

BOARD COMMITTEE SUMMARY SHEET

NAME OF COMMITTEE: Governance Committee

DATE OF COMMITTEE MEETING: 26 April 2019

KEY POINTS TO DRAW TO THE BOARD'S ATTENTION

PATIENT SAFETY AND SERIOUS INCIDENT REPORT

The Committee received an overview and analysis of serious incident reporting to commissioners and high level monthly trend analysis, including Never Events. 6 new SIs were reported during March; 4 serious incidents were reported for Gloucestershire and 2 serious incidents were reported for Herefordshire. It was noted that although the numbers were raised in March, overall the trend was downward. No Never Events had occurred within Trust Services and the Committee was significantly assured that the Trust had robust processes in place to report and learn from serious incidents. The Committee was pleased with the progress being made with the closure of SI actions and the assurance received from PwC.

It was reported that the Delivery Committee had discussed a KPI around Increased Focus on Suicide Prevention and Reduction in the number of reported suicides in the Community and Inpatients Units and the Chair reported that she would welcome the assurance of the Governance Committee. It was noted that this indicator was now green. The Committee discussed how Governance and Delivery Committees needed to work together to gain full assurance and asked that a discussion take place at Executives Committee around the best way to do this.

The Committee noted the inquests which had taken place during April 2019.

PHYSICAL HEALTH ANNUAL REPORT

The Committee received an overview of the work being undertaken by the Physical Health teams and an update on progress made during 2018/19. The report covered a range of physical health related activity and development conducted by the Trust.

The Committee was assured that the Trust was addressing the physical health needs of its service users in line with national and local policy. It was reported that the Trust was in the Top 3 of Trusts with regards to Physical Health CQUINS and there were no red areas to report. There was a clear plan for development and improvement and progress. Areas that required further attention had been identified and plans to address these were being actioned.

STOMP IN HEREFORDSHIRE LEARNING DISABILITY SERVICE

The Committee received a presentation about the Trust's Herefordshire pilot STOMP (Stopping Over-Medication of People with a Learning Disability, Autism or both, with psychotropic medications) project and its implementation.

The STOMP initiative was launched in 2016 by the Royal Colleges of Nursing, Psychiatrists & GPs, the Royal Pharmaceutical Society & the British Psychological Society. This was a national project aiming to improve the quality of lives of people with LD and/or Autism by reducing the inappropriate use of psychotropic medication within these populations. The Committee noted that the basic principles of STOMP were to try to avoid starting the prescription of psychotropic medications in the first instance and

where prescription was unavoidable, to review regularly with the expectation that prescription would be stopped.

The Committee was pleased to note that of the 8 clients who had currently accepted reductions in medications and had attended STOMP Review clinic appointments, 6 had successfully responded to the reductions, 1 of whom had been successfully discharged from the STOMP Clinic as they were now considered to be on a minimal combination of psychotropic medications. The remaining 2 patients continued to attend the STOMP Clinic; 1 had been offered psychological support with the Clinical Psychologist and further trialled titrations were planned for the other. The Committee agreed that this was a great initiative and asked that the presentation should be shared with the Council of Governors.

QUALITATIVE AND QUANTITATIVE RISK AUDIT

The Committee received the Qualitative and Quantitative Risk Audit report for Quarters 3 and 4 2018-19. This set out the results of the audit against the Trust-wide policy on Assessing and Managing Risk and Safety. It showed compliance for both Herefordshire and Gloucestershire as well as the overall Trust compliance. The audit of this policy was now part of the Trust's audit cycle and findings were reported to the Committee on a six monthly basis.

The Committee was assured that quantitative data compared to figures provided for the previous audit in October 2018 showed:-

- Continued 100% compliance for inpatients with risk assessments.
- Maintenance of 96% compliance for community service users with risk assessments.

The Committee raised a challenge regarding the 63% of inpatient risk assessments which had been completed or updated within 7 days. Although there was an increase of 6% from the Q1-Q2 audit undertaken in October 2018 the Committee did not feel that this was sufficiently robust. The Committee also noted that 72% of community risk assessments had been completed or updated within 12 months which was a decrease of 4% from the Q1-Q2 audit undertaken in October 2018. The Committee wanted to see an improvement plan and referred this issue to QCR to review.

The qualitative audit indicated that the quality of risk assessment practice had largely been maintained since the previous audit with overall, 91% of requirements were being met, compared to 94% in the previous 6 month period. This variation could, in part, be attributed to the relatively small numbers involved.

The Committee noted examples of good practice and current developments taking place. The Committee agreed that the Audit process was good and progress was being made but asked for further assurance that the information was being used by teams to make improvements in practice. It was agreed that QCR would be asked to take this forward and report back to the Governance Committee.

ASSESSMENT AND CARE MANAGEMENT PROCESSES

The Committee received the outcome of an audit measuring compliance against the Trust's Assessment and Care Management Policy. The quantitative data included represented a 100% sample of service users on open caseload. As with the qualitative findings presented previously, the audit highlighted that information was being gathered and that this triangulated well to support the care of service users. However, as with previous ACM audits some of the information being gathered continued to be recorded in the wrong section of the clinical record or would benefit from being updated to make the information more contemporaneous.

The Audit found a modest reduction generally in the rate of quantitative compliance (All care levels) since the last audit and overall compliance across both counties had decreased from 64% to 63% and the risks associated with this were noted. The Committee noted that there may be further work to be carried out and QCR were asked to look at how compliance could be improved.

AUDIT ASSURANCE / PROGRESS REPORT ON THE CLINICAL AUDIT PROGRAMME

The Committee received assurance on the 2018-2019 audit programme and noted that there

were 22 audits completed with a RAG rating of green. 8 audits were completed with a RAG rating of amber and 22 audits were completed with a RAG rating of red. The Committee noted that there were still a huge number of Audits in the programme and asked the Assistant Director of Quality work on reducing this.

The Committee raised a concern that the Supervision audit had not been carried but was assured that this would happen during the next phase.

COMPLAINTS – ANNUAL REPORT 2018-19

The Committee received the Complaints Annual report which provided high level information and analysis about complaints and concerns received by the Trust in 2018-19. The data had been considered in a number of ways to review any themes and trends. The report provided significant assurance that complainants were contacted within 3 days or less to acknowledge and further clarify their concerns and also that individuals were increasingly prepared to share their concerns. Significant assurance was also provided that the Trust had made considerable effort to listen to, understand, and resolve complaints over the past year and that the Trust sought to learn from service experience feedback and to share this learning across the organisation in order to further improve service experience.

The Committee was assured that the Service Experience team looked at national data for comparison and it was agreed that the Governance Committee would receive a further report on this analysis at a future meeting.

OTHER ITEMS

- The Committee received the Safe Staffing data for February and March 2019 and significant assurance was received regarding the levels of staffing on all wards during this time.
- The Committee also received the Patient Safety and Quality Improvement in Mental Health, Learning from Deaths Annual Report and the Zero Suicide Plan.
- The Committee received annual reports on Resuscitation, Physical Health and Information Governance
- The Committee received full assurance around the Revalidation of Nursing Staff and it was agreed that reporting would take place by exception only going forward.
- The Committee noted the review of its Terms of Reference and asked the Board to approve these.
- The Committee noted reports on CIP Savings, CQC Compliance and the Implementation of Nursing Associates.
- The Committee asked that reports state clearly the level of assurance being offered by QCR and the action put in place to address any issues.

ACTIONS REQUIRED BY THE BOARD

The Board is asked to note the content of this report.