

Escalation and Assurance Report (AAA+D)

Agenda
Item
12.0

Report from the: Quality & Safety Committee
Date of meeting: 18th May 2023
Report to the: Board of Directors

Key escalation and discussion points from the meeting			
Alert	Action (to be taken)	By Whom	Target Date
No new alerts to report			
Advise:			
<ul style="list-style-type: none"> • Our involvement partner reported: <ol style="list-style-type: none"> 1) issues with the new MH Worker assessments conducted in general practice (including incomplete assessments/use of triggering language/ cancellation of appointments). Assurance given that steps will be taken to address. 2) A lack of continuity of message from the Involvement Team to Involvement Partners was reported caused by changes in leadership within the team. Steps agreed to address issues and provide reassurance to the Involvement Partners. 3) Issues reported regarding 1st response service- users can be told to call up to 3 other places before they get to the place they need. Steps to be taken to reduce the number of handoffs and where they are necessary that call handlers deal with callers compassionately. • The committee received an excellent presentation from the Proactive Care Team who are delivering an outstanding piece of work to reduce health inequalities which is delivering results which hit our priorities of reducing health inequalities by taking a holistic approach to providing the highest quality of service to patients, improving working lives of colleagues and is an example of working in collaboration to deliver integrated care. There is huge learning to be gained organisationally. The committee supported this work with a view to finding ways to continue to fund in 2024 and beyond, learn from it, support further roll out and scale the learning across services. • Waits: <ol style="list-style-type: none"> 1) There are an increasing number of complaints relating to waits and backlog(OP,LD, CAMHS & MWB IAPT). 2) The continence service continues to experience challenges to meet the waiting list targets (13 wk waits) and a draft recovery plan is being considered. 3) The mean wait time for falls assessment is 6 weeks with the service receiving 185 referrals per month. (321 waiting) A number of steps are in place to reduce length and number of people waiting. 4) SMABS are meeting access standard, although routine assessment response time is around 6-7 weeks outside of the 2-week recommendation. • Reducing out of area care remains a high priority. • The committee received the Pressure Ulcer Strategy Annual Report and noted the progress made towards embedding the Strategy and approved the proposed actions. • The committee received the Patient Safety Incident Information & Complaints monthly report along with the bi- Annual Learning report. A satisfactory conclusion has been 			

reached in relation to a longstanding case (MK) which hopefully will help to bring closure for the family, colleagues and the Trust.

- The Clinical Audit Report was approved.
- An IT outage (virgin media) affected some GP practices and Scorex House affecting system partners. Business continuity plans were put in place.
- Inpatient and Adult Community vacancies remain high.
- OT recruitment challenges and morale amongst AHP workforce are a concern.
- Increase in admissions to the Bradford intensive home treatment case load, which has the potential to impact CQUIN compliance requirement of at least 80% of service users receiving follow up post discharge from inpatient admission

Assure

- C&YPServices reported a reduction in sickness rates to 4.4% overall against a 4% target.
- Success in collaborative bid for Vac and Imms provision across WY
- Improvements in SALT because of transformational work focussing on skill mix and new ways of working. Although our vacancy rate is 10% it compares favourably with the national rate of 23%
- Podiatry service data is back on track.
- Improving performance in mandatory training and clinical supervision uptake
- Friends and Family feedback indicates 89% of service users accessing mental health services rated the services as good or very good
- The committee welcomed a summary and update in respect to the Quality Assurance Framework Approach and approved the plan.
- Actions taken regarding compliance for high-risk medical devices have been successful. The current compliance rate is at 92.9% up from 72% last month.
- The committee approved one change to the overall risk scores for QSC : SO3(3.2) – progress made in relation to the quality assurance framework development and implementation , with schedule improvement to the Trusts BAF and Risk and Tolerance work. Reduced from 4-3(12)to 3-3(9) and noted the progress made against the strategic objectives

Decisions / Recommendations:

Risks discussed:

- SO1
- SO3

New risks identified:

- None

Report completed by:

[Alyson McGregor MBE]

Committee Chair and Non-Executive Director

[18.5.23]