

Report to:	Trust Board
Title of report:	Quality Governance Committee Assurance Report to Trust Board
Date of meeting:	11 th January 2018
Chairperson:	Penny Owston
Author:	Bernadine Gallen

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>ePrescribing – assured A project manager has been appointed to write the business case, specification and high level plan. The business case was presented at CRB and was approved. It subsequently went to FTG and was approved in principle. The allocation of funding will be through capital allocation and will go to tender. Action: The plan is for a pilot in April 2019 for 3 months and closure of project by October 2021.</p> <p>Web V & eObservations – assured eObservations has been rolled out to all areas apart from Lincoln A&E and Paediatrics. Lincoln A&E will go live in February 2018 when the interface configuration is completed. Paediatrics require the chart to be coloured and this is currently being built with a potential go live date end of January 2018 Action: Consultant Nurse to benchmark ULHT with other Trusts for sepsis compliance.</p> <p>Water Supply – assured around processes A Water Safety group reports to IPC. There are “responsible persons” who are accountable for testing of all water systems. The cost for the filters previously quoted was inaccurately high. There are problems accessing some areas due to asbestos. There is strict governance around testing and control measures. Action: the Trust is targeting investment dependent on risk – the largest capital spend is on water storage tanks and these have been replaced in 2017 at Lincoln. The plan for 2018 also includes selective replacement of thermostatic mixing valves (TMV) at Pilgrim.</p> <p>Quality & Safety Improvement Plan – assured progress is being made and the committee is identifying other areas and addressing these over and above the original programmes. The proposed revised Governance Structure will be going to consultation in January 2018, and a deep dive around safety culture will be presented at QGC in February 2018. The GI bleed rota now has an on call doctor every day. There is concern the Trust does not have sufficient capacity for Non Invasive Ventilation (NIV) patients. The committee is moving forward with the remaining work programmes and they have added an additional</p>

	<p>stream for A&E at Pilgrim.</p> <p>Action: To discuss which is the optimum group for this committee to upward report to, and new Governance structure to be presented at QGC in February 2018</p> <p>Quality Account – assured To align the Quality Account priorities to the Quality Strategy that is currently being developed. The Quality Strategy needs to incorporate wider clinical priorities as it is currently nursing focused. Action: Second draft of the Quality Strategy to be presented at the February meeting.</p> <p>Safeguarding – action plans are in place and they are being addressed Action: The safeguarding report needs to be adjusted to enable the committee to have oversight of information in their supporting papers.</p> <p>Patient Experience – assured regarding processes Key performance indicators are being reported to Trust Board. Action: A proposal to be presented at February QGC on how the Trust is going to disseminate learning and support staff to implement best practice.</p>
<p>Issues without full assurance</p>	<p>Infection Control & Prevention – not assured around levels of C. Diff but assured processes are in place to take steps to remediate. In this year the Trust has reported 55 cases of C. Diff compared to a yearly target of 59. Action: One ward (7B) had 8 of the cases and there will be a deep dive on this ward. The rate of blood culture contamination rates has reduced - a 50% reduction in A&E and a reduction on all sites. The committee is developing a plan to ensure a sustainable continued reduction. A new member of microbiology staff has been appointed, 5 sessions at ULHT and 5 sessions at Nottingham. The antimicrobial pharmacist will also be returning from maternity leave in February 2018. NHSI completed a review of IC&P and were satisfied. Kevin Shaw has been seconded into the key post of Infection Control nurse. There is still poor attendance at the local IPC meetings and those staff will be written to. The Trust is developing a plan for an increase in the number of flu patients as demonstrated by surrounding Trusts.</p>
	<p>Adverse Incidents – not assured as report needs to include sufficient information to enable PSC to scrutinise data and provide themes to facilitate QGC assurance Operational groups reporting to QGC need to provide summary reports of their issues and actions taken. Action: Interim Director of Governance to change the format of the report There is a system in place for “overdue” incidents of which NHSI have oversight. The Trust is still reporting a higher proportion of incidents as moderate or significant harm, as staff are grading potential harm incidents as actual harm. This is also reflected within our NRLS data.</p>
	<p>Duty of Candour – not assured as not meeting the required trajectory The Trust is not meeting the 65% compliance from December 2017. Action: Information leaflets are being distributed to senior leaders and staff from the law firm to give presentations.</p>

	<p>Quality report – not assured</p> <p>There is a concern that extreme workload pressures during winter will increase risks, however assurance checks will be continued to ensure concerns are identified and acted upon.</p> <p>Sepsis data has plateaued, and an accountability framework needs to be developed.</p> <p>Quality of patient notes was criticized, although it was noted that work is being done in this area.</p> <p>Action: Sepsis committee to develop an accountability framework.</p>
	<p>Ward Health Check – not assured as report needs changing to enable discussions at ward level</p> <p>Action: Chief Nurse to discuss with Quality & Safety Manager to ensure the committee receives the information required to enable discussions at ward level.</p>
	<p>Medication Pathway review – not assured</p> <p>The NHSI have completed a snapshot review over a few days of the medication pathway at Pilgrim. A similar review at Lincoln is anticipated this year. The review identifies a number of issues including roles of pharmacy and nursing staff.</p> <p>Action: to follow further review at Lincoln</p>
	<p>Safety Walkabouts – not assured</p> <p>The process needs to be altered to make it less formal and to facilitate staff raising concerns during the visit. The findings need to be more qualitative and not to use a prescriptive proforma.</p> <p>Action: Patient Safety Lead to meet with the Trust Secretary to discuss. Walkabouts to cover wards and other departments</p>
	<p>Information Governance – not assured</p> <p>The Trust is not compliant with the IG training however the committee was informed there were processes in place to improve compliance.</p>
Issues for escalation to the Board	<p>Quality parameters expressed as “harm per 1000 bed days” have been incorrectly calculated using a formula that counted days until the end of patient spell rather than the end of the calendar month. Corrected values show poorer performance.</p> <p><i>Decisions are needed on communication and retrospective correction of historic data.</i></p>
	<p>The change of dates for Quality Governance Committee means that sub-committees upwardly reporting (Patient Safety Committee, Patient Experience, Infection Control, Safeguarding) are out of sequence. When reports from these committees reach QGC they are two months out of date.</p> <p><i>Decisions are needed on scheduling of Board sub-committees and associated groups.</i></p>
Committee Review of corporate risk register	<p>Risk Register – not assured of the process</p> <p>The Risk Register and BAF need to be aligned, with clearer linkage from Corporate to Strategic Risk Register.</p> <p>Deep Dives should be completed by the relevant Risk Lead and not the Risk Team, and should provide additional information and analysis above that recorded in the Risk Register.</p> <p>Action: Interim Director of Governance to work with new Chair and Exec</p>

	Team, ideally to ensure revised system in place for 2018/19
Matters identified which Committee recommend are escalated to SRR/BAF	No new matters. The Committee were assured that the SRR/BAF was reflective of the key risks in respect of the strategic objectives of the organisation.
Committee position on assurance of strategic risk areas that align to committee	Further assurance sought on: Consistently high quality and safe patient care (SO1) – Patient safety Consistently high quality and safe patient care (SO1) – Patient experience A clinically responsive organisation (SO2)
Areas identified to visit in ward walk rounds	No specific areas identified but see comments above regarding process.

Attendance Summary for rolling 12 month period

Voting Members	F	M	A	M	J	J	A	S	O	N	D	J
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						√		√	√			√
Chris Gibson								√	√	√		√
Elaine Baylis												√
Non-voting members												
Jennie Negus, Deputy Chief Nurse				√	√	√	√	√		√		√
Bernadine Gallen, Quality & Safety Manager				√	√	√	√	√	√	√		√
Karen Sleigh, Head of 2021 (agenda item)				√		√	√	√		√		
Tracy Longfield, Beecham Croft				√	√							
Sarah Southall, Deputy Chief Nurse LECCG				√	√	√				√		√
Emma Danby, Lead Nurse for Quality LECCG									√			
Claire Stubbs, Lead Nurse LECCG								√				
Jenny Hinchliffe Lead Nurse Patient Safety (agenda item)					√					√		
Simon Priestley						√						
Charles Barstead / Colin Costello							√					√
Penny Snowden						√				√		
Victoria Bagshaw						√						
Jeanette Hall, Interim Director for Governance										√		√
Kate Casburn (taking minutes)				√	√	√		√	√			
Gemma Coupland (taking minutes)										√		√