

BOARD MEETING

25 May 2017

Paper Title:	Assurance Reports from Committee Chairs
Section:	Public - Information
Lead Director:	Committee Chairs
Paper Author:	Committee Chairs
Agenda Item:	9
Presented For:	Assurance

EXECUTIVE SUMMARY:

To update the Board on any significant issues arising from Board Committee meetings since the last Board meeting in April 2017, namely the Quality and Safety Committee meeting held on 5 May 2017, the extraordinary Quality and Safety Committee meeting held on 11 May 2017 and the Audit Committee held on 24 May 2017.

RELATED RISK(S):

None

FINANCIAL IMPLICATION:

There are no financial implications arising from the content of this paper.

RECOMMENDATIONS:

That the Board:

- notes the issues highlighted from the meetings, seeking any further clarification from the Committee Chairs.

LEGAL IMPLICATIONS:

None

PREVIOUS MEETINGS/COMMITTEES:

Highlight whether the paper has been discussed at any of the following meetings:

Audit Committee	<input type="checkbox"/>	Quality & Safety Committee	<input type="checkbox"/>	Remuneration Committee	<input type="checkbox"/>	Finance, Business & Investment Committee*	<input type="checkbox"/>
Executive Management team	<input checked="" type="checkbox"/>	Directors' Meeting	<input type="checkbox"/>	Charitable Funds Committee	<input type="checkbox"/>	MH Legislation Committee	<input type="checkbox"/>

Assurance Reports from Committee Chairs

Background

This paper provides a short update on any significant issues raised at Board Committees since the last Board meeting in April 2017.

There have been two Quality and Safety Committee meetings held in May. The first meeting on, 5 May 2017, focused on a number of annual reports (Quality Report, the Committee's own report, Freedom to Speak Up Guardian report and Risk Management Report), alongside presentations from the Children's Business Unit and the Adult Physical Health Community Services Business Unit. A written report from the meeting can be found below.

The second, on 11 May 2017, was arranged to discuss four serious incident reports and it was agreed a report would be submitted to the private part of the June Board meeting outlining the Committee's discussion. A verbal update from the Committee will be provided at the Board meeting as part of that agenda item.

The Audit Committee is scheduled to meet on 24 May 2017 to consider the Annual Report and Accounts, prior to Board approval, and an update from the Committee will be provided at the Board meeting as part of that agenda item.

Recommendations

That the Board:

- receive a verbal update from the Chair of the Quality and Safety Committee, highlighting the key points of assurance discussed; and
- note a verbal update will be received from the Audit Committee in relation to the Annual Report and Accounts.

Assurance report: Quality and Safety Committee May 5th 2017

Annual reports were received:

The Annual Quality Report: the committee approved the report for submission to the board and noted the impact of governor engagement on making best use of the required approach to produce a lively report.

The Quality and Safety Committee: a positive report summarising an extensive work programme and including advice that the Quality Governance Improvement Plan developed in response to Monitor has now been completed.

Incident Management: committee were assured that a robust incident management system is in place which continues to evolve in support of clinical teams. There was a significant reduction in incidents of violence and aggression on inpatient wards in the later months of the year. Wards now receive an “early warning” when the frequency of specific incidents rises beyond what is expected.

An internal audit report on incident management gave significant assurance BDCFT has fallen to the mid-point of national benchmark reports of no.s of incidents reported/organisation. The reasons for this change are currently unclear.

Safety, Risk and Resilience: the committee received extensive assurances that robust systems are in place. With risk management activities e.g. safety huddles now occurring at ward level the committee supported a review of the approach to clinical risk management training as sustaining levels of training is a challenge.

Exception: the risk management team challenged the committee and board to consider how they have taken forward their approach to risk tolerance and risk appetite and whether they would wish to update their approach.

Concerns Compliments and Complaints: the committee were assured that a robust process is in place to investigate and learn from complaints. The number of complaints was slightly less than in the previous year. Themes noted continue to be support for service users, provision of information and attitude of staff, although the latter is less frequently noted than last year. These themes are noted by many NHS trusts.

An internal audit report is awaited.

The numbers of compliments were also slightly less but distributed over a wider range of services.

Freedom to Speak up: the committee were assured that roles and processes are now in place. Two incidents of staff “speaking up” were reported which were quickly resolved. Work is ongoing to increase awareness to the role of the FTSU Guardian amongst staff.

Committee Dashboard: presents an overall positive picture.
Exception: The committee would wish to see greater improvements than are currently reflected in the Care Programme Approach clinical audit

The committee agreed to review the reporting of national audits which give cause for concern but also necessarily include significant time lags before data presented to the committee is updated and therefore may not reflect the current position.

The committee miss their connection to the Professional Council in considering elements of the dashboard and welcome the current discussion about the best “fit” of the Council within the Trust.

Business Units:

Children’s Services: the committee were assured that the unit continues to have a robust approach to quality and safety management.

No major risks were reported. The committee noted ongoing attention and action to mitigate risks associated with public health budget reductions and the Bradford Local Authority decision to reprocure childrens services including updated Health Visitor Standards and strengthened leadership for children with Learning Disabilities, Looked After Children Care Leavers.

The Unit continues to be successful in obtaining new contracts including provision to Better Start Bradford over the next 5 years.

Adult Physical Health: the committee were assured that the unit continues to have a robust approach to quality and safety management.

No major risks were reported but the unit is continuing to closely manage risks arising from the increased numbers of patients with complex care needs being cared for at home, the reprocurement/ redesign of diabetes pathways and the remodelling of Dual Diagnosis services as staff move across to the new Substance Misuse Service provider. A plan is in place to pilot a separation of planned and unplanned community nursing services.

The Community Nursing teams have a performance dashboard in place which includes a section relating to pressure ulcers, no longer reported as Serious Incidents.

Leadership capacity is being strengthened through the internal senior staff nurse development programme preparing nurses to apply for District Nurse training.

NICE: sustaining a system of appropriate implementation of NICE guidelines continues to be a challenge given the volume of guidelines produced by NICE. A robust monitoring system is now in place and allocation of guidelines to Business Units for managing through their quality and safety processes is almost complete. Further work on early prioritisation of the most applicable and impactful guidelines will be undertaken.