

'You matter, we care'

Trust Board Meeting (Part 1)	Date: 25 February 2015
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Title:	Committee Chair's report – Quality and Standards Committee
Item:	BD/14/290.4

Executive Director lead and presenter	Susan Thompson, Chair of Quality and Standards Committee
Report author(s)	Alexander Lauder-Bliss, Governance and Risk Coordinator

History:	<i>n/a</i>
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This report is for:	
Decision	
Discussion	
To Note	X

Purpose
To verbally update the Board of business discussed at the Quality and Standards Committee of 17 th February 2015.

Background
This report outlines the business discussed at this meeting.

Business undertaken
<ul style="list-style-type: none"> • SDU presentations on Local Quality Plans <ul style="list-style-type: none"> – BaNES – Secure • Operating Plan – Quality Section & Draft Annual Quality Objectives • Integrated Quality & Safety Plan Q3 • Quality Accounts – Quality Priorities Q3 Progress • Quality and Performance Report, including locality exception reports • CQC Updates on Progress with Compliance Actions, including Week In Focus - BaNES • Annual Infection Control Report

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- Annual Health and Safety Report
- Learning from Experience Report
- Patient MH Survey Report and Actions
- Policy approval: Security, CCTV, Health, Safety, Welfare of Expectant Mothers

Key risks and their impact on the organisation

Quality of some reports to the Committee due to delay, insufficient rigour, lack of benchmarking and comparison data which provide limited assurance to the Committee.

Lack of clarity as to the accountability/escalation process of identified gaps in system and processes relating to health and safety compliance.

Key decisions

Summary of the key decisions taken by the group. Exception report if outside of the group's Terms of Reference.

- Escalation to Board in relation to quality of papers to Committee providing limited assurance
- Deferment of health and safety annual report for clinical executive input/review and re-submission in April 2015
- Request to Executive to identify 2-3 Trust level themes/measures from the Community MH survey to include as SMART measures within the draft Trust Quality Plan for 2015-16
- Approval of policy amendments

Exceptions and challenges

Identify any area of difficulty encountered by the group in conducting its business eg access to information capacity, expertise etc.

Poor quality of some reports to Committee

Late withdrawal of some papers/presentations

Non-quorate for part of Committee business

Governance and other business

Include relevant information relating to the group's frequency of meeting, attendance, changes to the group's structure, review of Terms of Reference, self-assessment of effectiveness and any other business covered which may be relevant.

Prior to the meeting the Committee members met to agree the TOR and the work plan for 2015-16, subject to review/comments by the incoming Director of Nursing in March 2015. Key changes were to agree a quarterly assurance report from the clinical executive with a monthly exception report in relation to professional standards and compliance in relation to systems and processes outside the operational arena, including agreement on the process for assurance into the Committee in relation to work undertaken by the management groups on

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behalf of the clinical executive.

While the organisation changes its quality and performance tools to reflect the 5 CQC domains the Committee will not be sighted on IQ data relating to CQC compliance, this is temporary. A separate reporting slot is on the standing agenda in relation to CQC updates and compliance, including a verbal update of the outcome from "Week in Focus" activity.

Future Business

The focus for the Committee for the next 3 months is:

- To review LDU quality plans for 2015-16 (March-April)
- To receive assurance reports in relation to CQC compliance(monthly)
- To review Quality Impact assessment arising from CIPs/service change (April)
- To make a recommendation to the Board in relation to the Quality Accounts (April)
- To review Bristol LDU quality and quality plans (April)

Recommendations

The Trust Board should **note** this report.

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

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1. LDU Quality Plans

The Committee received SDU presentations on Local Quality Plans from BaNES and Secure Services which identified the quality improvements achieved in year and where the plans were partially or not met, with reasons and actions, together with the SDU quality plans for 2015-16. The Committee received assurance that the plans were aligned with the Trust's Quality plans for 2015-16 and were flexed to meet local needs. There was discussion about the need for benchmarking current quality and SMART measures to identify real quality improvements for service users and carers.

Specialised services and Swindon withdrew their presentations at short notice due to unavailability of staff.

2. 2015 Trust Operating Plan

The Committee reviewed the 2015 Operating Plan Quality Section & Draft Annual Quality Objectives and noted the identified objectives which were focussed on safety and CQC improvements, including achieving "Good" at the next CQC review (anticipated in quarter 3). The Committee asked for some clarity outside of the operating plan for staff/users as to how the key objectives/priorities would translate into what is expected in terms of quality improvements.

3. Quality and Performance Report, including locality exception reports

These were received with an exception report to the Committee by the Director of Operations on Wiltshire LDU. Assurance was received as to the actions taken to maintain quality in a challenging environment in Wiltshire.

Out of Area placements remained a challenge with DTOC affecting bed management and admissions. The Committee received a report on the actions being taken by the Trust to mitigate OOA and the work being done with stakeholders across the health economy.

4. CQC Updates on Progress with Compliance Actions, including Week In Focus - BaNES

The Week in Focus was piloted with BANES (based on a mock CQC inspection) which identified no surprises but gave assurance around the 5 CQC domains and provided useful feedback to the SBU on quality improvements which they are implementing locally.

5. Reports:

The tabled Annual Health and Safety Report was withdrawn for further clinical input

The Learning from Experience Report was noted but would benefit from further benchmark/comparator data

The 2013/14 Patient MH Survey Report and SDU Local Actions were noted. The Trust continues to be assessed as "average". The Committee has tasked the Executive to consider 2-3 indicators at Trust level as quality improvements to link with the Quality objectives of the 2015 Operating Plan so that measurable objectives can be set to demonstrate improvement.