

Trust Board meeting (Part 1)		Date:	27 January 2016
Agenda item	Title	Executive Director lead and presenter	Report author
BD/15/217.1	Report of Quality and Standards Committee	Susan Thompson, Quality and Standards Chair	Susan Thompson, Quality and Standards Chair
This report is for:			
Decision			
Discussion			
To Note		X	
History			
<i>Quality and Standards Meeting on 15 December 2015</i>			
<i>Quality and Standards Meeting on 19 January 2016.</i>			
The following impacts have been identified and assessed within this report			
Equality	X		
Quality	X		
Privacy	X		
Executive summary of key issues			
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

- The Committee undertook work in accordance with its Work Plan
- In December 2015 the Committee received assurance from BANES LDU on its compliance with standards, quality improvements and service user and carer engagement.
- In January 2016 the Committee received assurances from South Gloucestershire LDU on compliance with standards, quality improvement and service user and carer engagement.

2 Key Decisions

- The Committee approved the principles set out in the proposed Public and Community Engagement Strategy and requested further work on the Strategy and plan
- The Committee approved Goals 3 and 4 as Equality and Diversity objectives within a revised E&D strategy
- The Committee approved the Sign Up to Safety Plan
- The Committee approved the Co-Existing MH and Alcohol Strategy (dual diagnosis)
- Policy updates were approved

3 Exceptions and Challenges

- Deterioration in DTOC despite mitigating actions and as a result of lack of onward placements. Challenge that there was insufficient anticipation of known spikes in DTOC so that demand could be managed. High level of use of block beds and OOA also noted as a concern.
- The Committee expressed concern that a number of quality and performance trajectories remained optimistic without clear evidence of sustained improvement and this raised questions as to the assurance the Committee could take from the data. There was an acknowledged requirement to better understand/interpret data and for the Clinical Executive to provide the necessary interpretation and assurance (not yet provided, examples being the

unallocated case data and single sex accommodation breaches).

- Lessons Learned: this is a key focus and the Committee received the Lessons Learned report and Mazars report in January and had an in depth discussion about RCA reporting and lessons learned in relation to BANES in December. The data to the Committee provided information about our practice and process around learning but inadequate assurance that we were learning as an organisation. The Committee has asked for the data to be presented to include where we can evidence improved outcomes or quality improvements as a result of learning.
- Workforce Report: the Committee received the HR report in December and a briefing on the initial feedback from the Staff Survey in January

4 Impact of Risks to the Achievement of Strategic Objectives

- Ongoing concerns about quality of community services in Bristol
- CQC Improvement Notice received in relation to Bristol Community Services. The Committee received a verbal report from the Medical Director on immediate actions and plan to address the Notice (response paper to be circulated).
- Workforce: preliminary staff survey results (tabled) suggest continued challenges around reporting by staff of bullying and harassment in the workplace from colleagues, service users and families which the Board should note. The full report is yet to be published (expected March 2016).
- Safer Staffing levels were noted with no wards being declared unsafe, although 2 wards have been below 80% staffing, by the Director of Nursing. Data was requested in relation to the Trust Board objectives of staffing between 95-105% which is yet to be provided.

- IAPT services in S Glos in particular and IAPT services generally were discussed. Noted the impact of different IAPT models and their outcomes in the LDUs and how we might address variation to achieve better outcomes. Need for a strategic discussion on IAPT services generally and how these could be provided more efficiently and effectively.
- BANES tender for community, including MH services are confirmed, likely in 2016
- Legionella risks remain high at Southmead Hospital and action has now been taken to replace filters on all outlets to satisfy HSE concerns.

5 Governance and Other Business

- The Committee has seen a change in governance support, membership and terms of reference in December and January, which has adversely affected its ability to function as effectively as it should in the period.
- Late and tabled reports limited effective scrutiny of issues by the Committee

6 Future Business

- As per work plan

7 Horizontal Reporting

- Confidentiality Conference hosted by BANES has raised the need for a clear statement on Confidentiality and Sharing Information which needed to be understood Trust wide-referred to IGG to take forward
- IAPT review to be considered by Clinical Executive with recommendations to the Committee by March 2016
- Trust Equality and Diversity Strategy to be referred to Q&SC in full-action by EE&E Group

8 Recommendations

- That the Board considers whether further steps/mitigations are necessary to manage risk to quality and ensure Trust quality objectives are met in particular