

Minutes of the AWP NHS Quality and Standards Committee Meeting

Date: Tuesday 16th September 2014, 1300-1600

Venue: The Beech Room, Sandalwood Court, Swindon

These Minutes are presented for **Approval**

Members Present

Ruth Brunt – Chair & Non-Executive Director (RB)	Alan Metherall – Acting Head of Nursing (AM)
Susan Thompson Non-Executive Director (in part by teleconference) (ST)	Kristin Dominy – Executive Director of Operations (KD)

Staff In attendance

Alison Devereux-Pearce – Governance Support Officer (minutes) (ADP)	Bina Mistry – Chief Pharmacist (in part by teleconference) (BM)
Ann Tweedale - Head of Quality Information Systems (AT)	Katherine Godfrey – Trust Lead Occupational Therapy (KG)
Newlands Anning – Head of Profession and Practice, Swindon (NA)	John Owen – Clinical Director, South Gloucestershire (JO)
Linda Hutchings - Head of Patient Safety Systems (LH)	Paul Daniels – Head of Health & Safety (in part by teleconference) (PD)
Emma Roberts – Director of Corporate Affairs & Company Secretary (ER)	Ivor Bermingham – Involvement Co-ordinator, Swindon (IB)
Norman Atkinson – Head of Professions and Practice, Wiltshire (NA)	Paula May – Managing Director, Swindon (PM)

Public In attendance

Daniel Walton – Service User (DW)	Nigel Hopkins – Service User (NH)
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Action

Part 1 – Business in Public

QS/14/109 – Swindon Locality Presentation

1. Introductions were made and the Chair welcomed the Swindon Team. The Committee positively received a Quality Presentation from Newlands Anning, Head of Profession & Practice for the Swindon Local Delivery Unit.
2. Ivor Bermingham, Involvement Co-ordinator, spoke to the Committee about developments in peer mentoring, confidentiality training, active listening skills, and involvement with the CCG via workshops in Swindon, supporting Swindon Borough Council and 3rd sector partnerships.

3. Nigel Hopkins, a Swindon Service User Representative reflected on his experiences of the Trust and positively compared treatment from 2004 to that afforded to him recently in 2012 when he met Ivor and SUNS. Previously, he felt that patients weren't deemed important and were non-contributory, passive recipients of treatment. He experienced a different approach within the service which ensured Service User participation and recovery. He expressed his happiness that the Trust's approach seems to be more holistic and also recognises the importance of spirituality as a component.
4. Dan Walton, Service User Representative, agreed with comments about the positive transformation of the service. He was previously transferred from Swindon to Bristol when unwell which was a long way for his parents to visit. He was then transferred to Applewood Ward in Swindon. His experiences were of not being listened to and being heavily medicated and felt his discharge process was haphazard. Dan spoke very positively about his transfer to the Early Intervention Team who he found very supportive in his recovery.

QS/14/110 – Questions from the public and attendees

1. RB enquired about lessons learnt by the Trust over improvements. Dan Walton responded over his inpatient stay and how that was handled; he would've liked to receive more information at the time and found the prescribing of anti-depressants a uniform approach for all inpatients without choice; he felt these were a destructive part of treatment and he had no choice, nor need.
2. The Committee discussed his comment about 'kinder' medication but acknowledged that some can take away the depressive symptoms but to a lesser extent have side effects. The Acting Director of Nursing will review any existing clinical audit reports relating to poly pharmacy to understand the current position in the Trust and an update will be provided to the Committee. **AT / HR**
3. The Acting Director of Nursing enquired about supervision of peer mentors and support in the locality. Ivor Bermingham advised that at the end of each training session, any concerns over the mentors own wellbeing can be freely discussed along with regular contact with Newlands Anning to also signpost them to supportive measures. He added that interviews feedback forms have all been positive and individuals have expressed their confidence in being respected and involved within the Trust.

QS/14/111 – Close of Public Session

1. All were thanked for their positive contributions by the Chair who reflected upon the large amount of work been done in Swindon.

Part 2 – Business In Private

QS/14/112 – Declaration of Interest

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 were declared.

QS/14/113 - Follow up discussion & questions – Swindon Locality Presentation

1. The Swindon locality quality issues was discussed with other exception reporting after the Quality Dashboard Report.

QS/14/114 - Apologies

1. Apologies were received and noted from the following:

Eva Dietrich – Clinical Director, North Somerset

Emma Adams – Head of quality Academy

Hayley Richards – Medical Director

Tim Williams – Clinical Director

QS/14/115 – Minutes/Summary of the meeting held on 19th August 2014

1. The minutes of the previous meeting were approved as accurate and correct.

QS/14/116 – Matters Arising

1. The Committee considered the Matters Arising Schedule and resolved to note progress and remove items completed.
2. An update arising from the Annual Complaints and PALS report presented to the July committee was provided on the apparent increase in complaints category 'clinical care' and the amount of complaints on attitude/behaviour. ST questioned 14 complaints not being upheld. It was discussed that within an acute setting complaints through illness and paranoia about staff means that the Trust can't get 100% satisfaction, but it was acknowledged that it's rare for complaints to go to the ombudsman.
3. The Committee **expressed** its **satisfaction** with the appropriate level of **review**.

QS/14/117 – Quality Dashboard Report

1. The Committee received the monthly Quality Dashboard Report 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. Current focus is on North Somerset and Juniper Ward where a number of serious incidents has resulted in a 360 degree review.
3. The Redesign for Secure Services has highlighted significant staffing issues alongside the Fromeside Exception report.
4. The Committee **resolved** to **NOTE** the report.

QS/14/117.1 – Exception Reports from Localities

1. The Committee received written exception reports from the Trust's localities detailing performance exceptions identified and actions to address them.

- The Committee **resolved** to **NOTE** the reports.

QS/14/118 – Quality Summit & Next Steps/ Actions

- The Interim Director of Nursing provided a verbal update over the agreed actions discussed at the recent Quality Summit.
- The Trust has received the CQC’s draft report which will be published along with the enforcement and warning notices. Action planning has taken place since the Executives received verbal feedback from the CQC post inspection. Progress over actions is being monitored and evidenced through a robust mechanism.
- This Committee and ESEC will receive assurance over outcomes/ and closure of actions. The Committee is to receive a ‘CQC actions at a glance’ monthly report to review.
- CQC concerns over Ligatures at Fromeside were discussed including replacement of taps and bathroom fittings, safety glass fitting and specialist approved windows. There have been 7 deaths in recent years that involved ligature points on en-suite doors. The Committee discussed and agreed that it required advice and over the dignity/ privacy issue but was to have no ligature point as a decision; a solution to privacy, lines of sight and layout of room needs ascertaining as the Ligature Group can’t provide a resolution for this as anti-ligature protocols are clinically led.
- The Committee discussed and agreed that the issue is not solely a physical environment but other element will take longer to address with regards to privacy and dignity of patients but Trust-wide decisions will be backed up by evidence based research. This group is clinically led by the Acting Director of Nursing with representation from H&S and Estates. The process will be reinforced by intuitive and inquisitive staff being a protective factor to patients as evidenced as part of a requirement for the stable workforce. Door top alarms are being researched at present but the cost is high but a WIFI alternative was mooted.
- The Committee **resolved** to **NOTE** the report.

QS/14/120 – Harm Free Care Report

- The Committee received a report summarising the ‘Safety Thermometer’ data analysis and actions planed in relation to findings. Analysis of the data indicates that overall the highest burden of harm is generated from Falls with Low and Moderate Harm for Category 2 Pressure Ulcers.
- The data was noted to be unreliable due to low incidence of the elements measured by the Trust, and is inconsistent with incident reporting at present and work is needed to ensure consistent understanding of how to report on the elements accurately. There is an increase year on year in falls in Organic Dementia wards and Laurel Ward shows particularly high levels of falls. A ward based action plan led by Clare Leonard, Falls Lead for the Trust is to be formulated.
- The Acting Director of Nursing commented that the report provides assurance and

is a useful tool to enable benchmarking. The report also supports the evidence for work done as part of this year's Safety Thermometer CQUIN.

4. The Committee resolved to **NOTE** the report.

QS/14/121 Safety Alerts Annual Report

1. The Committee received an assurance report detailing the Trust's arrangements for safety alert management which remains robust. The Trust has further tightened safety arrangements in this area by adopting formal processes for the handling of Manufacturer's Field Safety Notices. The use of the Trust's internal safety alert processes has expanded this year, with good effect.
2. The cascade communication and feedback processes used for safety alerts are prone to disruption during times of organisational change and a key priority for the past year was to work with local delivery units to maintain and embed safety alert processes. A system whereby LDUs and Specialties now have nominated leads and established processes is in place and working effectively.
3. It was agreed that details of safety alerts received would be added to the template/information pack for the Quality Improvement Visits. LH
4. The Committee **NOTED** the report.

QS/14/122 – Medicines Optimisation Strategy

1. The Committee positively received the Medicines Optimisation Strategy and action plan which is critical in order for Trust to achieve Foundation Trust status and is a key priority for the Trust and NTDA.
2. ST requested an amendment to strengthen the arrangements for service delivery units responsibilities and involvement with the Medicines Optimisation Group in the delivery of the strategy
3. The Committee resolved to **NOTE and APPROVE** the Strategy with the **requested amendment**.

QS/14/123 – Medicines Management Report

1. The Committee were sent a copy of the report and appendices for information after the meeting. The Chief Pharmacist gave a verbal overview of the medicine management across the Trust. The report reviewed the compliance of the trust with the medicine optimisation framework and highlighted areas for further improvement.
2. The Committee resolved to **NOTE** the report.

QS/14/124 Safer Staffing Report

1. The Committee received a verbal update from the Acting Director of Nursing over the Trust's current position on 'Safer Staffing'.
2. It was noted that a paper seeking approval for WTE 20% uplift will be considered

by the Finance & Planning Committee. The Director of Operations commented that validation was done ward by ward which has involved a huge effort of staff to ensure rigour of process with no better model nationally available at present applicable for mental health. There will be a requirement, she added, to review this process every 6 months to amend and flex numbers as the Localities become familiar with population on wards.

3. The Committee **resolved** to **NOTE** the report.

QS/14/125 – Community Mental Health Survey (Update)

1. The Committee was provided with an update on the Community Mental Health survey. It was noted that the 2013/ 2014 Inpatient results are to follow at November Q&S along with improvements noted in locality action plans.
2. The Committee resolved to **NOTE** the report.

QS/14/126 – Quality Academy Activities

1. The Committee received a verbal update on the Quality Academy from the Acting Director of Nursing.
2. The Chief Executive has met with Clinical Directors to discuss options for the Quality Academy and a proposed Quality Board. The Quality Academy review will lead to a formal consultation with staff members involved. The proposal is to be reviewed by this Committee.
3. The Committee **resolved** to **NOTE** the report.

QS/14/127 – Quality Governance Framework Update

1. A verbal update was provided to the Committee from the Acting Director of Nursing highlighting that the Trust is continuing work to improve the compliance with the monitor Quality Governance Framework (QGF).
2. The Committee **resolved** to **NOTE** the report.

QS/14/128 – Bed Pressure Quality Indicators

1. The Committee received a verbal update from the Director of Operations with a description of some of the key measures that are being considered for development: date of discharge, average length of stay by cluster, transfers between wards, numbers of out of are placements, number of patients out of home locality, readmission rates.
2. In addition the Acting Director of Nursing shared a download of the new 'Inpatient Dashboard' which was distributed in paper form to the Group. This was trialled in Swindon who also offered to trial new indicators that are to be developed.
3. The Committee resolved to **NOTE** the report.

QS/14/129 – Bed Management Report

Minutes Prepared for the Quality and Standards Committee Meeting 16.09.2014

Sponsored by the Chair

Agenda Item:

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1. The Committee positively received a Bed Management report in which it acknowledged that the deteriorating bed position urgently requires immediate remedial actions. A report will be presented to Part 2 of the September Board meeting.
2. The Director of Operations commented that external expertise has been utilised for a thorough evaluation for establishing interdependencies and a review of the whole patient pathway system.
3. The Committee **resolved** to **NOTE** the report

QS/14/130 – Using Bedrails Safely & Effectively Policy

1. The Committee reviewed the Bedrails Usage Policy which included a revision to the existing policy for RiO notes and links in with the 'umbrella' Falls Policy.
2. This clinically led policy is now used as part of the falls assessment and recording of details includes deprivation of liberty. It is used exclusively around prevention of falls but assesses risks specific to bed rails usage. The Committee requested that the policy is amended to include the hyperlink to the Falls Policy.
3. The Committee **resolve** to **APPROVE** the policy with the **requested amendment**.

QS/14/131 – Display Screen Equipment Policy

1. The Committee reviewed the Display Screen Equipment Policy which is an existing policy but has been updated due to usage of technology and increased activity within the Trust.
2. The Committee discussed and agreed an amendment to in that it should be explicit to all Trust technology including laptops and tablets as appropriate for mobile working.
3. The Committee **resolved** to **APPROVE** the policy with the **requested amendment**.

QS/14/132 – Any Other Business

1. The Head of Patient Safety Systems advised the Committee that the 72 hour management report for the serious incident at Swindon last week has been completed and an RCA has been commissioned.

QS/14/133 – Agree any items to escalate to Board or horizontal reporting to other Committees

1. No items were noted.

Next Meeting:

21st October 2014, The Willow Room, NHS House. Locality Presentation – BANES.