

'You matter, we care'

Trust Board Meeting (Part 1 or Part 2)	Date: 30 October 2013
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Title:	Committee Chair's report-Quality and Standards Committee
Item:	BD/13/212

NED lead and presenter	Susan Thompson-Chair
Report author(s)	Susan Thompson-Chair

History:	<i>n/a</i>
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This report is for:	
Decision	
Discussion	x
To Note	x

Purpose
To inform the Board of business discussed at the Quality & Standards Committee on 22 October 2013 and escalation to the Board for discussion of 2 key risks (see below)

Background
<i>n/a</i>

Business undertaken
<ul style="list-style-type: none"> • Presentation from Bristol Mental Health locality-James Eldred and Mark Bunker • Review of 3 essential standards in the Quality Dashboard: Friends and Family, CQC compliance, records management. Also considered supervision and staffing. • Received reports on safety alerts, quality improvement visits, complaints and from Management Groups supporting the Committee. • Reviewed VTE concerns Falls/pressure sores audit action plan and received oral report on progress. • Reviewed policies. • Received positive external report on CQC visit to Victoria Centre, Swindon. • Deferred learning from experience paper to Nov for LDUs to input learning.

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Key risks and their impact on the organisation

That Quality Impact Assessments are not clearly evidenced as part of the process of decision making within the Trust and the Committee has yet to have sight of QIAs for the current CIPs

There remain issues with data quality of the IQ system that require attention to reduce the impact for inaccurate information to compromise the perception of quality delivered to service users, staff and stakeholders

Key decisions

None

Exceptions and challenges

Each LDU identified its quality challenges and the Committee was assured that all had a grip on quality in their locality

All LDUs were using IQ to interrogate their quality performance, identifying the best and weakest performers and taking action where necessary. All continued to some degree or another to find IQ data quality compromised requiring an overlay of narrative when presenting IQ data to stakeholders.

Governance and other business

The Committee has yet to engage in self- assessment of its performance but has been viewed twice by KPMG as part of BGAF/QGAF in July and October 2013.

Future Business

As per Annual work plan with Locality based open meetings hosted by SDU and Sus and carers in Swindon in November, Bath in December and Weston super Mare in January

Recommendations

To note the report and discuss above risk items

This report addresses these Strategic Objectives:

Consolidate	x
Integrate	x
Expand	x

This report addresses these Values:

Our values: PRIDE – passion, respect, integrity, diversity, excellence

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Passion	Doing our best, all of the time	x
Respect	Listening, understanding and valuing what you tell us	x
Integrity	Being open, honest, straightforward and reliable	x
Diversity	Relating to everyone as an individual	x
Excellence	Striving to provide the highest quality support	x

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Bristol LDU presentation

- 1.1. Focus on community services being tendered. Relationships are flourishing within the City with partners and work is on-going with third sector in accessing and supporting MH issues within BME and hard to reach groups . Heard from Pat Rose, NILAARI representative, (a Bristol based drug service) and also from Off the Record Director, Simon Hewitt of the work being done using RECC training (delivering race equality in MH) to understand the cultural needs of the Bristol population and how improved access to services was being achieved.
- 1.2. Clinical Director identified some of the challenges to the current Recovery Service, being at overcapacity and following the withdrawal of co-located social workers, resulting in reduced capacity for care co-ordination. Issues recognised and being managed by LDU.
- 1.3. IQ data quality issues continue to be addressed and this highlighted the risks to delivering an effective integrated system for quality data in Bristol in partnership.

2. Trust's Quality Compliance

2.1.

There was a healthy debate about IQ data and its presentation to the Committee. Emphasised the need to understand what good looks like, where are the best and worst performers, what were the hotspots and exceptions and what were the LDUs doing about it. Need to look forward and see trends, what do LDUs think good looks like? LDUs to think about identifying measures for improvement

Exception reports provided to the Committee by or on behalf of CDs so that the Committee was assured the LDUs had sight of key quality metrics

3. Other business

3.1. Matters arising

The Committee remained concerned that it had not yet considered further QIAs and that decisions were being made where there was no clear evidence of QIA being undertaken. The Committee was assured that at executive level the Clinical executive was challenging and interrogating the impact on quality of decisions and that the Quality "Huddle" was doing some of this work-it was not transparent enough and there was no transparency in LDU QIAs-for the Clinical Directorate and SMT to address with the Quality Academy.

3.2. IQ data issues

These remain an issue and inaccuracies are causing a "narrative" overlay at CCG performance meetings. Improving data quality remains a priority action. All LDUs were using IQ constructively and found it helpful in addressing quality issues.

There was a consensus that immediate feedback to teams and wards as to where they were on quality metrics was a significant driver to take ownership for and improve the

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quality of services. A possible issue identified of F&F software not being immediately accessible to teams/wards so they can respond quickly to feedback.

3.3. VTE-Falls and Pressure Sores

The Committee received an action plan following the audits and were assured that action was appropriate. Further audits planned to review progress and to update Committee

Susan Thompson

Chair