

BIRMINGHAM AND SOLIHULL MENTAL HEALTH NHS FOUNDATION TRUST

TRUST BOARD TO BE HELD ON WEDNESDAY 25 MARCH 2015

INTEGRATED QUALITY COMMITTEE REPORT

Strategic or Regulatory Requirement to which the paper reports: Providing assurance to the Board on the work undertaken by the Committee. Putting Service Users at the Heart of everything the Trust does.

ACTION:

The Board is asked to note the contents of the report.

Executive Summary

The Committee met on 18 March 2015 and received a presentation from Jan Morris on secure services at Raeside. The presentation included the challenges, successes and approach to engagement. Discussion took place on requirements of the new code in terms of provision of seclusion rooms. The Committee received assurance around work taking place on existing seclusion rooms, planned additional rooms and the potential for using mobile seclusion facilities. It was stressed that the issue of restraint needed to be considered alongside seclusion discussions and that a review of trust policy should take place. A further update will be provided to the Committee on progress in due course.

Safeguarding – a verbal update was provided on recent safeguarding issues and a safeguarding update, which will include an outline of the way in which assurance is provided to the Board will be provided at the next meeting.

Matters arising from the Board – an update was provided on Newbridge and it was confirmed that the Executive team were receiving an update every week on progress against six key areas requiring action.

Performance report – discussion took place on compliance with 7 day follow up requirements which fell slightly below the national threshold in February. This was due to two discharges which should have been applied to February not being recorded until March. It was confirmed communication reinforcing requirements had been shared with staff, and that weekly reviews were taking place and it was expected the Trust would meet the requirements for Q3 Monitor reporting. Discussion also took place around delayed transfers of care which were high in February. For the first time the Trust is close to breaching the national threshold requirements. However the specific issues for MH Services were being highlighted nationally, through Urgent Care Boards and will be raised in contracting meetings.

Compliance – Discussion took place on Deprivation of Liberty (DOLs) training which had been updated and it was confirmed that new on line training would be mandatory for staff of band 3 and above working in clinical areas from April 2015. It was agreed further discussion would take place with the Mental Health Legislation Committee with a view to providing the Committee with further assurance on how the Board can be assured issues which had arisen on Sage ward following the CQC visit would not be repeated in future.

Finance report – The Committee received an update on issues around how property valuations will be managed in the annual accounts process, due to changes to national index indices which would result in a property write off of c£250k. Discussion took place on progress with delivering savings with £6.7 m delivered in year which was in line with the forecast for 2014/15 and impact on

planning for 2015/16. It was agreed that a more detailed discussion on this would take place at the meeting in May 2015.

It was confirmed the Trust had accepted the enhanced tariff option.

HR report – The Committee was updated on current risks and challenges around supporting recruitment, placements and retention; disciplinary issues and behaviour in some areas and managing change. Discussion took place on ways in which the report could be strengthened in the future with regard to race equality and other protected characteristics data, however it was noted this would be reflected in the more detailed quarterly reports received at the Committee and at Board on the HR People Plan. It was noted that there was a disconnect between feedback received from staff around bullying and harassment in the staff survey and positive feedback which had been received around bullying and harassment training provided.

Serious Incident Learning Report – it was noted that the Eclipse system would be used to provide better collation and analysis of information and risk grading would be introduced to reports in future.

Quality Dashboard and update on assurance of Local Governance arrangements were received and noted.

Suicide report – it was noted that the consultation with staff was underway to support the development of a trust wide strategy which would be brought back to the Committee when completed. Discussion took place safety of service users and support given to them and to their carers and families. Discussion also took place on the issue of 'never events' in mental health settings and the difficulties there were with categorising such events.

The minutes of the meeting will be circulated to Board members.

BOARD DIRECTOR SPONSOR: Joy Warmington Non-Executive Director

REPORT AUTHOR: Deborah Lawrenson, Company Secretary

APPENDIX:

Minutes of the Integrated Quality Committee meeting held on 18/03/15 are to be circulated.

PREVIOUSLY DISCUSSED: None