

Minutes of the AWP NHS Quality and Standards Committee Meeting

Friday 21st October 2014, 1300-1600

NHS House, Bath

These Minutes are presented for **Approval**

Members Present

Susan Thompson (Chair) – Non-Executive Director

Ruth Brunt – Non-Executive Director

Tony Gallagher – Trust Chair

Lee O'Bryan – Non-Executive Director

Alan Metherall – Interim Director of Nursing

Kris Dominy – Director of Operations

Emma Roberts – Company Secretary and Director of Corporate Affairs.

Staff In attendance

Alexander Lauder-Bliss (minute taker) – Governance Support Officer

Peter Aston - BaNES Therapies Team Manager

Chris Gilmore – Psychologist, B&NES

Fiona Symonds -

Bill Bruce-Jones – CD, BANES

Pete Wood – CD, Secure Services

Ann Tweedale – Head of Quality Information & Systems

Mathew Page – Deputy Director of Operations

Kate Cooper – Trainee Clinical Psychologist

Newlands Anning – HoPP; Swindon

Rachel Redman – Acute Liaison

Liz Hardwick, Associate CD, Wiltshire

Public In attendance

Liz Emery – Service User

Action

Part 1 – Business in Public

QS/14/134 – BANES Locality Presentation

1. The Chair thanked all for coming and proceeded with introductions of the members of the Committee.
2. BBJ presented the Bath and North-East Somerset (BaNES) locality update.
3. Emphasis was placed on the following topics:
 - 3.1. The CQC inspection prompted changes made on the quality process with a particular change to the monthly governance meetings.
 - 3.2. The meetings had been split with two monthly Governance meetings for the whole locality, a Quality and Standards, and a Risk and Safety meeting chaired between BBJ and Claire Williamson the HoPP. BBJ recognised that

the initial set-up prior to the changes could not give justice to the issues raised around the locality. Currently, only one of the meetings has been put in place but assurances were provided that the new format showed marked improvements.

- 3.3. Each team have a monthly meeting with a standardised agenda with minutes being escalated upwards to ensure that key issues are covered at every stage down to the front-line.
 - 3.4. A third meeting has been set up; Performance and Resources providing further assurances on quality.
 - 3.5. The locality will be launching a standardised management supervision template that is partly pre-populated.
4. PW made a presentation about the Experience Based Design approach being used in the locality. He informed the Committee that the new approach was about capturing experience based design through interviewing rather than the previous evidence based approach and is currently was being developed supported by Newlands Anning, Janet Brandling, and several Service Users.
5. The approach focused on the following areas:
- 5.1. Service users from on the ward and experience within the ward were contacted, along with several carers.
 - 5.2. Working with the University of Bath.
 - 5.3. Interviewers were trained to an appropriate level to give meaningful interviews.
 - 5.4. They were interviewed and videoed to get real feedback with the responses being emotive.
 - 5.5. CQC inspection took place during this time and Sycamore Ward has seen a vast overhaul so the exercise feels out of date but did not de-value the interviews.
 - 5.6. Questions were asked around their experience on the ward with focus on whether their experience was a positive or negative and what would have made their experience better.
6. It was discussed that the whole process was a powerful and emotional journey, often raising topics that were painful to hear.
7. It was raised that some participants became distressed at returning to the ward.
8. There were challenges around participants being guarded with being recorded and were not willing to make statements.
9. PW stated that those that were more inclined to step forward tend to give more negative opinions leading to challenges around staff coping with hearing negative feedback. Support was given throughout the process.
10. The Committee were shown footage of part of an interview.

Minutes of the Quality and Standards Committee Meeting 21st October 2014

11. CG, LE, and KC provided background to the EBD approach stating that the methodology came from the NHS Institute and the King's Fund. The approach was modified incrementally from the King's Fund outline.
12. BBJ informed the Committee that the process helped provide feedback to teams and helping to develop SMART goals.
13. The Committee was informed that a feedback event was held in September and developed 4 main areas for goals:
 - 13.1. Supporting users after discharge. This has led to discussion around a possible post-card system for follow-up or to offer further support. Alternatively, three follow up appointments can be offered with no obligation to attend.
 - 13.2. There was widespread feedback on the comments about the rooms at NHS House. A bid has been put together to paint the rooms, and to provide soundproofing in the waiting room where the toilet could be heard.
 - 13.3. It was raised that the feel of coming to Bath NHS was regarded negatively especially around the locked doors and windows with service users not feeling trusted. It was agreed that discussions would be had with security and art work would be place around the site.
 - 13.4. The last topic was around information coming into the ward and that expectations need to be set. Possibility to explore making a YouTube video that would benefit the Trust as a whole.
14. LE gave lived in experience of the interview process with the perspective of being both a service user and student mental health nurse.
15. LE stated that she was put at ease and overall the experience was a positive one and is being given the opportunity to be a part of development of the SMART goals.
16. The Committee looked at the Quality Data pack in detail.
17. Attention was drawn to the following areas:
 - 17.1. Good submission rates for CQC with 13/15 outcomes are scoring above the Trust level. The remaining are slightly below the Trust level for Outcome 5 Meeting nutritional needs and Outcome 12 Requirements for workers.
 - 17.2. Records management 7/10 standards are just above the Trust level. With one notable outlier; substance and alcohol misuse assessment 68.8% the Trust's lowest are for this measure.
 - 17.3. Friends and Family test is variable due to small sample sizes and there are notable differences between wards and community teams. A new survey kiosk has been installed in the NHS House clinical area but it is too early to see figures.

- 17.4. There is a need to increase the rate of reporting incidents in Community Teams and a push for increased completion of NPSA toolkit following unexpected deaths. It was felt that there was a poor level of return but BBJ remains optimistic with the matron restarting the H&S group.
 - 17.5. For Stat/man training, there has been an emphasis on the importance of local training as currently the Trust offers training in Chippenham or Bristol. Bespoke local training has been well attended.
 - 17.6. Safeguarding reporting has improved.. There has been positive comments on the Stepping Stones project.
 - 17.7. Quality Improvement; a separate quality improvement action plan has been created alongside the CQC action plan with work toward merging them together.
18. The Committee was provided an example packs of the post-card initiative in partnership with the RUH that is aimed at those with a history, or at risk, of self-harm.
19. Feedback from Papyrus and Samaritans was positive and there are aims to be an inclusive as possible.
20. The post-cards are designed in-house and funded by Public Health which leads to reduced costs. There is a current push of promotion to by providing to doctors in emergency departments. There is an opt-out choice provided on the card for those who do not wish to be contacted.
21. The Committee resolved to **NOTE** the presentation.

QS/14/135 – Questions from the public and attendees

1. The presentation was opened up for questions from the Committee and members of the public.
2. TG raised that it would be highly beneficial to compare the CQC Report and the Improvement Programme. TG also provided assurance that his recent visit to Sycamore Ward showed vast improvements.

QS/14/136 – Close of Public Session

1. The Chair gave thanks and closed the public session.

Part 2 – Business In Private

QS/14/137 – 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.
2. None were declared.

QS/14/138 - Follow up discussion & questions – Banes Locality Presentation

1. The Committee followed on from the Bristol Locality presentation with a follow up discussion.
2. BBJ informed the Committee that the reduction in bed numbers was the single biggest change leading to a much calmer ward.
3. TG asked the locality what the impact on Out of Area had been. BBJ stated that there were challenges with Older Adults with functional illness or frailty. It raised an on-going issue to find beds for these individuals but the number remained within single figures. The drop in admissions after the busy summer months had helped ease pressure. Assurance was provided that the patients that were located out of area were identified, monitored, and robust mechanisms have been put in place.
4. The Chair raised the issue around the DTOC running at 10%. BBJ informed the Committee that this was unusual and the challenge came from the availability of specialist placements for older adults.
5. The Chair asked if there was a particular strategy in place for the absence of older adult beds. KD informed the Chair that meetings were taking place with Commissioners and the local authority were aware that the issue remained a priority. BBJ informed the Committee that discussions were taking place with an external provider..
6. The Chair enquired on the CQC improvement plan and the localities view of it. It was raised that it was good to hear that the work at Sycamore had paid off and that estates had been very helpful to solve the less challenging areas of improvement around minor works. The biggest challenge is around sharing the learning and evidence. The changes included a significant cultural change with a move away from a head down approach.
7. The Chair questioned how the locality was to receive assurances. BBJ highlighted the importance of the review of minutes to ensure that the right discussions were taking place. Several walk-arounds have been put in place to check, using a “fresh eyes” approach.
8. The Chair gave thanks and BBJ left the Committee.

QS/14/139 - Apologies

1. Apologies were received and noted from the following:

Hayley Richards
Liz Bessant.

QS/14/140 – Minutes/Summary of the meeting held on 16th September 2014

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

QS/14/141 – Matters Arising

1. The Committee considered the Matters Arising Schedule and resolved to **NOTE** progress and remove items completed.

Minutes Prepared for the Quality and Standards Committee Meeting 21.10.2014

Sponsored by the Chair

Agenda Item:

Serial:

Page 5 of 9

2. The Bristol exceptions update for CPA reviews and 7 day follow up had not been received. KD agreed to circulate an update to the committee via email outside of the meeting. **ACTION**

KD

QS/14/142 – 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. The Committee noted that there was an issue with receiving reports in a timely manner.
3. Work had been done on the CQC action plan providing a clearer sense of assurance. Operations is closely supporting localities to build plans and make them more robust. The check and challenge to the action plans are to continue every two weeks.
4. The Committee were informed that a paper would be going to the Finance and Planning Committee around a Trust-wide approach to bed pressures.
5. There was discussion around the impact for quality of care for Out of Area placements with AM providing assurance that work was being done closely with PALS and Complaints.
6. The Committee resolved to **NOTE** the report and the exception reports provided by localities.

QS/14/143 – Achieving Compliance

1. The Committee was provided with an update on the progress on achieving compliance with the CQC Inspection report.
2. The Committee received the formal response letters submitted to the CQC which described the immediate actions followed by sustaining actions and leadership changes where appropriate.
3. A longer term plan was being developed for internal compliance checks that will provide further assurances around the specifics of the warning notices.
4. Commissioners are keen to also visit but the Trust is proposing that our internal checking will be sufficient.
5. TG raised concerns with the risks with ligature points with emphasis placed on trees. He stated that it would be highly beneficial to benchmark with other trusts or to explore the national standard.
6. PW provided assurances that the anti-ligature work had been completed by 17th October and the remaining work around windows is to be done by the beginning of Q4. Standards have been increased to prevent issues repeating.
7. The Committee was informed that rapid inspections have been taking place with HR and AM that focused on environment and staffing. With time, there may be opportunity to decrease the time taken to undertake a thorough inspection and to be done in smaller groups.
8. PW raised that Wellow Ward is being closed and measures are in place to ensure

a safe transfer of care for patients.

9. It was discussed that occupancy was down to 85% in Secure Services and judgements will be made on safety and re-opening once staff are redistributed.
10. The Committee were provided assurance that the locality were working closely with NHS England with a weekly telephone call and monthly face-to-face meetings.
11. It was raised that work was being done with UWE to attract qualified nurses but this was still proving a challenge and has been reflected nationally. There is provision to move to supporting HCAs to become qualified nurses.
12. Assurances were provided that staffing numbers were being reviewed daily but there has been issues with rostering. AM informed the Committee that a paper will be going to the Oct Board meeting on Safer Staffing.
13. Discussion was had around the escalation process for unsafe staffing levels and whether staff felt that they could express concerns leading to a ward closure. Emphasis was placed on the need for clear escalations.
14. The Committee resolved to **NOTE** the report.

QS/14/147 – CQC Warning Notices Regulation 10 Progress

1. The Committee received a verbal update from ER on the progress of the CQC Warning Notice on Regulation 10.
2. The report highlighted a number of points:
 - 2.1. A full report is going to Board in October
 - 2.2. The draft response is currently in draft.
 - 2.3. TDA have been working closely with the Trust on the response.
 - 2.4. The paper is clear about the quality assurance system and is very robust on managing these assurances.
 - 2.5. The Trust-wide action plan remains highly visible using this approach.
3. It was raised that it needed to fit with the CQPM monthly cycle with the Chair asking for assurance around reporting back to the Committee. It was raised that KD was the accountable officer and a monthly exception report would go to board as outlined in the paper.
4. The Committee **NOTED** the verbal report.

QS/14/144 – Academy - 6 Month Update on Activities/Achievements

1. AM provided a report that outlined the work by the Quality Academy over the last 6 months.
2. The paper provided a six monthly update on the progress of the Quality Academy; its achievements and priorities. This paper follows on from a previous papers provided to Committee in September 2013 and February 2014 which outlined the functions and activities of the Quality Academy.
3. It was discussed that the academy had not met all of its objectives however

standard setting and compliance checking had been implemented.

4. Attention was drawn to page 4 that detailed activities of the QA.
5. The Committee resolved to **NOTE** the report.

QS/14/145 - Academy Review - Proposals for Change

1. The Committee received a report that reviewed the Quality Academy.
2. This paper presented the outcomes of the Quality Academy Review which commenced in June.
3. The review recommended including the establishment of a Quality Board, establishment of Clinical Networks supported by increased capacity to offer clinical audit and internal compliance inspection.
4. The role of the HoPP had been re-focused following CEO meeting with post holders and Triumvirate reviews.
5. The Executive Team has approved the recommendation to support the proposals detailed.
6. It was discussed that the concept of the Quality Academy needs to cease due to brand failure.
7. RB raised that it was felt that it was branded with a bigger role in transactional change.
8. Emphasis was placed on moving the academy away from a top-down approach.
9. The Committee emphasised the need to put the right people in the right posts to effectively deliver on promises made.
10. The Committee requested that further refinements should be made to the proposal around the specifics of the quality board and a terms of reference to be drafted.
11. The Committee resolved to **APPROVE** the paper following amendments as per the recommendations above.
12. In addition AM noted the establishment of a central patient safety team to manage all investigations for unexpected deaths. Money would need to be found to fund this going forward and therefore a review will be undertaken of the Nursing & Quality Directorate with a likely staff consultation. TG asked for a paper to be submitted to the F&P Committee to outline the funding issues and potential implications for other functions in the N&Q Directorate - **ACTION**

AM

QS/14/146 – Quality Impact Assessments Quarterly Report - Q2

1. The Committee received the quarterly report on QIAs.
2. The report highlighted the current state of play.
3. Assurances were provided that localities were on board and understood the purpose of Quality Impact Assessments.
4. It was discussed that more work would be done to review the policy highlighting to

embed the process with a project team to improve the process.

5. The Chair raised concern around the rejection of Bristol QIAs asking when the Committee would be likely to see them. – **ACTION** Bristol to provide an update to the November committee around the status of the QIAs for the new services and the tendering exercise.
6. The Committee resolved to **NOTE** the report.

KD

QS/14/148 – Research and Development Annual Report

1. The Committee resolved to defer this item to the next Quality and Standards Committee.

QS/14/149 – A.O.B

1. Medical Conference Call; Bristol GPs were expressing concerns around the Bristol Drug Project with the Committee resolving to receive an update at the next meeting. **ACTION**
2. It was agreed to move the December meeting to another date in December due to the clash with an important commissioning meeting, TG emphasised the need for a face to face meeting with the Clinical Executive as essential.
3. CQC; AM raised an challenge around mixed sex accommodation. HR was liaising with the TDA and lead commissioners on the issue.
4. KD raised the need to produce a Trust protocol on the use of swing-beds.

KD

Next Meeting: 1300-1600 18th November 2014, The Conifers Room, Blackberry Centre, Sandalwood Court. Locality Presentation – Swindon.