

Trust Board meeting		Date:	26 July 2017
Agenda item		Non Executive Director lead and presenter	Report author
BD/17/094	Report of the Quality and Standards Committee Chair	Ruth Brunt	Ruth Brunt
This report is for:			
Decision			
Discussion			
To Note		X	
History			
Quality and Standards Meeting 18 th July 2017			
The following impacts have been identified and assessed within this report			
Equality	X		
Quality	X		
Privacy	X		
Executive summary of key issues			
<p>The Board is asked to note this report from the last Q&S Committee meeting. The committee meeting was held at Callington Road, Bristol and received a presentation from the Bristol management team. In addition to the standard performance reports, the meeting considered:</p> <ul style="list-style-type: none">• Annual Complaints report• Annual Workforce Race Equality Standard Report• Updated Bank and Agency checklist• Audit into antipsychotic prescribing for patients with a Learning Disability• 2017-2020 Suicide Prevention Strategy• Service User and Carer Engagement Strategy implementation plan• Themes from the 15 step walkabouts• Progress with Staff Survey action plan			
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 Bristol Presentation

- The management team provided an update on:
 - Laurel Ward
 - Aspen Ward
 - Crisis Line developments
 - Increased referrals together with medical staffing challenges
- The team described the communication difficulties associated with the closure of Laurel Ward – both in respect of staff and service users/carers – and asked for the future plans to be conveyed by the Executive team as soon as possible, as staff had now completed their training and competency assessments.
- The committee was concerned to ensure that, at an appropriate point, any learning regarding the ward closure process was captured.
- The committee recognised the improvements to the Crisis Line service and the management focus on improving access through engagement with Primary Care.
- Challenges identified – poor ongoing placement opportunities resulting in DTOC, recruitment and retention difficulties, particularly medical staff, lack of GP capacity/capability to manage demand..

1.2 Measurement

The committee received assurance on:

- LD medicines audit demonstrated improved prescribing practice.
- Process for assessing and reporting the quality impact of the financial improvement plan
- Updated position and action plan following Partial Assurance rating in Internal Audit report on Unexpected Deaths – Incident Management

The committee required further assurance regarding:

- Timescale for seeing improvements in 72 hour incident reporting
- Impact of Safeward interventions
- Trajectory for improving the number of missed doses/blank boxes on medication charts
- 15 month trends on key indicators to enable comparison with last year
- Stretch targets for Record Keeping
- Complaints by activity to identify accurate variation year on year
- Timing of Patient Experience Report
- Explanation of RAG rating on Annual Objective progress report

1.3 Capability and Culture

The committee received assurance on:

- Progress with Workforce Race Equality Standard (WRES) – 4 of 9 elements improved.

The committee required further assurance regarding :

- Diversity training provision
- How the Staff Survey actions will be integrated with the Listening into Action Programme

1.4 Strategy and Planning

The committee received assurance on:

- Service User and Carer Engagement Strategy Implementation Plan
- **The committee required further assurance on:**
- The 2017-2020 Suicide Prevention Strategy – that the annual workplan sets internal targets for reduction in suicides based on evidenced interventions.

1.5 Process and Structure

The committee required further assurance that:

- Process is robust for capturing all 15 step walkabout reports, to inform themes
- The quality actions identified in the Commercial activity report have been addressed

2 Key Decisions

2.1

- Suicide Prevention Strategy approved pending minor operational changes
- WRES report recommendations approved

3 Exceptions and Challenges

3.1

- Need to raise the profile of workforce issues
- Capacity concerns regarding delivery of key reports

4 Impact of Risks to Achievement of Strategic Objectives

4.1

- CQC non-compliance
- Ongoing recruitment challenges in key areas compromising ability to reduce the use of temporary staff
- Failure to address staff concerns and workforce issues will adversely impact on organisational culture and may impede change
- Any delay in implementing new care models may impact on ability to deliver high quality services

5 Future Business

5.1

- Patient Experience quarterly report
- Quality impact of FIP plans
- Improvement trajectories for key areas of concern
- Increased profile of OD and culture issues