

<b>Report to:</b>	Trust Board
<b>Title of report:</b>	Quality Governance Committee Assurance Report to Board
<b>Date of meeting:</b>	16 April 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 Strategy and Quality Account Source of assurance: The committee received drafts of the quality strategy and quality account.</p> <p>Actions requested by the Committee: The Committee were concerned that the quality account required completion by 30 June and required considerable work. The Committee asked for clarification of the governance arrangements to sign off both this and the quality strategy. Confirmation would be sought from Trust Board if the Committee would be asked to sign off the quality priorities for 2018/19 on behalf of the Board.</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. Temporary recruitment had been agreed to complete this project and confidence in meeting the deadline had increased.</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>Lack of assurance in respect of SO 1 Issue: Quality Data Source of Assurance: The committee received a number of reports relating to quality but were not assured that the information provided was adequately robust to enable the committee to give assurance to the Trust Board.</p>

	<p>Actions requested by the Committee: The Committee requested Executive oversight of the data and a review of the governance surrounding the reporting arrangements.</p>
	<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 but were not yet sighted on the arrangements being made for the operational governance committee.</p> <p>Actions requested by the Committee: The Committee Chair had requested a workshop with key executives to agree the governance arrangements going forward which would support the Quality Governance Assurance Committee. The Committee asked for sight of the terms of reference for the operational governance committee.</p>
	<p>Lack of Assurance in respect of SO1  Issue: Never Events and Duty of Candour  Source of assurance: Adverse Incident and Duty of Candour Report</p> <p>The Committee received data relating to never events and duty of candour. The Committee continued to highlight concern about the compliance with the duty of candour regulation and the ongoing work to improve this position and noted that an additional never event had been reported.</p> <p>Actions requested by the Committee: The Committee requested details of the most recent never event be provided to the updated Board report in April.</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 but would receive in May a report which identified which programmes became business as usual and those which would remain as part of the QSIP process along with details of new actions arising from CQC inspection. Clearer referencing of assurances provided in the upward reporting from sub committees was requested.</p>
	<p>Lack of assurance in respect of SO 1  Issue: Paediatric Service</p> <p>Source of Assurance: Details from paediatric risk summit</p>

	<p>Actions requested by Committee: The Committee were not assured that the Trust was able to continue to provide the level of paediatric service safely going forward. The Committee noted that this was a long term fragile service. The Committee requested that work commenced on a risk assessment and quality impact assessment to enable the Trust Board to consider future provision.</p>
	<p>Lack of assurance in respect of SO 1 Issue: Mortality</p> <p>Source of assurance: Quality Report</p> <p>Actions requested by the Committee: The Committee noted the data but requested that further detail be provided on the criteria for actions against the alerting areas. Assurance was requested in respect of mental health deaths noting the movement from the previous month.</p>
<p><b>Issues where assurance remains outstanding for escalation to the Board</b></p>	<p>The Committee had considered the progress with the clinical governance restructure and had noted that the lead role in this structure was still not appointed to and the potential risk this posed to delivery of the associated improvement processes. The Committee also noted that the consultation process in relation to the structure was ongoing and had the potential to impact on staff morale.</p> <p>The Committee acknowledged the work now being completed to rapidly review and rationalise the corporate risk register. However this was not yet available to the committee and therefore remained an issue in terms of the assurances which could be provided to the Trust Board.</p>
<p><b>Items referred to other Committees for Assurance</b></p>	<p>The Workforce and OD Committee were asked to consider the failure to achieve the IG core training module and the impact this had on the Trust compliance with the IG toolkit. Assurance was sought on actions taken to improve this position. This was the only area where the Trust failed to achieve compliance.</p> <p>The Workforce and OD Committee were asked to address the outstanding actions from the Bradbury and Saville action plans and seek assurance on progress to deliver recommended actions in the Trust.</p> <p>The Audit and Charitable Funds Committee were asked to address the outstanding actions from the Bradbury and Saville action plans and seek assurance on progress to deliver recommended actions in the Trust.</p>
<p><b>Committee Review of corporate risk register</b></p>	<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 process had captured 6 directorate areas to date but the register was not provided to the committee as still was not truly reflective of the key risk areas.</p> <p>The Risk Manager highlighted the three risk high scoring risk areas for the committee and the only one of these not captured within discussions was the reported potential risk of loss of JAG accreditation due to staffing issues. The Committee requested an update in May.</p>

<b>Matters identified which Committee recommend are escalated to SRR/BAF</b>	The Committee considered the reports which it had received which provided assurances against the strategic risks to strategic objectives SO1 and SO2. There were no matters for escalation to the BAF
<b>Committee position on assurance of strategic risk areas that align to committee</b>	The Committee considered the reports which it had received which provided assurances against the strategic risks to strategic objectives SO1 and SO2. There were no recommended amendments to the BAF. The Committee noted the new proposed format and awaited Board approval. Concerns were raised over the areas allocated to QGC which would need to be clarified.
<b>Areas identified to visit in dept walk rounds</b>	The Committee noted that it had not received a summary of ward visits undertaken and asked for assurance that this was being collated.

**Attendance Summary for rolling 12 month period**

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

X in attendance A apologies given D deputy attended