

<b>Report to:</b>	Trust Board
<b>Title of report:</b>	Quality Governance Committee Assurance Report to Board
<b>Date of meeting:</b>	13 <sup>th</sup> February 2018
<b>Chairperson:</b>	Penny Owston Non Executive Director
<b>Author:</b>	Jeanette Hall Interim Director of Governance

<b>Purpose</b>	<p>This report summarises the assurances received and key decisions made by the Quality Governance Committee. The report details the strategic risks considered by the Committee on behalf of the Board and any matters for escalation for the Board's response.</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>Assurance received in respect of QGC 4.1 Issue: Integrated Risk Register / BAF - Medical Devices Source of assurance: The committee received assurance with regards to the current piece of work been undertaken on the management of medical devices across the trust. Work is in progress to scope the risks involved with medical devices; reduction in variation of devices and review of the asset register.</p> <p>Assurance received in respect of QGC 5.1 Issue: 1 Quality and Safety Improvement Plan assurance Report Source of assurance: The committee received assurance from The Director of Nursing on delivery of the comprehensive action plan and improvement work in progress, notably on Airways management and governance and safety culture.</p> <p>Assurance in respect of QGC 5.5 Issue: Ward Health Check Mitigation in place: Implementation plan in place, progress noted Actions requested by Committee: QGC to receive progress reports</p> <p>Assurance in respect of QGC 5.6 Issue: Upward report from Patient Safety Committee (PSC) – Misplaced NG tube Never Event and Duty of Candour (DoC) Mitigation in place: There is a comprehensive improvement plan in place following the recent Never Event which is being monitored by the PSC. A number of actions are in place to improve compliance with DoC and is being monitored across specialities and directorates by Clinical Directors.</p> <p>Assurance in respect of QGC 7.2 Issue Information Governance Toolkit and General Data Protection Regulation (GDPR) Assurance received: The toolkit audit by 360 Assurance took place in December and was overall very successful. The auditor stated he was impressed with the amount of evidence contained and the upkeep of the ULHT IG toolkit in general. The IG Team will now continue to work on the rest of the toolkit</p>

	<p>standards that were not audited to strengthen all areas by the 31<sup>st</sup> March 2018. With regards to GDPR Please see the report circulated outlining GDPR and the key changes that could impact on the Trust. An action plan has been formulated and a roadmap is being worked on currently which will outline all of the work streams and risks. This will be circulated once complete.</p> <p>Partial Assurance in respect of QGC 5.2 and 5.3  Issue: Quality and Safety reports:  SQD demonstrates a rise in the incidents of pressure ulcers and fall’s targeted work does not appear to be having an impact at present. Medication incidents are an issue.  Mitigation in place: Review of improvement plans in place for pressure ulcers and falls.  A review of medication incidents is being undertaken by the Deputy Director of Nursing and Deputy Chief Pharmacist.  Actions: Update to be provided at March QGC. It was noted that significant data is available however the trust needs to improve with regards to intelligent use and triangulation of data.</p> <p>Partial assurance received in respect of QGC 7.3  Issue Adverse incident report and the significant backlog of open adverse incidents and SI investigation reports  Mitigation in place: Targeted resource from the risk management team is in place to review all open incidents and action required. The risk team are working closely with the CCG’s and NHSI to agree a process to expedite closure of delayed SI reports and agree a trajectory for completion or acceptable level of delayed SI reports</p> <p>Limited assurance in respect of QGC 5.9  Issue: Management of the deteriorating patient – mortality issue clinical coding remains an issue, action plans are in place however progress is slow  Mitigation in place: A Mortality Strategy is in draft and will be presented to QGC in March, a new approach is required to address the issues. A review of the medical audit lead role is underway to reinforce requirements. Assurance received noted regarding areas of learning and how that will be implemented.  Actions requested by Committee. Deeper understanding of some of the issues identified within the report, transfers out of Pilgrim, clarification regarding mental health and learning disability deaths classification. The committee requested that the Patient Safety Committee review the triggers for second screening for sepsis and impact on patient outcome.</p>
<p><b>Issues where assurance remains outstanding for escalation to the Board</b></p>	<p>None</p>
<p><b>Committee Review of corporate risk register</b></p>	<p><b>Decision made on new corporate risks escalated to Committee.</b></p> <p>There were no new risks for consideration by the committee.</p> <p><b>Decision made on proposed risks for removal from the corporate risk register.</b></p>

	The Committee requested a report on key themes from corporate risk register to enable assurance to be sought on read across to strategic risk register.
<b>Matters identified which Committee recommend are escalated to SRR/BAF</b>	The Committee were assured that the SRR/BAF was reflective of the key risks in respect of the strategic objectives of the organisation.
<b>Committee position on assurance of strategic risk areas that align to committee</b>	
<b>Areas identified to visit in dept walk rounds</b>	No specific areas identified during meeting.