

Escalation and Assurance Report (AAA+D)

Report from the: Quality & Safety Committee
Date of meeting: 15th June 2023
Report to the: Board of Directors

**Agenda
Item
12.1**

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"> The committee received positive feedback from our Involvement Partner in relation to a range of services, in particular Personalised Care where better engagement from staff is helping people become less unwell, stories relating to the ARRS workers of what works well and less well, and providing the right type of service to users in relation to IAPT and VCS talking therapy services. (Access to IAPT in April were 693 against a target of 730). The committee received an impressive presentation from members of the Acute Liaison Psychiatry Service(ALPS)who are delivering a high quality new model of care which meets the physical,mental and social health needs of patients presenting in crisis. The work is exemplary in terms of its collaborative work operating in an A& E setting, offering accessibility for mental health, and a very successful MDT approach. The key challenge for the team is the requirement to find appropriate office space at BRI. There has been a significant reduction in inappropriate out of area placements for AMHSs We have not received the MH Homicide Report expected in November 2022 and have noted the extension to the report. The patient Safety Team has noted a problem in relation to the attitude of inspectors towards staff during this investigation which will be addressed by the Director of Nursing, Professions to NHSE. Appraisal compliance has increased to 62.75% Mandatory training compliance remains within control limits. There are 4 areas not reaching compliance this month; fire safety, immediate life support, IG & data security, MAV- breakaway Sickness rates, labour turnover and agency usage were reduced slightly this month Friends and Family Test scores remain above the 90% target, however numbers have fallen significantly this month. There a been a decrease to 73.6% of patients waiting less than 18 weeks for treatment as a result of increasing demand from all referrers. 			
Assure			

- The committee received and confirmed that the following Annual Reports provide the necessary assurance required; Suicide Prevention, Quality, Guardian of Safe Working Hours, Infection Prevention, Risk Management, Patient Safety (previously Serious Incidents) and Safeguarding.
- QSC acknowledged the work and support the suicide prevention plan. Bradford has the lowest rate of suicide in the Y&H region despite a rise from 9.2 to 9.8 per 100,000 people, remaining below the national rate of 10.7 deaths per 100,000 people
- Patient safety incidents are within the statistical limits, with reporting rates being stable and slow
- Friends and Family Test scores remain above the 90% target, however numbers have fallen significantly this month.
- High risk medical device compliance is 92.9% against a 95% target
- A patient safety quality review of the Najurally Centre provided positive feedback
- We received and supported recommendations from a number of internal audit reports covering safer staffing(agency usage), IHTT policy and admissions, CMHT waiting list oversight, and LD assessment & treatment unit.
- A crisis house offer was launched in Shipley to support service users in crisis access 24hour community residential support for up to 7 day-has full occupancy

Decisions / Recommendations:

Risks discussed:

- SO1
- SO3-(3.4) Target reduced from 4-4(16) to 3-4 (12) – agreed that increased mitigation was in place in relation to reducing the likelihood of harm for people waiting for services

New risks identified:

- **2708 Pipework at Airedale Centre for Mental Health- risk of water leak due to deteriorating plastic pipework, elevated legionella risk**

Report completed by:

[Alyson McGregor MBE]

Committee Chair and Non-Executive Director

[18.5.23]