

**'You matter, we care'**

Trust Board Meeting (Part 1)	Date: 30 July 2014
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<b>Title:</b>	Committee Chair's report – Quality and Standards Committee
<b>Item:</b>	BD/14/112

<b>Executive Director lead and presenter</b>	Chair of Quality and Standards Committee-Susan Thompson
<b>Report author(s)</b>	Susan Thompson, Chair

<b>History:</b>	<i>QSC 15 June 2014</i>
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<b>This report is for:</b>	
Decision	
Discussion	
To Note	X

<b>Purpose</b>
To verbally update the Board of business discussed at the Quality & Standards Committee of 15 <sup>th</sup> July 2014 (due to the proximity of the meeting to the Board).

<b>Background</b>
This report outlines the business discussed at the meeting.

<b>Business undertaken</b>
<ul style="list-style-type: none"> <li>• Assurance Report from Wiltshire SDU-Public session, including presentation on 15 Steps reviews from a Carer perspective.</li> <li>• IQ monitoring-CQC Compliance, Records Management, Friends and Family test.</li> <li>• Quality Improvements-Performance and Quality Strategy, Clinical Strategy, QIAs, Quality Governance.</li> <li>• PALS and Complaints, Incident reporting.</li> </ul>

## Chairs Report to Trust Board

### Key risks and their impact on the organisation

CQC Compliance ahead of Chief Inspector's summit  
In patient Bed pressures and impact on quality

### Key decisions

None

### Exceptions and challenges

Delayed transfers of care and impact on in-patient bed availability  
Recruitment and staffing demands

### Governance and other business

Agreed TOR with minor changes to reflect quoracy requires 1 NED and 1 Exec Director who must be either the Medical Director or Nurse Director

### Future Business

Compliance and Quality improvement with Public sessions in Bristol (Aug), Swindon (Sept) and BANES (Oct) from the LDUs,  
Extra QSC meeting 8 Aug re CQC compliance ahead of CQC summit on 13 Aug (now postponed)

### Recommendations

To note

### This report addresses these Strategic Priorities:

We will deliver the best care	x
We will support and develop our staff	x
We will continually improve what we do	x
We will use our resources wisely	x
We will be future focussed	x

## Chairs Report to Trust Board

### 1. Wiltshire SDU presentation

#### 1.1. Peer Involvement worker - Teresa Bridges

Developing a peer mentoring programme for Wiltshire, working with SDAS to learn from their scheme and adapting it.

Active engagement of service Users and carers with facilitation of self support groups throughout Wiltshire and support of veteran and other activities working alongside other peer involvement workers

#### 1.2. 15 Steps presentation from Tricia Long, Carer and Lu Curtis, HOP

Recognised as a "real" piece of collaborative work, bringing together initiatives such as the Triangle of Care and Productive ward, to improve in-patient experience for SUs and carers and staff. Lessons being shared and best practice shared with re-visiting programme in place to evidence improvements.

#### 1.3 LDU Quality report from Julie Hankin, CD Wiltshire SDU

Report detailing areas of excellent quality and areas for improvement. Good results from POHMs initiative in high dose prescribing, secured s.136, place of safety agreement across partnerships in Wiltshire.

Highlighting risk in DTOC and bed capacity and the impact of realignment on Wiltshire community teams and its impact on service users

### 2. Exception reporting: In-patient bed pressures were a theme throughout SDU exception reports

Evidence of a system "overheating" with inventive (sometimes costly) action being taken by SDUs which needs partnership working with commissioners, primary care and third sector to reduce pressure and cost-seeing high levels of occupancy well above optimal 85%.

### 3. PALS, Complaints and Incidents

#### 3.1. Annual assurance report for PALs and Complaints

Evidence that a robust system is in place which provided assurance to the Committee. LDUs reported excellent feedback of learning to LDUs. Formal and informal Complaints are reduced in number overall and fewer reporting/action by PHSO (Ombudsman) which is positive. Trend indicated attitude and behaviour of staff was a theme in complaints and the Committee requested further information about this. The Trust is working with other similar organisations to peer review complaints management/learning which will be reported in future reports.

#### 3.2. Monthly Incidents:

The Committee received notice of incidents arising within month which will be reported in future via the CEO report to Board with the Committee scrutinising trends and lessons learned from incidents as part of its work plan.

### 4. Quality

#### 4.1. CQC compliance-anti ligature work – update

Work across the Trust to address physical environment continues to meet CQC requirements

## Chairs Report to Trust Board

### 4.2. Quality Impact assessments

Agreed that QSC would escalate any quality impact issues to F&PC as they arose by exception rather than seek to identify a quality measure for F&PC to monitor , which would be complex, given the varied projects.

Identified the importance of having a robust process to monitor and review QIAs as they were being implemented and post implementation with exception reporting on quality issues to the committee via the Clinical Directors. The work plan allowed for a mid year review and post year review to identify if the quality impact was realised. Risk and Audit had reviewed the QIA process as requested by the QSC and had reported back that it was satisfied with the processes in place.

Susan Thompson

Chair 24 07 2014