

REPORT TO: TRUST BOARD **PUBLIC SESSION – 25 January 2024**

PRESENTED BY: John Trevains, Director of Nursing, Therapies and Quality

AUTHOR: John Trevains, Director of Nursing, Therapies and Quality

SUBJECT: **QUALITY DASHBOARD REPORT – DECEMBER 2023 DATA**

If this report cannot be discussed at a public Board meeting, please explain why.	
--	--

This report is provided for:

Decision <input type="checkbox"/>	Endorsement <input type="checkbox"/>	Assurance <input checked="" type="checkbox"/>	Information <input type="checkbox"/>
-----------------------------------	--------------------------------------	---	--------------------------------------

The purpose of this report is to:
--

To provide the Gloucestershire Health & Care NHS Foundation Trust (GHC) Board with a summary assurance update on progress and achievement of quality priorities and indicators across Trust Physical Health, Mental Health and Learning Disability services.
--

Recommendations and decisions required

The Board are asked to RECEIVE, NOTE and DISCUSS the December 2023 Quality Dashboard
--

Executive summary

This report provides an overview of the Trust's quality activities for December 2023. This report is produced monthly for Trust Board, Quality Committee, Operational Delivery and Governance Forums for assurance.

Quality issues showing positive improvement:

- | |
|---|
| <ul style="list-style-type: none">• The Business Intelligence team have developed a clinical system to automatically report safeguarding referrals to the local authority. The aim is to go live by the end of March 2024 once key new staff are in post within the Safeguarding Team.• Detail provided this month reports good achievement against the Trust Quality Priorities and Commissioning for Quality and Innovation (CQUIN) activity.• Third consecutive month of improved performance in Cardio-metabolic assessment within Mental Health inpatients |
|---|

- Significant sustained reduction over time in moderate harm falls incidents, much of this can be attributed to falls reduction work at Charlton Lane.
- Good progress has been made in more detailed reporting of Statutory and Mandatory training and Clinical Supervision but more work is required to be able to use this data for full assurance.
- An annual report summarising the extensive contribution to assuring and supporting quality of care through Non -Executive Director quality visits is attached to this agenda item.

Quality issues for priority development:

- Ongoing work regarding quality concerns at Berkeley House, noting ongoing changes with staffing vacancies, delayed discharges and subsequent building infrastructure challenges.
- Continued focus required in HCSW recruitment, noting an increase in HCSW vacancies
- Focussed work within the Safeguarding team reprioritised to address the backlog of MARAC action plans awaiting administrative uploading to records.
- To expand current patient safety data set to include themes related to restrictive practice. Particular attention is being applied to improving recording of rapid tranquilisation.
- To provide in partnership with operational colleague's additional focus to children's safeguarding supervision attendance (currently at 61%) and recording of household contact details.
- We are monitoring HPV vaccination rates in light of concerns of lower uptake in comparison to previous yearly activity.
- Following an increase in cases of Measles nationwide we are producing specific guidance for front line staff.

Are our Services SAFE?

The business intelligence team have developed a clinical system to automatically report safeguarding referrals to the local authority. The aim is to go live by the end of March 2024 once key new staff are in post within the Safeguarding Team. In line with NHSE Pressure Ulcer (PU) reporting standards we have removed the acquired and inherited label from the dashboard and are preparing to adopt the new national PU data system to replace the National Safety Thermometer, which supports quality improvement rather than traditional data collection. GHC PU reporting is in line with regional and national community Trusts recognising that a) PU prevention and management is a system issue rather than a single provider issue and b) a significant proportion of GHC patients enter our services with a PU developed outside of the Trusts services. We are looking at the accuracy of coding PU's that are classified as "Developed prior to admission to the Trust" to further validate this. Last month Quality Committee received a deep dive into PU which provided both reassurance and assurance that there is sustained grip and focus on this issue. Berkeley House remains under a period of enhanced surveillance with the ICB in line with National Quality Board requirements, the Trust meet monthly with the ICB to discuss progress, positive feedback has been received from the ICB with regards to our improvements. There were a total of 1112 patient incidents reported in December. 983 were reported as No and Low harm incidents and 129 as Moderate,

Severe or Catastrophic incidents. The top four overall categories of incident excluding skin integrity were self-harm, clinical care, falls and medical emergency. 1 serious incident was reported in December. Two After Action Reviews took place in December and learning from these has been shared with clinical teams and governance forum. Good progress continues with restrictive practice reduction in the Trust and an update report was shared at Quality Committee earlier in the month.

Are our services EFFECTIVE?

This month we have provided an overview of CQUIN's that have been agreed with Gloucestershire ICB, with the H1 position being reported via the national portal in line with required timescales. Throughout 2023, there has been a significant increase in MASH activity due to the introduction of the new Police Daily Vulnerability Meeting (PDVM). This is impacting on the team's ability to meet MASH timescales and new appointments have been made to expand the team to absorb the increased activity safely and effectively. **Appendix 2** summarises wider key operational performance data. We note improvement within therapies within all of the six reported measures showing a positive improvement over November data which is attributable to increased oversight and the realisation of recovery plans. Included this month, in summary on slide 3 and in detail at **Appendix 3**, are the slides relating to the Trusts Quality Priorities for improvement which are contained within the Quality Account. The Quality Priorities cover a two-year time frame. All of the priorities support local and national agendas around personalisation, co-production and shared decision making. This month we include a deeper dive on progress for each as at Q3 as we prepare to produce the base data for our Quality Account. Safer staffing data acknowledges the continuing challenges and progress for inpatient teams. There is an improving recruitment position at WLH, there was a trajectory to be fully established at Band 5 level for the entire WLH site by end of November 2023, this target was not met but there has been significant improvement with the current vacancy rate being 6.6 WTE. This month we continue with the exception reporting in relation to Statutory and Mandatory training, where there are 5 or more teams not reaching the threshold for compliance. Access to individual team data is now available to support team managers to identify areas that require support. Essential to Role (E2R) training is now included this month (mainly MH) and more will be included in 2024.

Are our services CARING?

The new complaints management process launched on 1st August 2023 in line with the revised PHSO standards is now firmly embedded within the Trust. The Standards are designed to ensure that the right structures and systems are in place to capture and act on feedback, provide timely resolutions and deliver better patient and carer (and staff) experience. We will continue to review the process (including recording/reporting) and monitor feedback from patients/staff. FFT responses reduced this month, however, the percentage of respondents reporting having had a positive experience reached the target of 95%. In December, the number of formal complaints reduced to 5, which is the lowest number since April 2023. 89% of complaints were closed within three months (target 50%) and 100% closed within six months (target 80%). There were no re-opened complaints in December. The Patient Carer Experience Team continues to work with operational colleagues to

achieve improved governance/oversight of all feedback received in order to embed learning and recommendations.

CQC Update

We are working on actions arising from the recent CQC inspection visit to Berkeley House. We continue to facilitate monthly meetings with the CQC, ICB and NHSE to update them on improvement plans. We are adopting the new CQC Quality of Life tool for inspecting specialist services for people with a learning disability and autism. This will inform future reporting to the CQC. The actions arising from the Trust wide CQC core inspection are now **100%** complete. All self-assessments have now been completed for those services not inspected in the 2022 programme. Peer reviews are completed and plans in place for CLDT, Recovery and the Crisis Team. The CAHMS Service will be reviewed internally early in 2024.

Risks associated with meeting the Trust's values

Specific initiatives or requirements that are not being achieved are highlighted in the Dashboard.

Corporate considerations

Quality Implications	By the setting and monitoring of quality outcomes this provides an escalation process to ensure we identify and monitor early warning signs and quality risks, helps us monitor the plans we have in place to transform our services and celebrates our successes.
Resource Implications	Improving and maintaining quality is core Trust business.
Equality Implications	No issues identified within this report

Where has this issue been discussed before?

Quality Assurance Group, updates to the Trust Executive Committee and bi-monthly reports to Quality Committee/Public Board.

Appendices:

Quality Dashboard Report - December 2023 Data

Report authorised by:
John Trevains

Title:
Director of Nursing, Therapies and Quality