

## Minutes of a Meeting of the AWP NHS Trust Quality & Standards Committee

Held on Tuesday 15<sup>th</sup> July 2014, 1300-1700

Venue: The Maple Room, Jenner House, Chippenham, Wiltshire

These Minutes are presented for **Approval**

### Members Present

Susan Thompson – Chair & Non-Executive Director

Alan Metherall – Acting Director of Nursing (in part)

Hayley Richards – Medical Director

### Staff In attendance

Alison Devereux-Pearce – Governance Support Officer (minutes)

Julie Hankin – Clinical Director, Wiltshire  
Linda Hutchings - Head of Patient Safety Systems

Ann Tweedale - Head of Quality Information & Systems

Eva Dietrich – Clinical Director, North Somerset

John Owen – Clinical Director, South Gloucestershire

Kristin Dominy – Director of Operations

Pete Wood – Clinical Director & Consultant Forensic Psychiatrist (in part)

Emma Adams – Head of Academy

Fiona Bell – Head of Programme Management Office (in part)

Lou Curtis – Standards & Compliance Nurse

Theresa Bridges – Involvement Co-ordinator, Wiltshire

### Public in Attendance

Ray Tarling – DAC Beachcroft

Tricia Long – Carer Representative

**Action**

### Part 1 – Business in Public – Wiltshire Locality Presentation

1. Introductions were made and the Chair welcomed the Wiltshire Team. Ray Tarling from DAC Beachcroft was introduced who was observing the Committee as part of the Trust's Committee Review work.
2. No members of public in attendance were noted. The Chair reiterated the importance of ensuring well ahead to get venues to accommodate the public in future and to advertise this on the external Trust website.
3. Julie Hankin, Clinical Director for Wiltshire, introduced Theresa Bridges, Service Involvement Co-ordinator, and Trish Long, Carer Representative.
4. Theresa Bridges provided an overview to the Committee about her role and liaison in Wiltshire with various service partners and the Local Authority.

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Additionally, she will be peer mentored by Bristol SDAS, her counterpart at Dorset NHS and also Turning Point in Trowbridge. A new group providing involvement support with Veterans, funded through Charitable Funds, has been established with the local supermarket providing refreshments free of charge.

5. Lou Curtis, Standards & Compliance Nurse, gave a brief summary of the 15 Steps Model to the Committee which reviews care and patient environments from a Service User/Carer perspective. This NICE recommended tool when utilised in conjunction with Service User/Carer involvement can help provide a powerful voice about services and this approach has been positively applied to work on Rehab wards within the Trust.
6. Trisha Long, Wiltshire's Carer Representative has been involved in many Trust projects as a Carer but observed the '15 Steps' Model as a totally different, well-resourced and managed initiative. Her previous direct experience with the Trust was as Carer for her Husband who was patient for 7 years with admissions at Callington Road and Green Lane Hospital in which he experienced various standards of care. As a Carer, Tricia observed gradual improvements on Imber Ward and recognised good staff interactions in Salisbury

She reiterated areas of improvement that, whilst small, would make a large positive impact to Service Users and Carers:

- 6.1 Staff not wearing name badges: Being identifiable is valuable as a first point of any contact.
- 6.2 Access issues: getting into wards can be stressful for family members and Carers, who can press buzzers and not be admitted for a long time with no response from 'alternative' contact numbers.
- 6.3 Out of date notices: Service Users reported patronising messages/ notices along with out of date staffing lists/ photos. Once updated Visitors/Carers would feel more confidence in the Service. In Salisbury it was noted that the wards are acceptable but work needs to be done with frontline staff and reception.
- 6.4 The importance of greeting and receiving/welcoming visitors to wards was reiterated along with invitations for carers/relatives to eat/order food but was acknowledged as dissuading and unhelpful when told kitchens need at least a week's notice to organise this.

These observations have been disseminated to units and as part of the 15 Step process Tricia Long and Lou Curtis will be revisiting to see changes. A half day workshop invitation has gone out to staff to seek feedback.

7. The Committee positively received a Quality Presentation from Julie Hankin, Clinical Director for Wiltshire LDU . The following items were discussed in addition to slides presented.

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- 7.1 CQC compliance: Levels reflects service changes and inherited data issues. Non-compliance issues are indicated but don't exist due to teams being amalgamated.
  - 7.2 Consent to Treatment forms are being completed but no linked assessment of capacity has been identified on RiO; this is now being addressed.
  - 7.3 Care and Welfare: Each standard is addressed and RAG rated for teams. The North Wiltshire Team has acknowledged issues and is concentrating efforts to address problems.
  - 7.4 A disparity in Infection Control returns and IQ data has been identified and is being resolved.
  - 7.5 Incidents: Identified issue with incident sign off has now been resolved. The LDU is the 2<sup>nd</sup> highest reporter as is geographically the largest area. Assurance reports have been compiled for 29 incidents with thematic review for all historical cases by Julie Hankin but 16 are now closed.  
Current incidents are now on track and will be monitored in LDU Quality meeting. RCA reports being approved late by supervising Clinical Directors has been identified as an ongoing issue.
  - 7.6 The formal agreement with Swindon for 'pre-136' Liaison has been signed off. JH to share policy with Eva Dietrich for information. Assurance was given to the Committee that the Locality Quality Plan is aligned with the Wiltshire Risk Register.
8. All were thanked for their positive contributions by the Chair who reflected upon the importance of working with partners when treating very ill and detained people in hospital alongside increased demands upon Community Teams following discharge.

### Part 2 – Business in Private

#### QS/14/071 - Declaration of Interests

1. In accordance with Trust Standing Orders (s7.1) members present were asked to declare any conflicts of interest with items on the Committee Agenda.

**None was declared.**

#### QS/14/072 – Apologies

1. Apologies were received and noted from the following:

**Ruth Brunt  
Tony Gallagher  
Liz Bessant  
Katherine Godfrey  
Tim Williams  
Sammad Hashmi  
Newlands Anning**

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### QS/14/073 – Quality Dashboard Report

1. The Committee received the monthly Quality Dashboard Report from the Director of Operations, setting out performance against the three indicators delegated to the Committee by the Trust Board; the Friends & Family test, CQC Compliance and Records Management.
2. The following points were discussed further:
  - 2.1 Performance issues have already been identified in North Wiltshire with every possible resolution explored and supported with but no progress has been identified. The Chair questioned how the Board can be assured over safety being compromised in the absence of permanent staff? The Clinical Director assured the Committee that the LDU has maintained staffing numbers but has never had to report on employing agency staff.
  - 2.2 Wiltshire has strict protocols around temporary staff inductions which are monitored through locality governance and a monthly audits around staff shifts, ligature assessments, meds, and caseload profiling being triaged on a daily RAG rated basis.
3. The Chair asked for clarity on when the Committee would see a trajectory of improvements. The Clinical Director anticipated this would take 3 to 6 months – 3 to hopefully achieve improvement, and a further 3 months to resolve the ingrained problems. This will be reviewed by the Committee in 6 months' time.
4. The Committee **resolved** to **NOTE** the report.

### QS/14/073.1 – Exception Reports from Localities

1. The Committee received written exception reports from three localities detailing performance exceptions identified and actions to address them.
2. The Chair expressed her satisfied with the processes in place and enquired about risks encountered regarding individuals admissions. Eva Dietrich commented that whilst Teams want to admit to inpatients this can be counter-productive. Intensive teams are clear when they have to admit Service Users to inpatient services. The Director of Operations acknowledged bed pressures and Delayed Transfers of Care (DTC) as a multi layered issue requiring a sustainable plan but this will take a longer time to embed. She identified that the Bed Management system is not adequately assisting teams at present under its current set of rules.
3. The Medical Director reminded the Committee that Clinical Directors need to provide an exception report whether they attend or not.
4. The Committee **resolved** to **NOTE** the reports.

### QS/14/074 – Minutes/ summary of the meeting of 17<sup>th</sup> June 2014

1. The Committee considered the minutes from the previous meeting and noted the following amendments:
  - 1.1 p6 – point 4: Whittucks Road; reworded as *'In addition to the locality's*

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*dissatisfaction, the '15 Step' Process Report also raised issues which the Clinical Director expressed some concerns regarding the subjectivity of phrases used in the report, particularly as they were made without the context of wider information held in the LDU. The Academy has accepted these concerns and agreed to improve content and processes regarding 15 Step reports in the future'*

1.2 p6 point 5: Action plan reworded as '*ongoing, the Director of Nursing and Medical Director will provide assurance until closed down*'.

1.3 p9 point 2.1; red item to be reworded as '*this will be scrutinised monthly but within place within 6-8 months*'.

1.4 p7; Quality Governance Assurance update to be reworded as '*self-evaluation*'

1.5 P9 – point 4.3; use of least restrictive measure to be reworded as '*The Committee approved the policy with an additional amendment to be made for the 'least restrictive' approach along with an additional instruction reminding people that physical health with incapacitated patients is still within the MHA, which also mentions two alternative regimes.*'

2. The committee **APPROVED** the previous minutes **subject to** the above **amendments**.

### QS/14/075 – Matters Arising from previous meeting

1. The Committee considered the Matters Arising Schedule and resolved to note progress and remove items completed.
  - 1.1 Safer Staffing & Quality elements form an ongoing discussion which is covered at a quarterly Chairs teleconference – action now closed.
  - 1.2 Terms of Reference are pending a formal review. Quoracy will be 2 members – action now closed.
2. The Audit and Risk Committee reviewed the screening tool used for Quality Impact Assessments (QIAs) and confirmed their satisfaction with the QIA tool but it was noted that Cost Improvement Plans (CIPs) will be reviewed through the Finance and Planning Committee financially as required.

### QS/14/076 – CQC Compliance Reports/ Internal Inspection

1. The Committee received a **verbal** report from the Acting Director of Nursing confirming that actions are in place as per recommendations.
2. Liz Bessant, Lead Nurse, is monitoring compliance Trust-wide and Locality action plans for re-inspection and assurance reports will be scrutinised at the Extraordinary Quality and Standards Committee Exception Meeting on 8<sup>th</sup> August 2014.
3. The Committee **resolved** to **NOTE** the report.

### QS/14/077 – Annual PALS & Complaints Report

1. The Committee positively received the Annual PALS and Complaints Report which provides a record of the Trust's organisational memory in respect of

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complaints, PALS enquiries and Praise received in 2013/14.

2. The Chair asked for further information to be provided on the apparent increase in complaints under the category ' clinical care' and the number of complaints on attitude/behaviour and how many were upheld. To be reported back at the September Committee Meeting by Linda Hutchings.
3. The Committee **resolved** to **NOTE** the report.

### QS/14/078 – Performance & Quality Management Strategy

1. The Committee received the Performance & Quality Management Strategy which reviews the previous approach to IQ and 7 domains structure which influences how the Trust reviews quality.
2. The Chair commented on the assurance mechanism and asked if the Strategy should note issues of quality exceptions to this Committee within a clear escalation process. The Medical Director stated that the hierarchy of meetings captures assurance through the Quality Assurance Framework and the Committee noted the process already in place
3. The Committee **resolved** to **NOTE** and **APPROVE** the strategy.

### QS/14/079 – Clinical Strategy

1. The Committee positively received and discussed a report outlining the Trust wide Clinical Strategy which is pivotal to all other Trust wide strategies. The purpose of the strategy is to set the direction for the clinical and care delivery services provided by the Trust from 2014-2019.
2. The Committee **resolved** to **NOTE** and **AGREE** the **OVERARCHING** Strategy, endorsing it for presentation to the Trust Board In July.

### QS/14/080 – Monthly Incident & Complaints report

1. The Committee received the Monthly Incident & Complaints Report from the Head of Patient Safety Systems which is now reported quarterly to the Trust Board and monthly to the Quality & Standards Committee.
2. The Monthly report will be summarised in the Monthly CEO Report to Board from now on.
3. The Committee was made aware of the pressure over the availability of Chairs for Root Cause Analysis investigations and the difficulty in predicting when these reports arise.
4. The Committee **resolved** to **NOTE** the report.

### QS/14/081 – Quality Impact Assessments for CIPS 2014/15

1. The report presented to the Committee updated the Trust's CIP QIA position. All 36 CIP plans that were identified as requiring an in-depth QIA have now been scrutinised by the QIA Review Panel, one month ahead of schedule. Two

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Impact Assessments remain under scrutiny of the panel pending additional detail on specific posts but neither are expected to impact on the viability of the general plan.

2. As part of the CIP Quarterly Review schedule, the next major QIA review is at October 2014 at the end of quarter 2. New and revised plans will continue to be processed through the monthly Review Panel as required.
3. The Chair resolved that the quality measures utilised are to be decided by localities and interrogated by the Medical Director when providing assurance to this Committee.
4. It was also resolved that the Head of the Programme Office would provide the Finance & Planning Committee with continued reporting on financial performance of CIPs, but this Committee will review quality indicators for positive, neutral or negative impacts. If qualitative exceptions issues arise then this would be referred back to this Committee with the clinical leads informed along with horizontal reporting to the Finance and Planning Committee.
4. The Committee resolved to **NOTE** the report.

### QS/14/082 – Quality Governance Assurance Framework Update

1. The Committee received a verbal update from the Medical Director highlighting that the Trust is required to have a complete Quality Governance Assurance Framework (QGAF) in place, with a self-assessed score of 3 or 3.5 or less. This will be externally assessed by KPMG by review of evidence collated by the Trust. Action is underway to address the governance issues identified.
2. The Committee **resolved** to **NOTE** the report.

### QS/14/083 – Any Other Business

1. None was noted.

### QS/13/084 – Agree any items to escalate to Board or horizontal reporting to other Committees

1. QIA's are to be reported to the Finance and Planning Committee only when exceptions arise.

### Next Meeting:

1300-1600 19<sup>th</sup> August 2014,

(Conference Room, Callington Road Hospital – Locality Presentation from Bristol)

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