

<b>Trust Board meeting (Part 1)</b>	<b>Date:</b>	<b>28 October 2015</b>
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Agenda item	Title	Executive Director lead and presenter	Report author
BD/15/163	Clinical Executive Report	Andrew Dean, Executive Director of Nursing and Hayley Richards, Executive Medical Director	Ann Tweedale, Head of Quality Information and Systems

**This report is for:**

Decision	
Discussion	
To Note	X

**History**

*None.*

**The following impacts have been identified and assessed within this report**

Equality	None identified.
Quality	Discussed within report.
Privacy	None identified.

**Executive summary of key issues**

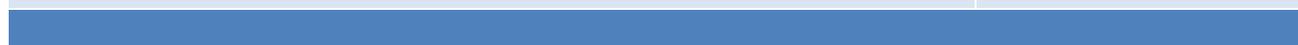
The Clinical Executive Report contains a summary of key areas of work from the Nursing and Medical Directorate covering the following areas:

- Safer staffing update
- Infection Control
- PMVA training
- Medicines management
- Caseload management tool
- Annual Community Mental Health Survey 2015 Results
- CQC Compliance

The Trust Board should **note** the report.

**This report addresses these strategic priorities:**

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 Nursing

## 1.1 Safer Staffing

Detail of safer staffing numbers for August and September are included in the Appendix A and B with the highlights and exceptions noted below.

The 80% level is recognised with commissioners and regulators as the limit of acceptable variation.

### 1.1.1 August safer staffing numbers

- No wards were under 80% overall for Safer Staffing.
- 8 wards staffing was below 80% of planned for certain shift types. These were for RMN shifts and this was due to a risk assessed change in skill mix due to vacancy factors and reduced clinical need.
- 23 wards staffing was over 120% of planned for certain shift types. This was due to reported increased clinical need.

Full details are in **Appendix A**.

### 1.1.2 September safer staffing numbers

- No wards were under 80% overall for safer staffing.
- 6 wards staffing was below 80% of planned for certain shift types. These were predominantly for RMN shifts and were due to a risk assessment change in skill mix and reduced clinical need.
- 23 wards staffing was over 120% of planned for certain shift types. This was due to reported increased clinical need.

Full details are in **Appendix B**.

## 1.2 Status of changes to PMVA training and L&D schedule

The Senior Nursing Team has met with Learning and Development to plan implementation of PMVA training to be delivered annually rather than every two years and for the inclusion of allied health professionals in this training.

Learning and Development are formulating costs to present to the Executive Team on 3rd November to identify necessary funds to deliver this.

## 1.3 Infection Control - Southmead Water Management Issues

The Trust was informed by North Bristol Trust on the 6th August 2015 that during routine water testing on the Rosa Burden Unit they had found above expected levels of Legionella in the hot water system. NBT lease this building from AWP and the building is on the same water system as STEPS Eating Disorder Unit, the Mason 136 Suit and Oakwood Adult Acute Ward. The site also houses the Mother and Baby Unit. Appropriate mitigation was put in place to manage the potential risk to service users.

A dedicated water management group has been formed to manage the issue and to bring the system back to normal operating levels. Key actions that have been taken include: increased flushing, temperature controls, increased levels of chlorination and filters fitted to the high risk outlets.

AWP testing 14th August confirmed high levels on some outlets and follow up testing of all outlets on 14th September showed significantly reduced readings however some outlets still had high readings.

A follow up test on 14th October of 100% of outlets has been completed and the Trust awaits the results.

The Executive Team has been kept fully informed of the situation throughout and the outcome of the October test results will inform the Trusts plans to manage the issue at this site and a review of testing of other Trust sites.

#### 1.4 Caseload management

We have developed a web-based caseload management tool to improve intelligence around caseload management to better manage demand and capacity within community teams. The tool has been successfully trialled in four Recovery teams in the Trust resulting in good user feedback and increased compliance to the case load record standards. Between 1st June and 31st July, compliance improved from 16% to 36% completion of key fields in RiO.

Following a presentation at Operations SMT, Quality Academy Showcase event and Nursing & Quality SMT, the tool is now being rolled out to all Recovery teams over October 2015. The tool is now being trialled for Early Intervention, Complex Intervention, Psychology and therapy teams. Alongside this, a “team manager view” is being developed which will support whole team caseload management, designed to support better management of demand and capacity within community services.

Once these phases have been completed, the project team will develop a pilot tool for use within Intensive services in January 2016.

#### 1.5 Safety Thermometer

The Trust has been completing the ‘classic’ version of the Safety Thermometer in our older age psychiatry wards. This was initially incentivised via the National CQUIN programme and from 2015/16 the requirement is set in the standard terms of the NHS Contract.

Data is collected as a snapshot of inpatients on one day a month across four elements: Pressure Ulcers, Falls, Venous Thromboembolism, (VTE) and Urinary Tract Infection, (UTI), in service users with a catheter

To meet the expectations of our Commissioners and the Trust Development Authority the Trust will be extending the data collection to include in all wards from November. This involves an additional 29 wards being trained to take part in the data collection.

Safety thermometer results are reported to the Quality & Standards Committee via the quarterly Harm Free Care Report with highlights reported to Board.

## 2 Medicines Management

#### 2.1 Nursing medicines audit

The Head of Nursing has implemented weekly audits for Drug Prescription and Administration Records (DPAR) from the 1st September for all wards.

The report of initial results is attached at **Appendix C**. 76% of wards have submitted the checklists weekly therefore this result only represents a sample of wards.

- Overall compliance is 92.66% for an audit sample of 697 records

The requirement to complete these audits has been followed up with Ward Managers, Matron and LDU Quality Directors with the plan for all wards to be routinely completing in November.

#### 2.2 Rapid Tranquilisation

The audit is developed and was due for completion in October, however this has had to be delayed due to Practice Development Nurse time being re-prioritised to Trust wide implementation of the Safety Thermometer in November. This audit will now be completed in November.

#### 2.3 Storage

The weekly audit will be launched in October.

## 2.4 PRN recording

This is to be developed during October for completion of a clinical audit in Q3 and Q4.

### 3 Annual Community Mental Health Survey Results 2015

On the 21<sup>st</sup> October 2015 results were made public for the Annual Community Mental Health Survey commissioned by the Care Quality Commission.

The Trust achieved the **top score for all Trusts** in **three** questions covering:

- people being given information about new medication in a way that they were able to understand
- staff checking how people are getting on with their medicines
- giving help or advice with finding support for financial advice or benefits

The Trust is **significantly better** than the national average for **three** questions covering the following:

- having had a formal meeting with someone from mental health services in the last 12 months to discuss how their care is working
- being given information about new medication in a way that they were able to understand
- receiving help or advice in the last 12 months with finding support for finding or keeping work

Overall, there have been notable improvements, in particular in the section 'other areas of life'.

No scores were significantly lower than in 2014. We have made significant improvements for services users knowing who to contact in a crisis, however, those who responded to the question about getting the help they wanted from crisis care services were less satisfied than in 2014.

The majority of scores were above average when compared to other mental health trusts.

On the CQC website, results are shown in ten sections. AWP is 'about the same' as other trusts for nine sections and one of the best performing trusts for 'Treatments'.

This year, 850 people who had care between 1 September and 30 November 2014 were offered the opportunity to take part in the national 2014 Community Mental Health (CMH) Survey. 224 service users responded to this postal survey, undertaken by Quality Health the approved survey provider, on behalf of the Trust. They constitute a representative sample of our community service users. The response rate was <sup>1</sup>28% (National Average 29%) a fall from our result of 32% in 2014 and equivalent to 28% in 2013.

The full national CQC benchmark report is included at **Appendix D** to this report.

A detailed report will be presented to the November Quality & Standards Committee with associated actions.

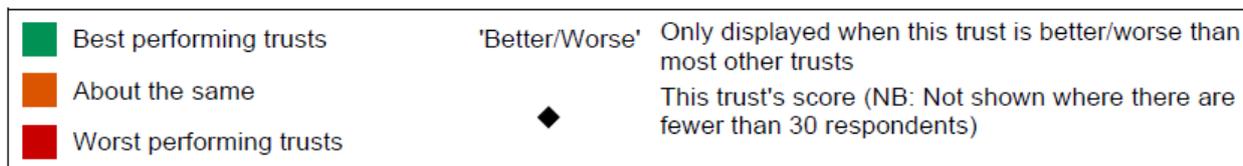
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<sup>1</sup> 224 surveys were returned from a sample of 850, 42 were excluded as the patient was deceased or moved on/not know at the address. Therefore the 28% is made up of 224 usable responses from a usable sample of 808.

# Survey of people who use community mental health services 2015

## Avon and Wiltshire Mental Health Partnership NHS Trust

### Section scores



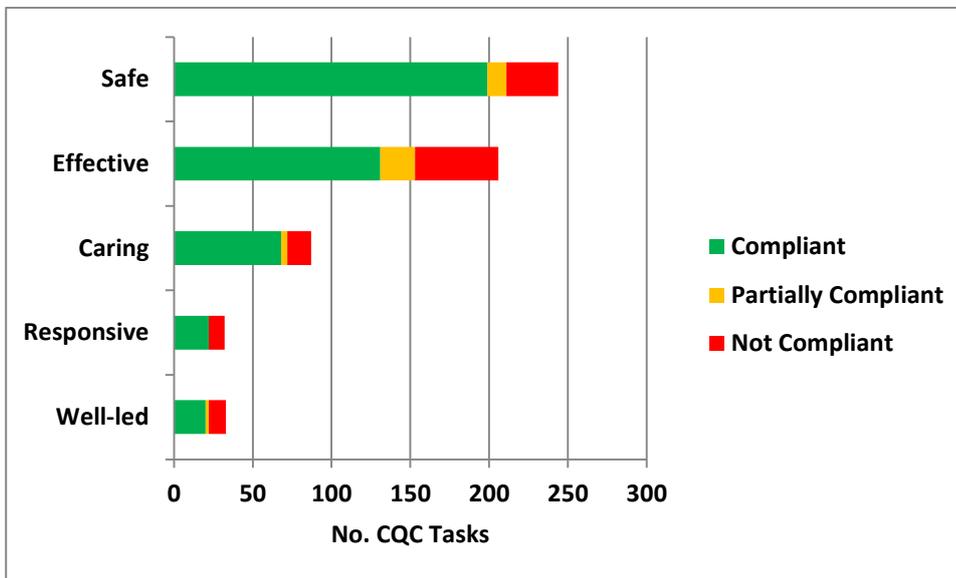
## 4 CQC Compliance

### 4.1 CQC task list

In order to assure that CQC recommendations have been met additional assurance has been sought through the two weekly check and challenge process and Week in Focus Service Reviews led by the Operations Directorate. Since July 2015 the Nursing and Quality Directorate has led the next stage of the programme of compliance checking via the CQC Task List. This is compiled from all CQC reviews of AWP since January 2013. This remains a live list and will be updated following future CQC visits. Where appropriate compliance for task completion is also tested in services other than where the initial task was identified.

602 CQC tasks had been checked by the Quality and Standards team by 01/09/15. Over September an additional 133 tasks have been checked for completion on Liddington ward, Whittucks Road rehabilitation unit, STEPS, Acer, and North and South Recovery teams in South Gloucestershire.

Task completion has been confirmed for 547 tasks (75% of tasks which have been compliance checked). A further 57 tasks have been found to be partially compliant. This compares with 73% CQC task completion confirmed by 01.09.15.



Detailed reports are received at the Trust Integrated Governance Group, Q&S Committee and shared with Commissioners at their Quality Improvement Group.

#### 4.2 Week in Focus

All services have now been visited to complete the Week in Focus Service review, most recently completed in South Gloucestershire and Specialised Services. These will be reported to the Quality & Standards Committee. Actions will be managed via the CQC task list with follow up compliance checks.

An external review of CQC preparedness is currently being completed and consideration of whether the Week in Focus approach continues in its current form will be part of this.

#### 4.3 Developing Information for Quality IQ

As previously presented to the Quality & Standards Committee, IQ is now structured around the five CQC key questions with a system of associated risk scoring. The dashboard, able to be reviewed and drilled down to individual indicator at ward and team level, provides a system to support the Trust in monitoring quality and compliance from ward to Board with CQC standards. This offers an approach aligned to the CQC's own intelligent monitoring reporting. The new IQ was presented to the Commissioning Contract and Performance Meeting in October.

Work is ongoing to increase the number of indicators available in the system but to also ensure that quality information is presented and is easily accessible in one place to all staff. Areas currently in development are for incident data, health and safety data and medicines management audit results.

The work stream is also reviewing the approach to the records management audit and standards currently self-assessed within IQ. The proposals are being developed by the Integrated Governance Group and will be presented to Quality & Standards Committee in November.

#### 4.4 Evidencing CQC Compliance

Work is underway to scope and develop a strategy to improve the accessibility and availability of evidence to support CQC compliance. This will improve the organisations preparedness for inspection but will also improve the organisations understanding and self-assessment of compliance.

Areas being considered include:

- Development of an **evidence library** on Ourspace to evidence the delivery of CQC improvement actions from CQC inspections and reviews linked to the Task List

- Development of an intranet document library at corporate level to evidence CQC compliance across the five key questions aligned to the CQC provider's handbook approach to inspection and associated key lines of enquiry.
- Good practice guidance for locality quality governance arrangements and records.
- Review and improvement of how corporate directorate information, policy and procedure are held in Ourspace; to improve accessibility.

#### 4.5 Quality Forum

The Integrated Governance Group (IGG) has planned and delivered the first Quality Forum on the 15th October. The agenda of the meetings, to be held monthly, will be set by the IGG to address priority areas of compliance and to engage operational leaders in agreeing solutions, improvement actions and how these will be implemented across all services in a consistent manner and to an agreed standard. In October the meeting focused on the area of reducing ligature risk and in November will consider meeting single sex accommodation standards, privacy and dignity and medicines management.

## 5 Recommendation

The Trust Board should **note** the report.