

NLG(18)301

DATE OF MEETING	28 th August 2018
REPORT FOR	Trust Board of Directors – Public
REPORT FROM	Tony Bramley, Non-Executive Director and Chair of the committee / Tara Filby – Chief Nurse
CONTACT OFFICER	Tony Bramley, Non-Executive Director and/or Tara Filby – Chief Nurse
SUBJECT	Quality and Safety: Executive Highlight Report
BACKGROUND DOCUMENT (IF ANY)	Integrated Performance Report Improving Together highlight report
PURPOSE OF THE PAPER:	For Information
EXECUTIVE SUMMARY (PLEASE INCLUDE A BRIEF SUMMARY OF THE PAPER, KEY POINTS & ANY RISK ISSUES AND MITIGATING ACTIONS WHERE APPROPRIATE)	<p>This highlight report brings to the attention of the Trust Board key issues in relation to patient safety and quality, including an updated position on safer staffing. The details are contained within supporting papers submitted for information:</p> <p>Integrated Performance Report Improving Together highlight report</p>
TRUST BOARD ACTION REQUIRED	The Board is asked to note ongoing workforce challenges and the progress made within the Improving Together programme and offer challenge as appropriate

Highlight Report from Quality & Safety Committee

Report for Public Trust Board Meeting on:	28 th August 2018
Report From:	Quality & Safety Committee 8 th August 2018
Update Report:	
<p><u>WHO Checklist</u></p> <p>An update was received by the committee which evidenced good performance in the majority of areas from the April 2018 one-week total patient audit. The need for ongoing audits in Radiology and Endoscopy has been escalated to the Clinical Support Services Directorate which has provided assurance that audits will be in place from August 2018. The ongoing audit is based on a small sample size but mirrors the April 2018 audit results. The committee is aware that the more robust solution is to collect the data via building an electronic solution and remains concerned about the number of schemes in development that require input from the WebV team. In the interim, tracking of Divisional performance will be undertaken via the performance improvement meetings and a full repeat audit during one week in October 2018; the results of which the Committee will require.</p> <p><u>Community & Therapies Division</u></p> <p>The Divisional Clinical Director provided a comprehensive report utilising the new Divisional reporting template. The committee wish to highlight concerns in relation to the insufficient supply of fit-for-purpose IT hardware within community services having an impact on agile working, this being compounded by the recent increase in staffing establishments. Due to the proposed developments within the Neurorehabilitation Centre and the need to focus on service developments within community services, the committee also request that the Board assure itself that these projects are being resourced effectively otherwise a consequent lack of effectiveness/efficiency may pose a threat to the impending reconsideration of service commissioning in North Lincolnshire.</p> <p><u>Leg Ulcers</u></p> <p>The committee were concerned about the burden of leg ulcers in terms of patient outcomes, staff resource and costs associated with long-term treatment. Members heard that the Trust has been approached to take part in the GIRFT audit in August 2018 and that the results would form the basis of an action plan. It was recommended that this plan be extended to include other partners as part of the integration agenda to promote continuity of care and drive improvements across the system. The committee agreed to add the oversight of leg ulcers to its remit.</p> <p><u>Annual Organisational Audit – Revalidation processes for medical staff</u></p>	

The committee were assured that the audit demonstrated compliance with all but 2 indicators, for which remedial plans were in place. They recommend it to the Board for approval.

Gosport Report

The committee received a brief update outlining the regional guidance on responding to the findings from the Gosport Memorial Hospital review and requested a gap analysis to be returned to the committee by no later than October 2018 for further assurance against each finding.

Decontamination Strategy

The updated strategy was presented by Karen Fisk and subject to minor amendments proposed by the Committee was ratified subject to these.

Quality Governance Group

The Committee considered the draft terms of reference for this new group which were presented for information and made a number of suggested changes to the Executive in order to tighten up the relationship with and information flows to and from, that Group and this Committee.

In so doing the Committee anticipated that the current large number of 'sub-groups; 'sub-committees'; and 'sub-boards' that currently report into the Committee for information should be drastically reduced further if not eliminated with the QGG acting as a 'gatekeeper' for the Committee.

Action required by the Trust Board:

The Board are asked to note the report and support further actions as required.

Report compiled by Tony Bramley, Non-Executive Chair & Tara Filby, Chief Nurse