

<b>Report to:</b>	<b>Board of Directors</b>	<b>Agenda item:</b>	<b>13</b>
<b>Date of Meeting:</b>	<b>1 March 2023</b>		
<b>Title of Report:</b>	<b>Quality Governance Committee (QGC) Chair's upward report</b>		
<b>Status:</b>	<b>For Information</b>		
<b>Board Sponsor:</b>	<b>Ian Orpen, Non-Executive Director and Chair of QGC</b>		
<b>Author:</b>	<b>Roxy Milbourne, Deputy Head of Corporate Governance</b>		
<b>Appendices</b>	<b>Appendix 1: Attendance Matrix</b>		

<b>1. Purpose</b>
This report summarises the discussions, recommendations and highlighted risks and approvals made by the Quality Governance Committee (QGC) on 13 <sup>th</sup> February 2023, to provide the Board of Directors with an update of the Committee's activities.

<b>2. Background</b>
The Quality Governance Committee holds delegated responsibility from the Board of Directors; this report provides evidence to satisfy the Board that the tasks required to meet those responsibilities are being carried out.

<b>3. Summary Agenda</b>
The agenda of the Committee meeting can be seen below. The agenda items are linked to the Trust's Board Assurance Framework risks and it is highlighted whether or not there are any further actions arising from each agenda item.

No.	Agenda item	BAF Mapping	
		BAF no.	Actions arising? Y/N
1.	Board Assurance Framework		N
2.	Patient Story	1	N
3.	Quality Report	1	Y
4.	Trust Quality and Safety Group Upward Report	1	N
5.	Health Inequalities Update	-	N
6.	Divisional Governance Reports	All	N

<b>4. Items for escalation to the Board of Directors</b>
<p><b>Patient Story</b></p> <p>The Committee were joined by the Lead for Patient and Carer Experience and PALS Team who provided an overview of the feedback they had received from patients and their families.</p> <p>The team explained that there had been an increasing number of contacts with PALS, but the Trust wanted to move from being reactive to proactive in supporting staff to address concerns at ward level and gain real-time feedback from patients about their experience in hospital. As a result, they have increased staffing resources in PALS using existing funds. The outreach service started on 6<sup>th</sup> February and PALS staff have spoken to more than 70 patients in the first week and made 5 ward visits.</p> <p>The team will now work with Family Liaison Facilitators to identify and resolve any communication/support issues, raise awareness of PALS outreach service with volunteers and ensure there is a robust process in place for completing actions/feedback loop.</p>

### Hospital Standardised Mortality Ratios (HSMRs)

The Committee discussed in detail the Quality Report. During this discussion it was agreed that the Committee should have a 'deep dive' into Hospital Standardised Mortality Ratios (HSMRs) at its meeting in May. This needs to be a key area of focus for the Trust – it is important to understand clearly whether or not the number of deaths occurring in the hospital are at the expected level. The Trust's key contact at Telstra is to be invited back.

### Medicine Assurance Group

The Committee learnt about a new group that was being established called Medicine Assurance Group. This group would ensure better oversight on medicine safety and security – another key area of focus for the Trust and this Committee. Confirmation is to come back to this Committee once it is up and running.

### Sulis Clinical Governance

The Committee received a report from the Trust Quality and Safety Group. The Committee noted the unique governance relationship between the Trust and Sulis regarding the modular theatre, commenting that this could be seen as a forerunner to the Orthopaedic Elective Centre. KPMG are currently working on future governance options and this would be included in their work.

### Health Inequalities update

Question raised as to how the Trust truly becomes an anchor organisation. There is a need to consider in the first instance how the Trust is perceived both within the local health economy and in the wider community. Work has already started with the ICB on diabetes as an example with the shift towards a more proactive community based model of care. This needs to become the default model for other conditions.

## 5. Key Decisions

The key decisions made were:

- Following the Quality Report, the Committee agreed to review HMSR at their meeting in May where it would form the majority of the meeting.

## 6. Governance and Other Business

N/A this month

## 7. Future Business

It was agreed that the Committee would monitor progress against the following items at its next meeting:

- Infection, Prevention and Control Board Assurance Framework update
- Clostridioides difficile thematic review

## 8. Attendance Matrix

The Committees attendance matrix can be seen at appendix one overleaf.

## 9. Recommendations

The Board is asked to note this report.

## Appendix 1: Attendance Matrix

No.	Name	Job Title	A	M	J	J	A	S	O	N	D	J	F	M
1.	Nigel Stevens	Non-Executive Director ( <i>Chair until Aug 22</i> )	Attended		Attended		Attended							
2.	Ian Orpen	Non-Executive Director ( <i>Chair from Nov 22</i> )	Attended		Attended		Attended		Apologies & Deputy Sent		Attended		Attended	
3.	Anna Mealings	Non-Executive Director (until October 22)	Attended		Attended		Apologies		Attended					
4.	Paul Fairhurst	Non-Executive Director (from October 22)							Attended		Attended		Attended	
5.	Alison Ryan	Chair of the Trust (temporary from Dec 22)									Attended		Attended	
6.	Cara Charles-Barks	Chief Executive	Attended		Apologies		Attended		Apologies		Apologies		Apologies	
7.	Antonia Lynch	Chief Nurse	Apologies		Attended		Apologies		Attended		Attended		Apologies	
8.	Bernie Marden	Medical Director (until October 2022)	Attended		Attended		Attended							
9.	Richard Graham	Interim Chief Medical Officer (Oct 22)							Apologies					
10.	Andrew Hollowood	Chief Medical Officer (from December 22)									Attended		Attended	
11.	Ade Kadiri	Head of Corporate Governance	Attended		Attended		Apologies		Attended		Attended		Attended	
12.	Jaspal Phull	Governance Lead, Surgical Division (until August 22)	Apologies		Attended		Apologies							
13.	Justine Barnett	Governance Lead, Surgical Division (from October 22)							Attended		Attended		Attended	
14.	Fenella Maggs	Governance Lead, Medical Division (until December 22)	Apologies		Attended		Apologies		Apologies		Attended		Apologies	
15.	Jonathan Frost	Governance Lead, FASS (until December 22)	Apologies		Attended		Attended		Attended		Attended			
16.	Jane Farey	Governance Lead, FASS (From February 23)											Apologies	
17.	Simon Andrews	Divisional Director of Nursing, Surgery							Apologies		Apologies		Attended	
18.	Sarah Lidgett	Divisional Director of Nursing, Medicine							Attended		Apologies		Apologies	
19.	Olivia Ratcliffe	Divisional Director of Nursing, FASS							Attended		Apologies		Attended	

Attended

Apologies & Deputy Sent

Apologies

### Please note:

- The Divisional Directors' of Nursing were added to the Committee from November 2022.
- From February 2023 the committee will meet monthly.