

Report to:	Trust Board
Title of report:	Quality Governance Committee Assurance Report to Board
Date of meeting:	20 th November 2018
Chairperson:	Elizabeth Libiszewski , Interim Non Executive Director
Author:	Gemma Coupland, Personal Assistant

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. This assurance committee meets monthly and takes scheduled reports from all Trust operational committees according to an established work programme.</p>
	<p>Assurance in respect of SO 1a Issue: Delivering harm free care: reduction in pressure ulcers, falls and infection rates</p> <p><u>Source of assurance: Pressure Ulcers/ CAUTI</u> – Comprehensive action plans received which note the significant work undertaken during Quarter 2 to achieve the actions scheduled within the plan. The Trust is currently performing better than the national average for Pressure Ulcers achieving 0.8% and the national average at 0.9%.</p> <p><u>Actions Requested by the Committee:</u> Review national reporting requirements of Pressure Ulcers to ensure the Trust is reporting Grade 3 Pressure Ulcers at the appropriate harm levels.</p> <p><u>Source of assurance: Quality Data Report</u> – The Committee received the Quality Report. The Trust HSMR is within expected limits at 100.37, this is the lowest the Trusts HSMR has been for 4 years, although Lincoln remains outside of expected limits. The Medical Examiner Role now in place to support the reviews.</p> <p><u>Actions requested by the Committee:-</u> The Committee remains concerned with the SHMI for Lincoln and Pilgrim. Further work to be undertaken with the Mortality Collaboration Group to review.</p> <p><u>Source of assurance: Infection Control</u> – The Committee were informed that the Trust had recently been assessed by NHSi and have now been de—escalated from the NHSi Reviews due to sustaining the green rating for 3-4 months. Letter received from NHSi regarding preparations for Winter. The Committee noted the progress to improve the CDiFF position to meet the trajectory as planned. The Committee commended the progress made on the flu vaccinations, which is currently at 70%.</p> <p>Given the assurance received and evidence of the work programmes the</p>

	<p>Committee agreed to amend the rating for this objective on the Board Assurance Framework to Amber.</p> <hr/> <p>Lack of Assurance in respect of SO 1b Issue: Improving our safety culture by delivering the Quality and Safety Improvement Plan</p> <p><u>Source of Assurance: Quality and Safety</u> - The Committee received the Quality and Safety Improvement Plan along with the most recent progress report and KPI's.</p> <p><u>Actions Requested by the Committee:</u> The Committee requested a Deep Dive is undertaken at Pilgrim Emergency Department given the risk associated and the lack of progress to mitigate this risk through the Quality and Safety Improvement work. The Committee requested that the plan is submitted on a monthly basis until a full dashboard for the committee is in place.</p> <p><u>Source of Assurance: - Grantham Cardiology Services.</u> The Committee received the Report along with a full QIA. The Committee considered the impact on quality would be minimal</p> <p><u>Actions Requested by the Committee:</u> The Committee supported the paper and requested it is submitted to Trust Board for full approval.</p> <p><u>Source of Assurance: - Stroke Services:</u> The Committee received the revised report along with the full QIA</p> <p><u>Actions Requested by the Committee:</u> The Committee supported the paper given the fragile state of the service and requested it is submitted to Trust Board for full approval.</p> <hr/> <p>Lack of Assurance in respect of : SO 1d Issue: Strengthening Clinical Governance and the Identification of Risk</p> <p><u>Source of assurance: Risk Register: -</u> The Committee received the Risk Register and noted the updates for it with any gaps and actions being discussed through the necessary groups.</p> <p><u>Actions Requested by the Committee:</u> The Committee noted the learning issues surrounding an open reporting culture and requested these are progressed.</p> <p><u>Source of assurance- Research and Development Operational Capability Statement:-</u> The Committee received the report and supported it for approval at Trust Board.</p>
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	<p>Lack of assurance in respect of SO 1e Issue: Patient Experience- Reflecting our ambition as a Trust to put patients and safety first.</p> <p><u>Source of assurance: Patient Experience Report:-</u> The Committee received the Patient Experience Report</p> <p><u>Actions Requested by the Committee:</u> Further work to be undertaken with hot spot areas for those with continuing FFT alerts to improve the recommendations</p> <p>Assurance in respect of other areas:-</p> <p><u>External Reports – Royal College of Paediatrics Reports.</u> The Committee received the report following a commission of an external review for recommendations to sustain the service. Overall the report affirms the Trusts decision was correct. The Committee approved the Report for presentation at the Public Trust Board and requested that the full action plan be reported through QSOG and QGC.</p> <p><u>ToR and Work programme:-</u> The Committee received the revised ToR and Draft Work Programme</p> <p><u>QIA:-</u> The Committee received the QIA Policy alongwith the recent QIA’s undertaken. The Committee recognised there was further work to be included to ensure assurance can be provided alongwith taking a standardised approach across the schemes to ensure it is embedded. The Committee requested an update is provided bi-monthly.</p>
<p>Issues where assurance remains outstanding for escalation to the Board</p>	<p>No further items</p>
<p>Items referred to other Committees for Assurance</p>	<p>No items</p>
<p>Committee Review of corporate risk register</p>	<p>The Committee had received a Quality Governance Corporate Risk Register.</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 2018/19.</p> <p>The agenda for the meeting was framed around the strategic objectives and the BAF.</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.</p> <p>The Committee were not assured in respect of any of the strategic risk</p>

	areas which aligned to it.
Areas identified to visit in dept walk rounds	No areas identified.

Attendance Summary for rolling 12 month period

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

X in attendance A apologies given D deputy attended