

<b>Trust Board meeting (Part 1)</b>		<b>Date:</b>	<b>27 April 2016</b>
<b>Agenda item</b>	<b>Title</b>	<b>Executive Director lead and presenter</b>	<b>Report author</b>
BD/16/010	Clinical Executive Report Executive Summary	Andrew Dean, Director of Nursing and Quality; Tim Williams, Interim Medical Director	Tim Williams, Interim Medical Director
<b>This report is for:</b>			
Decision			
Discussion			
To Note		X	
<b>History</b>			
None			
<b>The following impacts have been identified and assessed within this report</b>			
Equality	None identified		
Quality	None identified		
Privacy	None identified		
<b>Executive summary of key issues</b>			
The Board is asked to receive the report which was considered by the Quality and Standards Committee and note the Executive Summary of key issues.			
<b>This report addresses these strategic priorities:</b>			
We will deliver the best care		X	
We will support and develop our staff		X	
We will continually improve what we do		X	
We will use our resources wisely		X	
We will be future focussed			

# 1 Nursing

## 1.1 Safer Staffing

Only 2 wards under 95%, we are assured they are safe.

20 wards are over 105%. The wards report it is due to clinical need; this is being reviewed and challenged.

## 1.2 DPAR (Prescription Chart)

This is an improving picture but there are still too many empty boxes (when a drug is given and but nothing is recorded on the prescription chart). There is continued focus on improving this with the aim of it getting to zero.

## 1.3 Rapid Tranquillisation

Poor performance across the Trust, this is a risk.

We are not recording physical health checks regularly or recording where this was refused. This failure is before and after giving rapid tranquillisation.

A further deep dive is being done to identify why staff are not prioritising physical health when giving rapid tranquillisation.

The Clinical Executive will look at capability of staff if they are failing to do this basic safe practice and recording this being done.

This is being put on the Clinical Executive risk register.

## 1.4 Safewards

We now have a 100% of wards signed up to the safe ward programme.

## 1.5 Water Issue - Southmead

As a result of this issue it has highlighted that there is not a separate infection control meeting. This has not been established as this is a requirement.

# 2 SUI's

## 2.1 Ligature Risks

One to highlight: Incident involving ligature from a bed frame which are potential ligature points. We are working up an internal safety alert.

# 3 Quality Impact Assessment

## 3.1 QIA's/CIP's

These have still not been seen by the Clinical Executive. Therefore we cannot progress with any CIPs. NHSi are clear they want to see CIPS rolling from the start of the financial year.

# 4 CQC Programme

## 4.1 CQC Preparations

We are on target with our preparations. However there are still concerns. We do not have an organisation story that is consistent. Staff feedback to CQC being inconsistent is a big concern.

There are some reports that people are not embracing self-assessment. This is a concern as this will form the basis of CQC reviews in the future.

## 4.2 CQC Compliance

CQC compliance checking continues. 116 remain non-compliant - for example notice regarding informing service users rights on a ward wall. This has been waiting to be done for 18 months. It

has now been fixed. More are partially compliant but these are due to fluctuating measures for example staff training figures.

The Clinical Executive are very clear that the CQC must visit all areas not just focusing on previously inspected areas.

## 5 Risk Register

### 5.1 Imber Ward

The nursing team have investigated and now the report is ready. A systemic problem has been uncovered in terms of the quality of the nursing care.

An impact team is being prepared to go into Imber to address this failing.

## 6 Public and Community Engagement Strategy

### 6.1 Service User & Carers

Service User and Carer's Forums are up and running. We will ask them to develop a strategy in time.

## 7 Medicines Management

### 7.1 Funding

We have discovered underfunding and to get up to our Future Pharmacy Plan, will need an investment of £250k. This is to meet the basic standards that the Future Pharmacy report set out. We have looked at other possible options. We will present an options appraisal for investment or disinvestment in pharmacy with an analysis of risk to the trust in terms of quality, safety and financial. This will be presented to Q&S and F&P for Board decision.

## 8 National Confidential Inquiry Service (NCIS) Data

### 8.1 Data Report

A new report is out from NCIS report is out and appears to show AWP an outlier in terms of suicide rates.

We are seeking clarity from NCIS and have challenged their interpretation as we consistently bench-march as being an average Trust in terms of suicide rates with comparator Trusts. We are concerned that the score is inflated due to the makeup of AWP as an acute mental health trust whereas we may have been compared to non-specialist mental health providers that would naturally have a lower rate of suicides as mental health is not their only patient population.

This information is publicly available so even if the data is inaccurate we will be challenged on this score. We are confident that we have clear policies and strategies to address suicide risk and there is no other evidence that triangulates this outlier report.