

<b>Report to:</b>	Trust Board
<b>Title of report:</b>	Quality Governance Committee Assurance Report to Board
<b>Date of meeting:</b>	10 May 2018
<b>Chairperson:</b>	Elizabeth Libiszewski , Interim Non Executive Director
<b>Author:</b>	Jayne Warner Trust Secretary

<b>Purpose</b>	<p>This report summarises the assurances received and key decisions made by the Quality Governance Assurance 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’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>Lack of assurance in respect of : SO 1 and SO2 Issue: Quality Account Source of assurance: The committee received a draft of the quality account. The Committee signed off the quality account priorities for 2018/19 on behalf of the Board but highlighted the concerns about deliverability of priority 5.</p> <p>Actions requested by the Committee: The Committee highlighted that there was still a significant piece of work to get the quality account ready for publication. Comments were fed back and the quality account would come back to the June meeting.</p> <p>The Committee had been made aware by External Audit of the two priorities which would be subject to data audit. The Trust had put forward c diff and VTE. The Committee asked for feedback of how this decision was made.</p>
	<p>Lack of assurance in respect of SO 2 Issue: GDPR Compliance Source of assurance: The Committee received a progress report on actions taken to meet the May compliance deadline for GDPR. Progress since the last meeting had not been as fast as expected. The largest risk highlighted in the upward report from the IG Committee was the failure to appoint a DPO for the organisation.</p> <p>Actions requested by the Committee: The Committee remained concerned that despite some progress the timeframe and work required still meant that the Trust was at risk of not being compliant in May and asked for a monthly progress update until it could be assured that the Trust could demonstrate compliance.</p> <p>The Committee asked that the risks be escalated to the SIRO.</p>

	<p>The Committee made clear their expectation that an appointment be made promptly to the DPO role.</p> <hr/> <p>Assurance in respect of SO 1 Issue: Infection Prevention and Control Source of Assurance: The de-escalation of the Trust from Amber to Green status by NHS Improvement in respect of infection control.</p> <hr/> <p>Lack of Assurance in respect of SO 1 Issue: Operational Governance Committee Source of Assurance: Report on clinical governance structure</p> <p>The Committee acknowledged the ongoing work to improve clinical governance and were presented with a proposal for an operational governance group. The Committee noted that the Trust had failed to make an appointment to the Associate Director of Clinical Governance role, this presented a risk to moving the clinical governance arrangements forward.</p> <p>Actions requested by the Committee: The Committee Chair to escalate to Trust Board the risk of the failed appointment process.</p> <hr/> <p>Assurance in respect of SO1 Issue: Quality Impact Assessment Process Source of assurance: Process Document</p> <p>The Committee received a report documenting the QIA process to be used by the Trust. The Committee were assured that the process would improve controls for 2018/19.</p>
	<p>Assurance in respect of SO1 Issue: Quality and Safety Improvement Plan</p> <p>Source of assurance: QSIP Progress Report</p> <p>Actions requested by the Committee: The Committee were assured on the progress being made against actions and agreed the matters which were being transferred to business as usual for 2018/19.</p>
	<p>Lack of assurance in respect of SO 2 Issue: Patient Experience Data</p> <p>Source of Assurance: Patient Experience Committee Upward Report</p> <p>Actions requested by Committee: The Committee felt that the report provided was descriptive and not assuring. This would be addressed within the review of the reporting structure to the committee moving forward.</p>
	<p>Lack of assurance in respect of SO 1 Issue: Mortality mental health deaths</p>

	<p>Source of assurance: Quality Report</p> <p>Actions requested by the Committee: The Committee had asked for further detail to explain the high level of mental health deaths reported. The Medical Director advised that this related to the inclusion of dementia deaths. The guidance was unclear about inclusion of these and the Trust had sought further advice.</p>
<b>Issues where assurance remains outstanding for escalation to the Board</b>	<p>The Committee acknowledged the work now being completed to rapidly review and rationalise the corporate risk register. However this was still not available to the committee and therefore remained an issue in terms of the assurances which could be provided to the Trust Board.</p>
<b>Items referred to other Committees for Assurance</b>	<p>There were no issues referred to the other assurance committees.</p>
<b>Committee Review of corporate risk register</b>	<p>The Committee had received an update from the Risk Manager about the rapid improvement actions being taken to rationalise the corporate risk register. The Committee were disappointed that they had still not received a cleansed risk register and noted that this left the Committee exposed without oversight of risks to the organisation</p> <p>The Committee instructed that the risk register must be presented at its June meeting, even if the cleansing process was not complete.</p>
<b>Matters identified which Committee recommend are escalated to SRR/BAF</b>	<p>The Committee considered the reports which it had received which provided assurances against the strategic risks to strategic objectives SO1 and SO2.</p> <p>The BAF is not yet finalised . No additional items were identified linked to the Strategic Objectives</p>
<b>Committee position on assurance of strategic risk areas that align to committee</b>	<p>The Committee considered the reports which it had received which provided assurances against the strategic risks to strategic objectives SO1 and SO2.</p> <p>There were no recommended amendments to the BAF. The Committee had received assurances in respect of the Quality Impact Assessment process and also improved assurance around risks relating to safeguarding.</p> <p>The Committee noted the new proposed format which would be discussed within a Board development session in May.</p>
<b>Areas identified to visit in dept walk rounds</b>	<p>The Committee noted that the arrangements for ward visits were under review. The Chair had requested consideration of the 15 steps process. This would be picked up when the patient safety manager post was filled.</p>

**Attendance Summary for rolling 12 month period**

<b>Voting Members</b>	J	J	A	S	O	N	J	F	M	A	M
Elizabeth Libiszewski Int Non Executive Director									X	X	X
Chris Gibson Non Executive Director				X	X	X	X	X	A	X	X
Michelle Rhodes Director of Nursing	X	X	X	X	X	X	X	X	X	X	X
Neill Hepburn Medical Director	X	X	X	X	A	X	X	X	A	X	X
Jeanette Hall Director of Clinical Governance						X	X	X	A	A	A
Paul White Risk Manager								X	A	X	X
Jenny Negus Deputy Chief Nurse	X	X	X	X	X	X	X	X	D	X	A
Deputy Medical Director											

X in attendance A apologies given D deputy attended