

| | | |
|---|--|---|
| TRUST BOARD IN PUBLIC | Date: 24th April 2014 | |
| | Agenda Item: 2.4 | |
| REPORT TITLE: | Safety and Quality Committee Chair Update | |
| NON-EXECUTIVE SPONSOR: | Richard Shaw Chair . Safety & Quality Committee | |
| REPORT AUTHOR: | Colin Pink | |
| REPORT DISCUSSED PREVIOUSLY: (name of sub-committee/group & date) | Safety & Quality Committee 3 rd April 2014 | |
| Purpose of the Report and Action Required: (√) | | |
| To provide the Board with an update on the main issues from the Safety and Quality Committee. | Approval | |
| | Discussion | ½ |
| | Assurance | ½ |
| Summary of Key Issues | | |
| The report provides a summary of the key agenda items which were discussed at the Safety and Quality Committee in April 2014. | | |
| Relationship to Trust Corporate Objectives & Assurance Framework: | | |
| Objective 1 . Deliver safe, high quality and co-ordinated care. | | |
| Corporate Impact Assessment: | | |
| Legal and regulatory implications | Relates to CQC Compliance | |
| Financial implications | CQUIN delivers 2.5% of trust income | |
| Patient Experience/Engagement | Improving patient experience is fundamental to the work of this committee. | |
| Risk & Performance Management | Assurance given | |
| NHS Constitution/Equality & Diversity/Communication | Relevant to the work of the committee | |
| Attachments: N/A | | |

TRUST BOARD REPORT - 24TH APRIL 2014 SAFETY AND QUALITY COMMITTEE CHAIR'S REPORT

1. The committee received a summary from two of the meetings held in March of Executive Committee for Quality and Risk. This summary detailed the main actions and concerns discussed, including feedback from specialty deep dives in Dermatology and Obstetrics and Gynaecology, CQUIN updates, and the national focus on the management of Carbapenemase Producing Enterobacteriaceae. The committee also sought assurance from the outputs of the five sub-committees. Assurance was gained on the topics discussed.
2. The committee discussed the work of the Clinical Quality Review Meeting (CQRM) which is the main vehicle of challenge and review of performance between the Trust and commissioning colleagues. The paper highlighted on-going issues regarding c-section rates, mortality (Stroke and NOF) and Stroke Sentinel National Audit Programme (SSNAP) data.
3. The draft patient experience strategy was reviewed prior to submission to the Board. The committee welcomed the report, endorsed the content and recommended that it should be presented to the Board with minor changes regarding the implementation of technology to improve patient experience, alignment to quality strategy objectives and alignment of vision. The committee was assured that the Patient Safety Sub-Committee would review and update the strategy annually in light of continuing patient survey data.
4. Management tabled the Trust Quality report and SQC dashboard which detailed performance against key elements of quality such as safety and effectiveness. The Quality report details key issues and risks that the Trust is managing. The committee noted the improvement in management of NICE compliance and thanked the Performance Team for developing a fit for purpose dashboard. The committee also took assurance that the new reporting and meeting structure provided insight into the management of quality issues which was recorded in individual papers and supported by data.
5. The Head of Performance described the plans for improving data quality within the Trust. These are being developed to ensure continuous improvement in data quality and clear alignment with assurance processes. The plan focuses on development of systems to monitor data quality and agree priorities.
6. The committee received a report on CQC intelligence monitoring which highlighted the Trust's current risk banding. This report highlighted the issues that were being monitored by the CQC but are not adversely affecting the Trust's risk banding. The committee gained assurance from both the CQC assessment of the Trust's performance and that the issues identified by the CQC were already being monitored and acted on by the Trust.
7. The committee received a report on the divisional audit programme from WACH. This detailed the performance metrics for the division and was provided with an explanation as to the management and selection of audits. The committee gained assurance that the division were managing their audit programme but provided challenge to continue to improve the selection and output of audits in line with the Trust's initiatives. This is with a view to continually improve the linkage between clinical audit and all elements of clinical governance.