Avon and Wiltshire NHS
Mental Health Partnership NHS Trust

| Trust Board meeting (Part 1) | | Date: | 24 February 2016 |
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| | | | |
| **Agenda item** | **Title** | **Executive Director lead and presenter** | **Report author** |
| **BD/15/246** | **Clinical Executive** | **Tim Williams, Interim Medical Director; Andrew Dean, Director of Nursing** | **Tim Williams, Interim Medical Director** |

| **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 | None identified |
| Privacy | None identified |

| **Executive summary of key issues** |
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| The Board is asked to **receive** the report which was considered by the Quality and Standards Committee and note the **Executive Summary** and analysis of key issues. |

| **This report addresses these strategic priorities:** | |
|---|---|
| We will deliver the best care | X |
| We will support and develop our staff | X |
| We will continually improve what we do | |
| We will use our resources wisely | |
| We will be future focussed | |

# 1 Clinical Executive Summary of Key Issues

## 1.1 Safer Staffing

There are a number of wards above the 105% safer staffing figure. Some of the problem is that some wards do not agree with the safer staffing numbers. This is not however due to the acuity of the patients, for example numbers of patients needing high levels of observations. There is a wider issue of localities not agreeing with the safer staffing classifications, and the clinical executive and operations are meeting to iron out these discrepancies. This has been added as a theme in the Clinical Executive risk register – i.e., that the trust is not acting as one organisation and there are risks to the quality of care and finances without this standardisation of practice. Andrew Dean is open to discussion with clinical teams to discuss any valid reason that they believe staffing needs to be above the safer staffing level.

# 2 CQC Programme

## 2.1 CQC Programme

There are a number of schemes progressing well. The CQC Programme Board has started and will oversee the work program to prepare for the CQC visit in May. Of the original 2014 CQC inspection of 641 tasks, we have 57 still outstanding. We anticipate these will be dealt with by March 2016. Reporting to Board via Quality and Standards Committee continues.

## 2.2 Trust-wide Audit Based on the Findings from the Bristol CQC

This audit showed that there were some issues in some of the community and intensive teams. This has been helpful to highlight areas of further attention prior to CQC visit in May. The areas have been added to the workplan.

## 2.3 Contract Penalty Notice

As previously reported to Board, the Trust is subject to a Contract Performance Notice, which covers three key areas. The area of most concern is timeliness of incident reporting. The plan is for no reports to be over the 72hour requirement. We have achieved this; however, we are at risk in relation to the timeliness of RCA reporting. There are 22 outstanding reports and we are working to reduce this backlog down as well as ensuring that any new reports are completed on time. One report review highlighted that although that the Trust has improved on recording assessments and ensuring that they are done Andrew Dean has concern that some RCAs do not demonstrate learning for the Trust. However, the quality of assessments is not being monitored and this should be highlighted as learning. Andrew Dean and Tim Williams are working to improve this focus on quality not just ensuring the process is complete. They are also working to simplify the RCA process so that the authors focus on the important findings, not just process but quality and addressing both these areas in learning for the future. The process for lifting the Contract Notice has been agreed with the CSU, and this will be three meetings between Andrew Dean and David Jobbins, which have been scheduled. After this, the Notice will be lifted by the end of March 2016.

## 2.4 Mixed Sex Accommodation Breaches

Andrew Dean has put together a protocol for what constitutes a breach and the appropriate mitigations. We have asked for agreement from CSU, CCGs and the TDA. There has been some feedback although no consensus. We have asked for further clarity from the TDA. The CQC have also been approached for a final decision on what constitutes a breach and what are appropriate mitigations.

# 3 Water Management

## 3.1 Update

A paper is being prepared for Board consideration in relation to water hygiene which will include the risks and cost benefit analysis.

# 4 Mazars Report

## 4.1 Mazars Report

A vital part of the Mazars recommendations are that an independent signatory needs to be identified in the incident reporting process. Within the Trust there needs to be agreement about the technicalities of who is 'independent' to be able to sign off. Andrew Dean has called a meeting to agree how we interpret the report to resolve this. We will confirm our status for Mazars once this final element has been resolved. This will be reported to the Quality and Standards Committee.

# 5 Medicines Management

## 5.1 Medicines Management

We have significantly improved our management of medicines. However we still have areas where further focus is required, for example, rapid tranquilisation; a paucity of physical reviews after rapid tranquilisation. The Clinical Executive is doing some remedial work to get better standards of physical review after rapid tranquilisation. We will continue to report on this area to Quality and Standards Committee. The Nursing Directorate are going into wards to explain the standards and doing monthly audits to ensure compliance with the standards, in order to demonstrate progress in this area. The Clinical Executive will be looking to repeat the POMS audit to see where we benchmark against other trusts in terms of number of rapid tranquilisation.

# 6 Supervision and Appraisal

## 6.1 Supervision and Appraisal

We have assurance that this is happening regularly but at present the Clinical Executive have not received assurance about the quality of supervision. The supervision policy is being updated to give clear guidance about what management and clinical supervision should comprise.

This can then be monitored and the content and quality measured so the Clinical Executive can give the Board assurance about the quantity and quality of supervision.