

Trust Board meeting	Date: 27 September 2017
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Agenda item		Non Executive Director lead and presenter	Report author
BD/17/136	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 19th September 2017

The following impacts have been identified and assessed within this report

Equality		X
Quality		X
Privacy		

Executive summary of key issues

The Board is asked to **note** this report from the last Q&S Committee meeting. The committee meeting was held at Coast Resource Centre, Weston Super Mare, and received a presentation from the North Somerset management team and Involvement Coordinator. This was the first meeting attended by a nominated service user representative, who made a useful contribution to the discussion. In addition to the standard performance reports, the meeting considered:

- Internal Audit report on Delayed Transfers of Care (DTCO)
- A detailed review of DTCO (attached)
- Process for Quality Impact Assessments (QIAs) related to the Financial Improvement Plan (FIP)
- Draft Implementation Plan for the Service User and Carer Engagement Strategy
- Clinical Case relating to the Place of Safety consultation
- Draft Learning from Deaths policy
- Briefing on “Stepping Forward to 2020/21”, the National Mental Health Workforce Plan, together with AWP’s action plan for local workforce planning

We will support our service users and carers:	X	
We will engage our staff:	X	
We will be sustainable:	X	

1 Business Undertaken

1.1 North Somerset Presentation

- The Involvement Coordinator described a number of innovations in the wider community to raise awareness of mental health. This involved working closely with other agencies and the media.
- A presentation on the control room triage model and interim evaluation of the BNSSG pilot, demonstrated significant involvement of mental health professionals in calls to police and fire brigade with more individuals with mental health problems receiving the right level of specialist care. The team were hopeful of continued funding for the initiative.
- The committee recognised areas of high operational performance as well as a number of challenges, including difficulties with recruitment

1.2 Measurement

The committee received assurance on:

- Medicines management – a detailed report into the issues behind missed doses and blank boxes, together with the actions being taken.
- Progress with implementation of national requirements regarding Learning from Deaths
- Changes to the Records Management Audit to raise expectations regarding record completeness and quality of risk assessment.
- Q.1 progress against CQUIN and Quality Priorities
- Plans for the launch of the Smoke Free policy
- Detailed analysis of the DTOC position with quality, capacity and financial impact clearly identified, together with system wide work being undertaken (**report attached**).

The committee required further assurance regarding:

- Timescale for seeing improvements in 72 hour incident reporting and timeliness of RCA reporting
- Realistic improvement trajectories for areas of poor performance.
- Confidence that actions regarding Out of Area Placements will deliver the required reduction

1.3 Capability and Culture

The committee received assurance on:

- Improved capture of learning activity associated with incidents, complaints, PALS and surveys.
- Month 4 workforce information
- Trust position on workforce planning in light of the Health Education England Mental Health Plan, aimed at meeting the workforce requirements of the *Five Year Forward View*

The committee required further assurance regarding :

- A more flexible approach to reporting priority workforce issues

1.4 Strategy and Planning

The committee received assurance on:

- An improved process for Quality Impact Assessments.
- 3 year phasing of the implementation plan for the Service User and Carer Engagement strategy

The committee required further assurance on:

- Visibility of quality risks considered acceptable in the Financial Improvement Plan

1.5 Process and Structure

The committee received assurance on:

- The core elements of the clinical case for change in relation to Place of Safety
- Safe rostering of doctors in training and compliance with working hours requirements
- Draft Learning from Deaths policy
- The rationale behind the agency self- certification scores.

The committee required further assurance regarding

- Presentation and categorisation of 136 clinical case.
- The capacity to deliver the national requirements of the new Learning from Deaths process.

2 Key Decisions

2.1

- DTOC paper addressed any outstanding queries in Internal Audit report.
- Learning from Deaths Policy approved with minor amendments
- Process for QIAs approved
- Revised agency self-certification report approved

3 Exceptions and Challenges

3.1

- Need to raise the profile of current workforce priorities
- Capacity concerns regarding delivery of key improvement plans
- Resolution of quality and financial imperatives

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
- Any delay in implementing new care models may impact on ability to deliver high quality services
- Inability to address the DTOC and Out of Area position will compromise financial and quality plans

5 Future Business

5.1

- Priority specific workforce report
- Quality impact of FIP plans
- Improvement trajectories for key areas of concern
- Increased profile of OD and culture issues