

BOARD MEETING

26 May 2016

Paper Title:	Assurance Reports from Committee Chairs
Section:	Public - Information
Lead Director:	Committee Chairs
Paper Author:	Committee Chairs
Agenda Item:	9
Presented For:	Assurance

EXECUTIVE SUMMARY:

To update the Board on any significant issues arising from Board Committee meetings since the last Board meeting in April 2016.

RELATED RISK(S):

None.

FINANCIAL IMPLICATION:

There are no financial implications arising from the content of this paper.

Revenue Capital

RECOMMENDATIONS:

That the Board:

- note the issues highlighted from the various meetings, seeking any further clarification from the Committee Chairs.

LEGAL IMPLICATIONS:

None.

PREVIOUS MEETINGS/COMMITTEES:

Highlight whether the paper has been discussed at any of the following meetings:

Audit Committee	<input checked="" type="checkbox"/>	Quality & Safety Committee	<input checked="" type="checkbox"/>	Remuneration Committee	<input type="checkbox"/>	Finance, Business & Investment Committee	<input type="checkbox"/>
Executive Management team	<input checked="" type="checkbox"/>	Directors Group	<input type="checkbox"/>	Charitable Funds Committee	<input type="checkbox"/>	MH Legislation Committee	<input type="checkbox"/>

Assurance Reports from Committee Chairs

Background

This paper provides a short update on any significant issues raised at Board Committees since the last Board meeting in April 2016. The following items are highlighted for information.

Quality and Safety Committee meeting, 6 May

Committee Dashboard

The committee received the quarterly quality and safety dashboard presenting an overall positive picture. Specific points assurances or concerns of note:

Business continuity plans: 97% were validated last year.

Mandatory training: Compliance is at or exceeding target exceeds targets for all indicators and teams. Nursing and midwifery staff at or near 90% compliance for all mandatory training.

Cleanliness Audit: The premises used by two of our services did not meet our expectations in the recent cleanliness audit.

CPA three day follow up: remains well below our aspiration with only a small amount of improvement this year. The committee were assured that this is being closely managed by the Adult Mental Health Services Business Unit and will receive more information from the Business Unit's next report to the committee.

National Clinical Audits: completed Q4

Antipsychotic Prescribing for People with Learning Disabilities and Physical Health Checks and Physical Health Checks for Patients Initiated on Antipsychotic Medication and communication with General Practice regarding those results.

Both audits showed continuing improvement in achievement although the relevant physical health monitoring for people with learning disabilities continues to be low.

Pressure ulcers continue to be a challenge with a rise in the number reported in Q4 last year. The incidence of pressure ulcers underpins Safety Thermometer achievement just below our 95% target for the last three quarters.

The committee were assured that the Business Unit for Adult Physical Health continues to address this issue with an overarching action plan and a subsidiary plan for each team.

The committee received reports from two of the new Business Units including the Terms of Reference for their Quality Governance Groups.

Nursing, Children's and Specialist Services Business Unit: the committee were assured that quality and safety are being closely monitored during the redesign of Children's Services including through the Business Unit Quality Goals and Risk Register which were included in their report.

There is a renewed drive to identify and attempt to locate missing children. The committee were assured that the Business Unit are progressing this piece of work.

Adult Physical Health Community Services: this unit is also working through significant pieces of service redesign. Taking account of the diverse range of services within the unit a process for undertaking quality and safety deep dives into individual services is being developed. The unit is also working with other local providers to establish a benchmarking framework as no national model is available.

Quality Report: The committee approved this report highlighting the significant amount of quality and safety improvement work undertaken during the last year. The report was understood to have attracted positive comment from the CCGs. It was agreed the format is more accessible than that of the Quality Accounts.

Action planning deep dive highlighted the number and diversity of action plans in existence, with a significant proportion of actions falling to the Business Unit for Adult Mental Health Services. The committee were assured that the Business Unit is confident that all are being appropriately managed and will include further information in the Business Unit's next report to the committee. There is considerable potential for duplication, of actions which will be improved when a new IT system for recording and monitoring action plans is introduced later in the year.

Annual reports

Incidents:

- the Trust is 5th in the national league for Learning from Mistakes and one of only 18 Trusts rated Outstanding in this area.
- there has been a significant fall in incidents of violence and Aggression coinciding with the introduction of the Positive and Proactive initiative
- there has been a rise in fire related incidents associated with smoking in non-designated places
- the committee were assured that the challenge of learning From incidents at team level is being address is being addressed in the Human Factors programme.

Serious Incidents:

- Pressure Ulcers are referred to elsewhere
- the committee now receives the minutes of the Serious Incident and Complaints forum which provide assurance of monitoring and completion of relevant actions

Complaints:

- a greater proportion of complaints are being resolved locally rather than through the formal process
- in line with other organisations the number of complaints referred to the Ombudsman has risen
- the committee were assured by the actions being taken by the four teams who received the highest numbers of complaints

QSC Committee:

- all but one of the 16 Quality Governance improvement actions planned for this year have been completed. An internal audit of Learning from Complaints is taking place. The outstanding action will be revisited when the audit is Complete.

The new **Nursing Strategy** was approved with positive comments for the succinct and engaging layout.

Audit Committee meeting, 24 May 2016

A verbal update will be provided at the Board meeting by the Audit Committee Chair.

Recommendations

That the Board:

- note the issues highlighted from the various meetings, seeking any further clarification from the Committee Chairs.