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| Trust Board meeting (Part 1) | Date: | 24 June 2015 |
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| Agenda item | Title | Executive Director lead and presenter | Report author |
|-------------|---------------------------|--|--|
| BD/15/072 | Clinical Executive Report | Andrew Dean, Executive Director of Nursing and Hayley Richards, Executive Medical Director | Andrew Dean, Executive Director of Nursing and Hayley Richards, Executive Medical Director |

This report is for:

| | |
|------------|---|
| Decision | |
| Discussion | |
| To Note | X |

History

Quality and Standards Committee, 18 June 2015

The following impacts have been identified and assessed within this report

| | |
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| Equality | |
| Quality | |
| Privacy | |

Executive summary of key issues

This report advises the Board of the Clinical Executive’s focus since the last meeting.

The current approach to CQC actions has been helpful in guiding the Trust’s response to CQC-mandated improvements. The next iteration of our approach sees the separation of our activity into a CQC ‘task list’ and a set of quality standards, which will describe what implementation of the standard is to look like in the workplace.

The Board should **note** the report.

This report addresses these strategic priorities:

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|--|---|
| We will deliver the best care | X |
| We will support and develop our staff | |
| We will continually improve what we do | X |
| We will use our resources wisely | |
| We will be future focussed | |



1 Introduction

The Clinical Executive undertakes a programme of work throughout the year to review and improve patient safety, patient experience, and productivity. This report serves to highlight to the Trust Board areas of current focus.

2 PICU Review

The Board commissioned the Deputy Director of Nursing and Quality to undertake a review of Psychiatric Intensive Care across the Trust following a presentation to the Trust Board in March 2015 by a Service User with direct experience of this service.

A report on progress to undertake this review is provided at appendix 1.

3 Compliance

In its current form, the CQC Improvement Plan has been a good start, aiding the Trust in addressing issues the CQC identified. Much has been accomplished but it is time to move to the next iteration of our CQC response.

3.1 CQC Improvement Plans

The next iteration will include, separately:

- A 'task list' of CQC actions, which captures all actions we have taken over the last 3 years. This timeframe mirrors the CQC period of scrutiny.
- The creation of a set of quality standards with criteria for 'what good looks like', when the standard is implemented. This will allow staff to understand how their activity under the relevant quality standards should manifest in the workplace.
- Each local delivery unit will declare whether or not they are meeting the standard. This will be monitored, and advice, support or intervention will be offered as appropriate.

The task list and quality standards will replace the current CQC action plan.

There is a team in place already working on the transition to the new approach. This is led by Dr Rebecca Eastley, and includes

members of the Nursing and Quality directorate and project management support.

The Clinical Executive will produce a Quality Tracker which will provide an overview of quality themes for the trust to the committee. The tracker will show each theme and a RAG rating for the status of delivery of the relevant LDU action plan to address that theme.

4 Right Here Right Now

As part of its commitment to delivery of the mental health Crisis Care Concordat, on 12 June 2015 the CQC published a review of the quality of NHS mental health crisis care.

The CQC Report Right here Right now builds on the momentum of the crisis concordat. The report highlights some beacons of good practice, identifies variation in the available care pathways and provides a strong evidence base for recommendations to our local Concordat groups.

It includes a number of specific recommendations for primary care teams, acute trusts and providers involved in Section 136 detentions.

4.1 Recommendations

Recommendations for local Crisis Care Concordat groups include:

- ensuring that all routes into crisis care are focused on providing accessible and available help to all who require it at the time they need it;
- holding commissioners to account for commissioning crisis services that deliver a quality of care based on evidence and in line with the concordat key principles; and
- engaging with local regional and national partners to make sure that innovative approaches to improve in the experiences of those in crisis our shared within, and across, local areas.

We are well placed to address these recommendations through our work with our local concordat groups, work with the SCN and our new engagement with Avon and Somerset Constabulary which aims to

further improve cross-organisational working and understanding through a pilot of control room triage.

5 Annual Reporting

5.1 Medical Directorate

The annual report on the activity and performance of the Medical Directorate can be found at appendix 2.

6 Conclusion

The Clinical Executive is developing the next stage of CQC activity and quality improvement monitoring. This will provide the Board with assurance on progress against both CQC-mandated tasks and against compliance with quality standards. The monthly status of QIAs was provided to the Quality and Standards Committee on 18 June 2015 and will be accompanied by a quarterly report in July 2015.

7 Recommendation

The Board should **note** the report.

Appendix 1: PICU Review

7.1 Background

The Board received a presentation from a service user in March 2015 where his experience of being admitted to a Trust Psychiatric Intensive Care Unit (ICU) was shared. The Board commissioned the Deputy Director of Nursing to undertake a review of Psychiatric Intensive Care across the Trust.

7.2 Focus of the review

The review will be based around the themed standards detailed in the National Minimum Standards for Psychiatric Intensive Care which were published in 2014. Information about the Units has been collated from corporate departments. A programme of interviews and focused groups has been developed which will be undertaken in June and early July 2015 supported by an online survey.

The review will address known themes which include staffing, leadership, environment, acute care pathway and the role of the women's PICU. The format of the review will also enable any emerging themes to be considered.

7.3 Progress To Date

7.3.1 Interviews and Focus Groups

A schedule of 1:1 interviews with relevant unit managers, matrons and Responsible Clinicians has been scheduled. A number of focus groups with staff, service users and carers are to be scheduled.

Matrons will also complete an environmental inventory based on a published assessment tool.

Staff who work in PICU and those staff who interface with PICUs will be invited to participate in an online survey from 17 June 2015, accessible via the Trust intranet.

7.3.2 Environment

Matrons are completing an environmental inventory based on a published assessment tool.

7.3.3 Staffing

Analysis of staffing will look beyond the reported safer staffing numbers for Nurses and address the identified leadership issues that have been highlighted as a result of a long standing shortage of suitable candidates for the existing Responsible Clinician posts across the units.

The Safer Staffing numbers for nursing staff are required to be reviewed every six months by the Board. The review will make reference to the revised numbers if the Board approve them.

7.3.4 Delay

The review is currently behind schedule due to a number of factors but primarily related to capacity of the Author. As an example, the Author has needed to prioritise and undertake two investigations at short notice in the previous two months.

7.4 Completed review

It is anticipated that the review will be completed in July 2015.