

Agenda item: 12/38

Report to: Trust Board

Title of Report: Safety and Quality Committee Assurance Report to Board

Date of meeting: 2nd June 2016

Recommendation: For discussion

Chairperson: Professor Steven Barnett, Chair

Purpose The report summarises the assurances received, approvals, recommendations and decisions made by the Safety and Quality Committee at its meeting on 24th May 2016

Background The Committee meets bi monthly and provides assurance to the Board on:

- Patient safety
- Estates
- Health & Safety
- Serious Incidents/complaints/incidences
- Patient experience

Business undertaken

Bi-annual Adult Nursing Establishment Review

The Committee received the report and noted the wards with the variance from the safer nursing care tool (SNCT), professional judgment and budgeted establishment and the reasons for the variance. In appendix 2 the variance against actual worked and budgeted establishment reflected the new overseas nurse's supernumerary status, additional capacity associated with managing patient flow in the emergency care pathway and enhanced patient care needs requiring staff to special.

Budgeted establishment and the SNCT and professional judgment are matched.

Infection Prevention and Control Annual report

The Committee received the report and discussed some further changes to show highlights and successes throughout the report more which should be linked back to the Executive summary. To show performance against other organisations.

The Committee confirmed approval with some changes for the report to be submitted to the July Trust Board.

Corporate Risk Register Quality & Safety Risk Report

The Committee discussed the report and reviewed the risks and was assured by the actions in place. It was agreed to amend the report in future to clarify that the risk scores are based on the current score post mitigation.

National Maternity Review

The Committee discussed the seven priority areas and the gap analysis development and the changes required in community services and an integrated maternity model of care between the community service and the birthing centre. Recent data from MBRRACE-UK shows the Trust are below the national average for stillbirths and neonatal deaths.

Integrated Performance Report

The Committee noted the report. Discussion took place to clarify that safety thermometer is a point prevalence survey so will include one of the four harms that have occurred in and out of hospital. Also the importance of also reporting new harms data in safety thermometer to show the level of the four harms that have occurred within the organisation for which performance has improved and been maintained in 2015/16.

The governance structure for policies was discussed by the Committee and the review being undertaken. With divisions all policies are being reviewed to ensure a comprehensive database and the policy authors contacted to confirm current status and deadline for review. The database of policies will be reviewed by the divisions to identify priority policies. The database will then be reviewed by the Medical Director and Chief Nurse to assess the quality impact.

Policies review has been entered onto the risk register.

The Committee asked for an improved overall summary highlighting exceptions and a summary for the maternity dashboard. The new detailed report will enable the Committee to request further detailed reports in specific areas to gain assurance and report to the Trust Board.

End of Life Care Strategy

A presentation was given to the Committee outlining the priorities based on the Ambitions for Palliative and End of Life Care National Framework 2015-2020. The Committee approved submission to the July Trust Board after further discussion at the patient panel and the clinical advisory group.

Premises Assurance Model

The report was noted and supported by the Committee.

Quality Account

The Committee noted the report and further final work on the data and success measures. The report had also been reworked following CCG comments to ensure clearer alignment to QIP priorities.

The Committee noted the final draft would be submitted to the audit Committee for approval and publication by the 30th June.

CQC registration

The Committee welcomed the report and agreed this would be updated twice yearly as part of the work plan of the Committee for information and assurance.

Board Assurance Framework

The Committee discussed and agreed the proposed rating for principal risk 3 to remain at red and approved the status. The actions completed to provide a foundation for the development of the estates strategy although not reducing the overall risk.

Reporting Groups

Report of the Quality & Safety Group, 14 March and 18 April along with the report of the Patient Experience Group of 8 April were noted.

Revised Safety & Quality Workplan 16/17

The Committee reviewed the work plan and asked for further changes to reflect the IPR. Chairman's action for approval to be given when requested changes made for submission to July Trust Board.

Terms of reference

The Committee noted the changes to membership and approved the terms of reference.

Risks to refer to risk register

No risks escalated.

Issues to escalate to Board

Review of policies
Terms of reference for endorsement by the Board

Attendance

Professor Steven Barnett, Chair
Tracey Carter, Chief Nurse & DIPC
Mike Van der Watt, Medical Director
Virginia Edwards, Non-Executive Director
Gill Balen, Chair, Patients Panel
Tim Duggleby, Head of Strategic Development and Compliance
Philip Bircham, Associate Director of Quality Governance
Linda Tarry, Executive Assistant to Chief Nurse (minutes)
Jackie Smith, Head of Risk, Assurance and Compliance