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| <b>Report to:</b>       | Trust Board  |
| <b>Title of report:</b> | Quality Governance Committee Assurance Report to Board |
| <b>Date of meeting:</b> | 22 <sup>nd</sup> January 2019                          |
| <b>Chairperson:</b>     | Elizabeth Libiszewski , Non Executive Director         |
| <b>Author:</b>          | Jayne Warner, Trust Secretary                          |

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| <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. 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<br/>Issue: Delivering harm free care: reduction in pressure ulcers, falls and infection rates<br/><u>Source of assurance: Quality Data Report</u> – The Committee received a report which demonstrated the lower level of HSMR but SHMI which was increasing compared to 2017/18. The Committee were advised that NHSI were assured that appropriate action was being taken in terms of mortality.<br/>Falls remain static and an action plan was in place for the further work required.</p> <p>Catheter associated UTIs were above the national average and the Trust needed to review the actions that were being taken<br/><u>Actions Requested by the Committee:</u><br/>The Committee requested and update against the action plan at its meeting in March</p> <p><u>Source of assurance: Ward Accreditation</u> – The Committee received the latest ward accreditation report and noted that there had been a deterioration in the position for two wards.</p> <p><u>Actions requested by the Committee:-</u> The Committee noted the latest position for ward accreditation but challenged for further assurance about how the process was delivering different and better outcomes for patients.</p> <p><u>Source of assurance: Action Plan for Paediatric Sepsis performance</u> – The Committee received an action plan in response to poor compliance of paediatric sepsis screening across the Trust.</p> <p><u>Actions requested by the Committee:-</u> The Committee noted the actions taken to address the issues and ongoing monitoring.</p> |

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|  | <p>Lack of Assurance in respect of SO 1b<br/>Issue: Improving our safety culture by delivering the Quality and Safety Improvement Plan</p> <p><u>Source of Assurance: Quality and Safety Improvement Plan-</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 noted that the Trust was off plan for delivery and the committee were not assured that they had the necessary detail of which areas were off plan and what action was being taken to recover. The Committee agreed that at the next meeting it would receive a more detailed report about those areas which were off plan to allow it to better assure the Board.</p> <p><u>Source of Assurance: Quality and Safety Oversight Group-</u> The Committee received the QSOG ToR and upward report.</p> <p><u>Actions Requested by the Committee:</u> The Committee agreed the ToR and noted the work being completed to align the reporting groups to QSOG with the new version ToR. The Committee would review progress again in April.</p> <p><u>Source of Assurance: MHA Scheme of Delegation-</u> The Committee received the scheme of delegation which addressed a recommendation from the Internal Audit report into MHA Compliance.</p> <p><u>Actions Requested by the Committee:</u> The Committee recommended the scheme for approval by the Board.</p> <hr/> <p>Assurance in respect of SO 1d<br/>Issue: Strengthening our clinical governance and risk identification: Developing a positive and open reporting culture as a learning organisation</p> <p><u>Source of Assurance: Quality Strategy Update-</u> The Committee received an update against performance on the 2018/19 quality account priorities, a draft quality strategy and proposal for quality priority identification for 2019/20</p> <p><u>Actions Requested by the Committee:</u> The Committee noted that progress would be monitored through QSOG going forward and asked that learning from how the priorities were set was taken on board for 2019/20. The Committee asked that the Quality Strategy be aligned to the current work taking place in Board development to identify the true north for the organisation. The Committee asked that the Trust review the guidance issued to foundation Trusts in respect of the quality account and made a recommendation to Board to follow this unless it was identified that this</p> |
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|  | would impact on the trusts ability to deliver a report in a timely and complete fashion.   |
| <b>Issues where assurance remains outstanding for escalation to the Board</b>          | No further items   |
| <b>Items referred to other Committees for Assurance</b>                                | The Committee referred to FPEC a request for assurance that all large scheme estates projects were subject to appropriate governance arrangements including QIA as a result of a risk highlighted in terms of infection control.   |
| <b>Committee Review of corporate risk register</b>                                     | The Committee had received a Quality Governance Corporate Risk Register.   |
| <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 for 2018/19.<br><br>The agenda for the meeting was framed around the strategic objectives and the BAF. The Committee did not consider any further matters to escalate 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.<br><br>The Committee were not assured in respect of any of the strategic risk areas which aligned to it.   |
| <b>Areas identified to visit in dept walk rounds</b>                                   | No areas identified.   |

#### Attendance Summary for rolling 12 month period

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

X in attendance A apologies given D deputy attended