

Trust Board meeting (Part 1 )		Date:	26 April 2017
Agenda item		Non-Executive Director lead and presenter	Report author
BD/17/008	Report of the Quality and Standards Committee Chair	Ruth Brunt	Ruth Brunt
<b>This report is for:</b>			
Decision			
Discussion			
To Note			X
<b>History</b>			
<b>Quality and Standards Meeting 18<sup>th</sup> April 2017</b>			
<b>The following impacts have been identified and assessed within this report</b>			
Equality	X		
Quality	X		
Privacy			
<b>Executive summary of key issues</b>			
<p>The Board is asked to <b>note</b> this report from the last Q&amp;S Committee meeting. The committee meeting was held in Swindon and received a presentation from a service user and the management team. In addition to the standard performance reports, the meeting considered:</p> <ul style="list-style-type: none"> <li>• An Internal Audit report on Medicines Management</li> <li>• The proposed Service User Engagement Strategy</li> <li>• 17/18 Quality Account</li> <li>• Quality and Workforce metrics in the Annual Objectives</li> <li>• Framework for career progression of the unregistered workforce</li> <li>• Q&amp;S workplan for the coming year</li> </ul>			
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

# 1 Business Undertaken

## 1.1 Swindon Presentation

- Service user described work of their local Service User forum and how they engage with the work of the locality, including involvement in Friends and Family telephone contacts
- Good practice recognised by the committee, including; no out of area acute admissions in 23 months, physical health clinics and positive results from liaison with acute hospital.
- Challenges identified – recruitment, particularly in inpatient areas, DTOC, lack of full funding for early intervention service, system difficulties in separating out section 136 unit incidents.
- Future Priorities – non-medical prescribing, including PCLS, Dementia Care and Support, smoke free implementation to coincide with GWH.

The committee recognised the significant service user engagement achievements, together with other areas of high performance in Swindon, and were assured that the team were committed to continued improvement in the quality of services.

## 1.2 Measurement

**The committee received assurance on:**

- Continued operational focus on performance challenges
- Maintenance of improvement in Out of Area Transfers
- Overall improvement in appraisal, training and sickness rates
- Partial assurance on Medicines Management internal audit

**The committee required further assurance regarding:**

- Clinical quality and workforce priorities and risks, in the absence of a Clinical Executive report
- CQC preparedness.

- Future seclusion model
- Workforce plan with associated trajectories for 2017/18
- 2017/2019 CQUINS
- Resolution of Strategic and Corporate risk identification
- Medicines Management audit actions have resulted in improvement

## 1.3 Capability and Culture

**The committee received assurance regarding:**

- A framework for career progression of the unregistered workforce

**The committee required further assurance regarding:**

- CAMHS cultural issues
- Plan for addressing issues of concern from the staff survey following the recent Quality Forum.

## 1.4 Process and Structure

**The committee required further assurance on:**

- Process for ensuring timely updating of all policies expiring in May.

## 1.5 Strategy and Planning

**The committee received assurance on:**

- The co-produced Service User and Carer Engagement Strategy and the process for developing an associated implementation plan
- The 2017/18 Quality Account
- Inclusion of quality priorities and workforce information in the Annual Operating Plan
- Annual Objectives – measurable indicators.

**The committee required further assurance that:**

- All assurance requirements are reflected in the committee workplan for 17/18
- Success measures in the quality account are more clearly described.

# 2 Key Decisions

## 2.1

- A proposed re-modelled Clinical Executive Report to come to the next meeting
- Service User and Carer Engagement strategy endorsed, pending completion of consultation. Final version to come to May meeting for approval

### **3 Exceptions and Challenges**

#### **3.1**

- Reporting reflects key priorities
- Need for clarity on corporate/strategic risks
- CQC preparedness
- Sustainable workforce plan for 17/18
- Meaningful staff engagement and promotion of a positive culture

### **4 Impact of Risks to Achievement of Strategic Objectives**

#### **4.1**

- CQC non-compliance
- Failure to address staff concerns and workforce issues will adversely impact on organisational culture
- CAMHS inability to meet commissioner requirements whilst ensuring a safe service

### **5 Future Business**

#### **5.1**

- Remodelled Clinical Executive Report
- Monthly CQC progress report
- Workforce plan for 2017/18 with associated trajectories
- Increased profile of OD and culture issues