a risk assessment to be completed Actions requested by the Committee: Enquire if these need to be under COSHH</p> <p>Assured processes are in place for sepsis and there is continual improvement SO Ref: 1.1.1 Mitigation in place: Sepsis eBundle has gone live on all inpatient wards apart A&E at Lincoln – proposed start date 7th August which may show a poorer compliance at</p>

<p>Lack of assurances received by the Committee</p>	<p>Lincoln.</p> <p>Actions requested by the Committee: Escalate to Director of Nursing if IVAB in sepsis boxes is not resolved. Split the data reported for A&E and inpatient wards</p>
	<p>Assurance there were robust processes around QSIP SO Ref: 1.1.1 Mitigation in place: The action plan is reviewed weekly by the leads. The Trust has appointed a deputy chief nurse who will support with the QSIP action plans. Actions requested by the Committee: Continue to monitor actions through monthly updates to committee</p>
	<p>Lack of assurance in relation to IPC and hygiene code compliance SO Ref: 1.1.1 Mitigation in place: Robust action plan developed in response to NHSI visit. Actions requested by the Committee: A separate IPC milestone plan will be developed for QSIP merging all existing plans Deep dive by system improvement board in October Receive monthly updates</p>
	<p>Assured with the progress of ward accreditation SO Ref: 1.1.1 Mitigation in place: Progress of ward accreditation to date and on the pilot of 4 wards. Actions requested by the Committee: Ratings will be displayed from reassessment recommendation to TB To discuss the operational issues at the ward accreditation meeting Quarterly report to QGC</p>
	<p>Lack of assurance increase in numbers of overdue complaints SO Ref: 1.1.1 Mitigation in place: Pilgrim have a new HoN and matron commencing which should improve compliance. Actions requested by the Committee: Plan to improve performance against overdue complaints</p>
	<p>Lack of assurance around mortality alerts SO Ref: 1.1.1 Mortality alert overviews were conducted on the following alerts:</p> <ul style="list-style-type: none"> • Biliary Tract Disease at Lincoln • Sepsis at Lincoln • COPD & Bronchiectasis at Pilgrim • Other perinatal condition at Pilgrim <p>The recurrent theme from these is around the documentation of coding. Mitigation in place: Audits carried out Reviews were requested and the Maternity Risk team requested a meeting to review the data Training for new doctors in August Pilgrim had implemented a check by the ward clerks which is being rolled out to Lincoln</p>

<p>Issues where assurance remains outstanding for escalation to the Board</p>	<p>Actions requested by the Committee: To take the completed reviews to QGC Immediate progression of ward clerk initiative across sites Medical Director to write to the consultants with the alerts and highlight poor performance.</p>
	<p>Lack of assurance eDDs completion and distribution during cyber-attack SO Ref: 1.1.1 1,300 patients were discharged during the cyber-attack and there is a risk that GPs have not received discharge correspondence. Committee agreed that no action would be taken to review this. Actions requested by the Committee: CCGs to advise GPs of the potential issue Trust to consider potential risks of not following up Escalate to Trust Board</p>
	<p>Not assured in relation to adverse incidents and lessons learned SO Ref: 2.2.1 Actions requested by the Committee: Medical Director and Director of Nursing to discuss completion of SI's at CMB as it is a silo process and to review the reports circulated to PSC to improve learning and interrogation of data. Actions requested by the Committee: Quality & Safety Manager has completed a proposal for a learning forum and safety huddles and these to be added to the August agenda</p>
	<p>Not assured in relation to compliance with DoC SO Ref: 2.2.1 Mitigation in place: DoC is on the QSIP agenda and discussed weekly. Plan and training in place Actions requested by the Committee: QGC to receive a report in September The plan to have completion timescale and trajectories implemented.</p>
	<p>Lack of assurance of compliance with the accessible information standard SO Ref: 2.2.1 Mitigation in place: Risk register to be updated with implications and options Translation services are being reviewed to be part of a health community service Actions requested by the Committee: CCG to discuss if they would like to be part of the tender for translation services Discuss with finance potential savings</p>
	<p>Potential risk of eDD's not being distributed to GPs during cyber attack. CCGs to support Trust by alerting GPs. No further action being taken by Trust.</p>

<p>Committee Review of corporate risk register</p>	<p>Decision made on new corporate risks escalated to Committee. All new risks were rejected as they require greater clarity and information. Leads to be asked to improve information presented.</p> <p>Decision made on proposed risks for removal from the corporate risk register The committee agreed to remove risk 3877 from the CRR.</p>
<p>Matters identified which Committee recommend are escalated to SRR/BAF</p>	<p>The BAF was reviewed, discussion around the risk score. Committee asked for advice as to whether this was the initial score without mitigation. Work continues to refine. There will be a board development session to consider target scores and risk appetite.</p> <p>Actions requested by the Committee: Ward accreditation to be included within SRR/BAF</p>
<p>Committee position on assurance of strategic risk areas that align to committee</p>	<p>Further assurances were sought in respect of SO1.1.1 Failure to provide good quality and safe service SO2.2.1 A clinically responsive organisation</p>
<p>Areas identified to visit in ward walk rounds</p>	<p>No further areas identified.</p>

Attendance Summary for rolling 12 month period

Voting Members	J	F	M	A	M	J	J	A	S	O	N	D
Penny Owson, Non-executive Director(Chair)	X	X	X	A	X	X	A					
Paul Grassby, Non-executive Director	X	A	X	A	X	X	A					
Kate Truscott, Non-executive Director	X	X	X	X	A	A	X					
Neil Hepburn, Medical Director					X	X	X					
Michelle Rhodes, Director of Nursing	X	A	A	X	X	X	X					
Mala Rao, Non Executive Director					X	X	X					