

Committee Report to the Board

Report from the Quality Committee following its meeting of 25th October 2017:

Decisions / approvals made (within delegated authority)

Triangulation of the workforce and incidents reported to come to the Quality Committee

Approve the terms of reference for the Quality and Safety Sub-Committee

Approve the terms of reference for the Workforce Sub-Committee

Receive and recommend the terms of reference for the Quality Committee to the Trust Board

New policies:

- The Care Certificate for Healthcare Support Workers Policy
- Final On-Call Claim form
- Maintaining high professional standards

Revised Policies:

- Annual Leave & Bank Holiday Leave Policy
- Career Break Policy
- Maternity, Adoption, Maternity Support Leave (Paternity) and Parental Leave Policy
- On Call Local Agreement Policy
- Bullying & Harassment Policy & Procedure
- Relocation & Removal Policy
- Fixed Term Contracts and Secondments Policy & Procedure
- Long Service Award Policy & Procedure

Assurances provided to the Trust Board (excluding Strategic Plan Actions / BAF)

Assurances were also provided through the following reports:

Quality Committee performance report

The report provided assurance on delivery of the Quality Committee KPIs and where these were red RAG rated action plans to address.

The committee reviewed the proposed new performance report structure and approved that the detailed report would be presented to the Quality and Safety Committee in future. All Quality Account improvement priorities were RAG rated green. One CQUIN (staff stress) is predicted to be RAG rated red. There are some concerns regarding delivery of 4 CQUINS but the committee was assured plans were in place to address these.

Concern was raised over the number of risks with outstanding actions in IM&T and those with overdue review dates.

Bi-Annual Serious Incident Report

The committee received the 6 monthly report (1.4.17 – 30.9.17). The report contained detail on the incident, identified root causes and contributory factors and actions to address issues and ensure lessons are learned.

Assurance from the Quality and Safety Sub-Committee

The report provided assurance on the delivery of a range of quality areas. The report contained updates from thirteen sub-committees. One area of risk identified was a number of patient identification errors. An overarching incident review had been held to investigate further.

Quality Strategy – Biannual Report

Progress against the Quality Strategy was received. The report was noted.

Safer Staffing – Biannual Report

The draft report was received. The revised report following review by the committee is presented to the November Board.

Assurance from the Workforce Sub-Committee

The report provided assurance on the delivery of a range of workforce areas. Two additional 'feeder' committees were added to the supporting organisational chart. The risk related re: the stress CQUIN was reported together with a risk relating to the requirement for further clarity on the new clinical pathways / model to ensure meaningful workforce planning. Key risk areas were ambulatory care and triage. A concern was reported that increased sickness may increase bank and agency usage which could impact on clinical care.

The report contained updates from three sub-committees.

Equality and Diversity Annual Report

The committee approved the annual report which will be published on the Trust's website. This will ensure compliance with the relevant legislation.

Trust Board Business Plan 2017/18 Actions (Progress updates)

Strategic Priorities

B	Not commenced
R	Behind trajectory
A	On trajectory
G	Completed



Board Assurance Framework (Progress Updates)

Strategic Priority	Current Risk Score	Progress update
Strategic Priority 1 Ensuring the delivery of high quality patient services (safety, experience and outcomes).	4 x 2 = 8	CQC mandated actions now completed. Annual report on compliance with emergency preparedness complete.
Strategic Priority 2 Ensuring the Trust has the appropriate, motivated and engaged workforce in place to deliver its strategy.	4 x 2 = 12	The overall risk profile (Potential or actual risks (from <i>risk register</i>) shows a no change in risk
Strategic Priority 4 Ensuring regulatory compliance with CQC, NHS Improvement, and other relevant legislation.	4 x 2 = 8	CQC mandated actions now completed. HSE notification reported to September Board has now had all actions completed and responded to within the required timescale.

Areas of non-delivery:

None identified

New / mitigated risks

Following review of the incidents and workforce issues the committee will receive a future report on the triangulation of the workforce and incidents.

Key items for Board consideration:

None identified

Recommendation

That the Trust Board notes the report