

Trust Board meeting (Part 1)		Date:	4 August 2015
Agenda item	Title	Executive Director lead and presenter	Report author
BD/15/105.1	Report of Quality and Standards Committee Chair	Ruth Brunt, Non-Executive Director	Susan Thompson, Committee Chair
This report is for:			
Decision			
Discussion			
To Note			X
History			
<i>Quality and Standards Committee meeting, 13 July 2015</i>			
The following impacts have been identified and assessed within this report			
Equality	None identified at this time.		
Quality	To be updated on verbally.		
Privacy	None identified at this time.		
Executive summary of key issues			
This report updates the Board of the work of the Committee in July 2015.			
The Board is asked to note the report.			
This report addresses these strategic priorities:			
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 Business Undertaken

1.1 Bristol LDU presentation

- Presentation by Service Delivery Unit, Bristol Locality at Callington Road with James Eldred, CD leading.
- Challenges in Bristol arising from community redesign and staff shortages rehearsed with identified actions in place which the team has been implementing, particularly around staffing and CPA/case load. Key Indicators suggested deteriorating situation which had yet to stabilise and reverse. Positive reports of closer working between primary care and CMHTs where proximate to GPs, such as at Greenways in the North A&R team. Some remodelling of the service agreed with commissioners, e.g. the crisis line which was inflating demand with non-medical queries.
- Senior practitioner presentation of the supportive work provided to community teams to improve quality/work smarter with anticipated improvements in performance of teams likely to be evident by October Committee data for CPA compliance.
- Presentation by Second Steps "recovery navigator" about the ups and downs of recruitment/working as a member of a CMHT- challenging but rewarding role described. Significant cultural challenge identified.
- Good attendance of staff from Bristol who contributed to the discussion.

1.2 Other Business

- Clinical Executive verbal report of key areas of focus for quality includes PICU review; safer staffing; nursing quality; re-organisation of pharmacy directorate- all of which impact on quality and workforce. Focus anticipated to improve quality indicators going forward. The Committee requested more critical analysis/guidance from the clinical executive on reports being considered by the Committee to improve challenge/assurance.

- Received Trust's Annual Learning from Experience Report. Identified a lot of actions in the Trust in the last year. All CQC actions arising from monitoring visits are completed. Committee challenge that report needs to be much clearer about what has changed as a result of lessons learned, how the learning has/will affect change and what are the expected outcomes from the learning.
- Received update on Harm Free report, which includes falls. Reported the Trust is not a Falls outlier but focus remains on falls reductions where serious harm occurs.
- Received MHA and MCA annual report. Assurance that Trust remains compliant with robust monitoring of indicators by the Trust's MHA Group. Noted over-representation of BME in Bristol locality- for further investigation.
- Annual Clinical Audit report received- identifying active engagement in quality related audits.

2 Key Risks and Their Impact on the Organisation

2.1 Bristol Community Services

- Significant challenge remains in relation to transformation of community services with some early evidence of increased service user satisfaction which is welcomed. Culture change and poor staff morale are identified as the major challenges to the service as well as deterioration in quality indicators.

2.2 Data Presentation

- Noted that Bristol data suggested a third of S.Us were without a timely CPA review. Questioning of team raised issues as to data quality with the assertion that part of the deficit was explained by reviews being undertaken but not recorded as completed. Committee emphasised the need to secure accurate data so the committee

could receive assurance. Currently no assurance. This was being addressed as part of the senior support to CMHTs.

- Concern also that self -assessment of recent records management audit in 2 areas of Bristol were markedly higher than Quality Board assessment of the same records where a self-assessed positive result was not supported by objective evidence.
- Committee still awaits replacement data quality indicators following withdrawal of the CQC compliance measures in Oct 2014. QSC felt delay in implementation of new indicators was unacceptable but were assured these would form part of the new report from Sept 2015. The newly formed Integrated Governance Group was finalising the data/quality indicators. The reasons for the delay were understood and the importance of whole organisation "ownership" of the quality data as a tool for quality improvement was welcomed.

3 Key Decisions

None.

4 Exceptions and Challenges

- Requested explanation from Director of Operations for reported reduction in out of area beds (including out of locality beds) when compared with the apparent rise in out of locality beds reported in the MH Dashboard.
- Requesting trend data for quality measures when reported to QSC rather than simply the latest data measure for the indicator
- Challenge to the Clinical Executive to provide clinical analysis/guidance to the Committee members on the key risks, issues of quality arising from the reports to Committee at each meeting

5 Governance and Other Business

- Committee looked forward to receiving a written Clinical Executive report to Committee from September 2015, to

include critical analysis of key data from locality presentation; current quality issues; exception reports from management groups; quality risks etc.

6 Future Business

- As outlined in Committee work plan.
- Additional meeting: Policy review/approval meeting scheduled for 1 September 2015
- Focus on integrating the work of Employee Strategy and Engagement Committee (ESEC) into the Committee's business plan for implementation from September 2015.

7 Recommendations

- Horizontal reporting of 2 matters to ESEC:
 - 1) apparent discrepancy between the Bristol data of decreasing 4% sickness absence rate and the Q&P data showing a rising trend
 - 2) clarify budget arrangements for PVMA training given Board/organisational focus on reduction in episodes of violence causing harm
- Horizontal reporting of one matter to Finance and Planning Committee:
 - 1) to clarify whether anti-ligature budget for 2015/16 is agreed given end of first quarter
- Horizontal reporting to Bristol System leader-Will Hall that the Committee notes the significant BME representation in the Bristol MHA data for detained patients and those subject to s.136 with a request that the system consider the data.
- No escalation of issues to the Board