

<b>Trust Board meeting (Part 1)</b>		<b>Date:</b>	<b>27 May 2015</b>
<b>Agenda item</b>	<b>Title</b>	<b>Executive Director lead and presenter</b>	<b>Report author</b>
<b>BD/15/040</b>	<b>Achieving CQC Compliance across all five quality domains</b>	<b>Kristin Dominy, Executive Director of Operations</b>	<b>Dr Rebecca Eastley, CQC Programme Lead</b>
<b>This report is for:</b>			
Decision			
Discussion			
To Note		X	
<b>History</b>			
<i>Heat map shared with TDA</i>			
<b>The following impacts have been identified and assessed within this report</b>			
Equality	None identified		
Quality	Identified in action plans		
Privacy	Identified in action plans		
<b>Executive summary of key issues</b>			
<p>This report provides assurance to the Board on the Trust's delivery of its Quality Improvement Plan on a monthly basis.</p> <p>The report describes the May 2015 position in relation to the quality improvement work, and provides exception reporting to the Board in relation to any identified risks and mitigations.</p> <p>The Board should <b>note</b> the report.</p>			
<b>This report addresses these strategic priorities:</b>			
We will deliver the best care		X	
We will support and develop our staff			
We will continually improve what we do		X	
We will use our resources wisely			
We will be future focussed		X	

# 1 Introduction

This report brings exceptions to the notice of the Board for note.

## 2 Compliance Notices

### 2.1 Staffing in Wiltshire

Although there are continuing challenges in staff recruitment in Wiltshire there has been some improvement in recruitment through the Wiltshire Staff Retention and Recruitment Strategy. Safe staffing complements on the wards are being maintained by use of bank and agency staff, and the temporary bed closures. The RAG status of the action plan has been re-rated from red to amber.

### 2.2 Outdoor shelters- Secure services

The Trust position on provision of outdoor shelters remains as stated in the March report to the Board. The Nursing and Quality Directorate are working with Operations to set the standards for garden environments.

### 2.3 Caseloads - Bristol

This action plan has been re-rated as red. Caseloads for staff in the Assessment and Recovery teams are higher than national guidelines. The recruitment of Recovery Navigators by partner organisations in Bristol has been slower than anticipated and these new staff have not been able to take up full caseloads immediately. These issues were reviewed as part of the Bristol Week in Focus and are part of the action plans being developed as a result.

### 2.3 Community Treatment Orders - Bristol

This action plan remains red due to the deteriorating performance in the number of people on CTOs being given their rights. This reflects wider challenges facing community mental health services in Bristol which are undergoing unprecedented changes.

The transition board is being re-established which will focus on all matters of performance and transition to the tendered model and appoint a transition manager and a Quality and Improvement manager to support performance improvement in Bristol.

## 3 Action Plan Deep dives

A programme of deep dive reviews of the CQC action plans has commenced and will be undertaken jointly by the LDU triumvirates and Operations management team. The aim of this process is to review all actions against timelines and trajectories to ensure that all actions are on track and action remains focused. Fortnightly 'Check and challenge' will for the next month, focus on Trust-wide, rather than locality action plans to ensure the same level of scrutiny is applied to both in preparation to the compliance check process to be led by the Nursing Directorate against service lines.

## 4 Week in Focus

Week in Focus mock CQC inspections have been completed in BANES, Swindon, Wiltshire and Bristol. Reports for Banes and Swindon have been received by Quality and Standards. All LDUs will have had a Week in Focus service review completed by 28 August 2015.

Action plan delivery will continue to be monitored in the Check and Challenge and CQC Governance meetings, and deep dive reviews.

## 5 Recommendation

The Board should **note** the exceptions and actions to address.