

Report to:	Trust Board
Title of report:	Quality Governance Committee Assurance Report to Board
Date of meeting:	14 June 2018
Chairperson:	Elizabeth Libiszewski , Interim Non Executive Director
Author:	Jayne Warner Trust Secretary

Purpose	<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>
Assurances received by the Committee	<p>Lack of assurance in respect of : SO 1 and SO2 Issue: Quality and Safety Improvement Plan Source of assurance: The Quality and Safety Plan was under review as some areas would transfer to Business as Usual whilst some new elements from the most recent CQC visit were being added to the programme. The 18/19 programme would be ready for consideration at the Committee in July.</p> <p>Actions requested by the Committee: The Committee clarified that the plan needed to demonstrate where BAU was aligned and how the committee would see this and also milestone trajectories for all programmes of work.</p>
	<p>Improved assurance in respect of SO 2 Issue: GDPR Compliance Source of assurance: The Committee received a progress report on actions taken to meet the compliance deadline for GDPR. The Trust had made an appointment of a temporary DPO and had put in place a fair processing notice.</p> <p>Actions requested by the Committee: The Committee remained concerned with progress and requested a further report in July</p>
	<p>Assurance in respect of SO 1 Issue: Infection Prevention and Control Source of Assurance: Cases of C difficile reported. The Committee were advised that there had been a spike in April of cases. Additional deep clean had been completed. This is not classed as an outbreak. This pattern had been seen across East Midlands. Infection Control had issues had moved to business as usual and the IPC would now be chaired by Dr Andrews.</p>

	<p>Actions requested by the Committee: The Committee asked the DIPC to raise with Public Health consideration of this spike and a review causes.</p>
	<p>Lack of assurance in respect of : SO 1 Issue: Quality Account Source of assurance: Report from External Audit</p> <p>Latest version of the Quality Account was circulated to the Committee. External Audit were able to assure the Committee that all required content had been included and that this was consistent with other data reviewed. In this respect the opinion was clean. The report did highlight an adverse finding in respect of indicator testing for VTE. There was potential under reporting linked to illegible handwriting in patient records. A second issue in relation to the basis for including and excluding cohorts of patients within the VTE indicator was incorrect.</p> <p>Actions requested by the Committee: The Committee would see a final updated version including committee comments to allow final sign off by 22nd June. The Committee requested a plan for improvement of Trust data quality. This would be escalated to Trust Board.</p>
	<p>Lack of Assurance in respect of SO 1 Issue: Sepsis Source of Assurance: Screening data in Quality Report</p> <p>The Committee were advised that there had been a change in the screening criteria which was the cause of some of the deterioration of the position. The Director of Nursing advised that an improvement was expected.</p> <p>Actions requested by the Committee: The Committee agreed that if the improvement could not be seen in the position when the May data was available then a detailed report would need to be presented to the Committee in July.</p>
	<p>Lack of Assurance in respect of SO1 Issue: Medication Source of assurance: Medicines Optimisation Committee</p> <p>The Committee agreed that the information presented in respect of medicines needed to be reviewed to ensure that the Trust and the Chief Pharmacist met their duties. Aseptic Capacity Plan to be included within the upward report to the Trust Board.</p>
	<p>Lack of assurance in respect of : SO 2 Issue: Patient Experience Source of assurance: Patient Experience Report</p> <p>Actions requested by the Committee: The Committee asked for clarity on where assurances would come from that patient experience was properly considered within the Directorates. The Committee requested details of the Complaints Annual Report for the Trust.</p>

	<p>Lack of assurance in respect of : SO 1 Issue: Incidents Source of assurance: Incident Report</p> <p>Actions requested by the Committee: The Committee stated that the high number of event types could be masking potential issues in relation to maternity and that the process needed to be reviewed to ensure that this was not the case.</p>
	<p>Lack of assurance in respect of SO 2 Issue: Themes and hotspots from ward areas and directorates</p> <p>Source of Assurance: Ward Health Check Report</p> <p>Actions requested by Committee: The Committee were still not assured that the data presented was in a format to allow themes to be identified. The reporting to Committee would be revised.</p>
	<p>Lack of assurance in respect of : SO 1 Issue: Never Events Source of assurance: Serious Incident Report</p> <p>The Committee noted with concern the number of never events reported in 2018/19. However were assured that strengthened SI management processes meant that there was greater confidence that issues were being identified.</p>
	<p>Lack of assurance in respect of SO 1 Issue: Duty of Candour</p> <p>Source of assurance: Incident Report. The Committee were not assured that the Trust had an appropriate plan in place to improve compliance with the duty of candour regulations. The detailed plan was being agreed through the Quality and Safety Improvement Programme and would be presented within this to the Committee in July.</p>
Issues where assurance remains outstanding for escalation to the Board	<p>The Committee acknowledged that a process had been put in place for Quality Impact Assessment. The Committee had still not seen any QIAs for review.</p> <p>The Committee remained concern that data quality for the Trust was poor and that actions were not in place to address.</p>
Items referred to other Committees for Assurance	<p>There were no issues referred to the other assurance committees.</p>
Committee Review of corporate risk register	<p>The Committee had received a cleansed Quality Governance Corporate Risk Register which would now be cross referenced to the revised version of the Board Assurance Framework. This would allow the Committee to revise its terms of reference accordingly to ensure that it could provide the relevant assurances to the Trust Board.</p>

<p>Matters identified which Committee recommend are escalated to SRR/BAF</p>	<p>The Committee considered the reports which it had received which provided assurances against the strategic risks to strategic objectives for 2017/18 SO1 and SO2.</p> <p>The BAF for 2018/19 is not yet finalised . No additional items were identified linked to the Strategic Objectives</p>
<p>Committee position on assurance of strategic risk areas that align to committee</p>	<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 Committee noted that the BAF was under review and would be presented to Trust Board in June. The Committee had received assurances in respect of the Quality Governance Corporate risks.</p>
<p>Areas identified to visit in dept walk rounds</p>	<p>The Committee noted that the arrangements for ward visits were under review. Options would be presented to the Committee for consideration in July.</p>

Attendance Summary for rolling 12 month period

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

X in attendance A apologies given D deputy attended