

<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> September 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>Ward to ensure that actin</b>	<p>Assurance in respect of : SO 1d Safe and effective care Issue: Mortality</p> <p>Source of assurance: Quality Report The mortality outliers were highlighted to the committee. Sepsis was alerting in both the SHMI and HSMR data and the committee received assurance that a review of sepsis coding had been undertaken which had highlighted issues with recording.</p> <p>Pneumonia was alerting and the Trust were reviewing whether the care bundle was being used.</p> <p>Perinatal mortality. The Committee asked for assurance that patients were not at risk and were assured that the Trust were completing a deep dive into intra uterine and neonatal deaths with the CCG and NHSI the results of which would be considered by the maternity safety committee and then reported to the Committee.</p> <p>Actions requested by the Committee: The Committee would receive the outcome of the review of perinatal deaths and also requested a further update on the actions to recruit a lead for the coding project to support data quality.</p> <p>Lack of assurance in respect of SO 1a Issue: Delivering harm free care: reduction in pressure ulcers, falls and infection rates</p> <p>Source of assurance: Quality Report The Committee were assured that the reduction of falls with harm continued. The Committee noted there had been no grade 3 or 4 pressure ulcers at Grantham. The Committee were advised that reporting of PU data would</p>

	<p>change going forward to bring the Trust in line with national reporting. The Committee agreed to alert the Board to this adjustment in reporting.</p> <p>Actions requested by the Committee: Quality Strategy to be considered at next month committee meeting.</p>
	<p>Assurance in respect of SO 1b Issue: Quality and Safety Improvement Plan</p> <p>Source of Assurance: The Committee received the Quality and Safety Improvement Plan for 2018/19</p> <p>Actions requested by the Committee: The Committee agreed that this plan should form part of the Committee dashboard. The committee would review going forward to ensure that actions taken had impacted to achieve desired improvements.</p>
	<p>Assurance in respect of SO 1b Issue: Quality and Safety Oversight Group ToR</p> <p>Source of Assurance: The Committee received the draft terms of reference</p> <p>Actions requested by the Committee: The Committee were not able to approve until they could see how the alignment to divisions and specialist advice could be achieved. The ToR would be brought back to the next meeting for approval but the inaugural meeting would be arranged in the meantime.</p>
	<p>Assurance in respect of :Information Governance Issue: Data Security Toolkit</p> <p>Source of assurance: The Committee received an assurance report from the IG Committee. The Committee were advised that the Trust were still assessing against the new Data Protection Security Standards replacing the IG Toolkit. This would be risk rated by October.</p> <p>The Committee agreed to escalate to the Board consideration of the Board Position on disaster recovery business planning and the associated risks.</p> <p>The current contract for provision of a DPO ends in November and the Trust were working with LCHS to find a solution going forward.</p>
<p><b>Issues where assurance remains outstanding for escalation to the Board</b></p>	<p>No further items</p>
<p><b>Items referred to other Committees for</b></p>	<p>The Committee were still awaiting assurance on Bradbury and Saville recommendations from Audit Committee and Charitable Funds</p>

<b>Assurance</b>	Committee.
<b>Committee Review of corporate risk register</b>	The Committee had received a Quality Governance Corporate Risk Register. The Committee still wanted to see further work on getting to an overall risk profile and management of risks. The Committee noted that the paediatric service risks were aligned to W&OD which was correct in terms of staffing but also needed alignment to QGC in relation to clinical quality.
<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 for 2018/19.</p> <p>The agenda for the meeting was framed around the strategic objectives and the BAF.</p> <p>The Committee made relevant updates to the detail of the BAF</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.</p> <p>SO1a – BAF had been completed in respect of this objective. There were assurance and control gaps for both medical and nursing care.</p> <p>SO1b – The risks to the SO remain rated as RED. Committee not assured.</p> <p>SO1d – The Committee highlighted gaps in terms of specialty governance reporting and the learning from the SI's. Committee required update on NICE guidelines</p> <p>SO1e – Reporting better meeting needs of Committee. BAF required update in this area.</p>
<b>Areas identified to visit in dept walk rounds</b>	No areas identified.

### Attendance Summary for rolling 12 month period

<b>Voting Members</b>	S	O	N	J	F	M	A	M	J	J	A	S
Elizabeth Libiszewski Int Non Executive Director						X	X	X	X	X	X	X
Chris Gibson Non Executive Director	X	X	X	X	X	A	X	X	X	X	X	A
Alan Lockwood Int Non Executive Director									A	X	X	X
Michelle Rhodes Director of Nursing	X	X	X	X	X	X	X	X	X	X	D	X
Neill Hepburn Medical Director	X	A	X	X	X	A	X	X	X	D	X	X

X in attendance A apologies given D deputy attended