

Minutes of a Meeting of the AWP NHS Trust Quality & Standards Committee – Part 2

Held on 18th November 2014 at 2.15pm in the Conifers Room, Blackberry Centre, Bristol

These Minutes are presented for **Approval**

Members Present

Susan Thompson (Chair) – Non-executive director	Debbie Spaul – Head of Professions and Practice
Rowena Hastings – Service Manager	Kristin Dominy – Executive Director of Operations
Katherine Godfrey – Trust Lead Occupational Therapist	Jenny MacDonald – Managing Director
Ruth Brunt – Non-Executive Director	Alan Metherall – Acting Director of Nursing
Ann Tweedale – Head of Quality and Information Systems	Eva Dietrich – Clinical Director
Newlands Anning – Head of Professions and Practice, Swindon	Norman Atkinson – Head of Professions and Practice, Wiltshire
John Owen – Clinical Director, South Gloucestershire	Hayley Richards – Medical Director
	Linda Hutchings – Head of Patient Safety

Associate Members in attendance

Staff In attendance

Alexander Lauder-Bliss – Governance Support Officer

QS/14/154 - Apologies

1. Apologies were received and accepted from Emma Roberts

QS/14/155 - Declaration Of Members' Interests

1. In accordance with AWP Standing Orders (s7.1) members present were asked to declare any conflicts of interest with items on the Committee meeting agenda. No interests were declared.

QS/14/156– Minutes Of The Meeting of 21 October 2014

1. On Point 9 of Page 7, the Chair wanted to make clear that occupancy being down to 85% was in secure services.
2. At 2.2 of the same page, the Chair wanted to state 'the responses are currently in

Quality & Standards Committee Minutes – 18 November 2014

draft' and delete the other references.

3. Subject to these amendments, the minutes were approved.

QS/14/157– Matters Arising

1. The Committee considered the Schedule of Matters Arising and resolved to note progress and remove those items marked as complete.

BD/14/ – Follow Up from South Gloucestershire Locality Presentation

1. Hayley Richards (HR) referred the cost pressures on LIFT and asked why staff were not on zero hours contracts as with other providers. John Owen (JO) replied that this was not a viable option in the current climate.
2. RB commented that it was important that the Quality Impact Assessment was scrutinised closely to reflect any deterioration in service in order to meet CIT. Eva Dietrich (ED) replied that a savings strategy was something to be thought about in the long-term, by investing to avoid the need for secondary services, as all the immediate savings had been made. Ruth Brunt (RB) stated that it was important that the Committee be sighted on the risks. The Chair hoped there would be a review of the impact of this year's cost improvement schemes so that the Committee could have a response to it. HR felt it was important to be able to articulate the positive impacts versus the negatives.
3. JO warned of the danger of individual Quality Impact Assessments being made as they might not pick up the effect of all streams of clinical services. The Chair replied that the Clinical Executive would bring this information to the Committee.
4. HR stated that the greatest single cost improvement would be to reduce variations in practice. Localities should look at benchmarking themselves within the Trust as variations had been highlighted in the PWC report. There were still cost savings to be made, such as the £250,000 spent on transferring paper records/paperwork and the use of space in GPs' surgeries.
5. The Chair noted that the use of technology and mobile working had been attempted as means of achieving cost savings. Norman Atkinson (NA) commented that benefits of using the laptops had not been explained to the staff, therefore the cultural change had not been taken place. HR and Jenny MacDonald (JM) stated that out of 1,000 laptops issued, very few were being used regularly and some not at all. The Committee raised that this should go to the Finance and Planning Committee for further review. – ACTION
6. The Chair asked whether the lessons learnt from the records management scores differing from the external report would be shared across the organisation. JO replied that they had only just received the scores and were still attempting to understand them. JM explained that internal management knew where staff records were and would trawl in more detail to find them. Newlands Anning (NAG) relayed that he spoken to Daniel Badman about training staff so that they were clear on the process. Alan Metherall (AM) said that staff would be recruited to work on the purposeful recording process. He felt that learning is taken from the themes captured from audits across all localities.

Minutes Prepared for the Part 2 Quality and Standard Committee dated 18th November 2014

Sponsored by the Chair

Agenda Item:

Serial:

Page 2 of 6

QS/14/159 – Quality Dashboard Report

1. The Committee was updated on the quality dashboard report by Kristin Dominy (KD).
2. Six teams did not submit their records management audit.
3. CQC Outcome Action Plan and Assurance Processes: There are now fortnightly check and challenge meetings in place, which had flagged gaps in the pharmacy action plans particularly concerns around the pharmacy record within community services; a lag in the delivery of safe storage and disposal of controlled drugs in inpatient units. Matthew Page had been asked to review these matters and to produce a recast of the action plan, the first cut of which had reached the Executive Team, and was due to complete on 1 December. KD informed the Committee that the CQC were planning to re-audit before the end of the financial year and may review compliance and warning notice actions in the coming weeks.
4. It had been agreed the first week of the month was the best time to do the Week in Focus; the first inspection would take place in the first week of February. HR felt it would be helpful to align the deep dive with Q&S visits. The Chair said that the agenda needed to be in place for this, along the lines of the model from the previous year. She expressed a desire to drive more public engagement in the public part of the meeting.
5. Issues had been raised about trees in the gardens. A review of each of the gardens associated with each of the wards had been undertaken and was due to complete that day.
6. Bed pressures: Benchmarking data demonstrated that but one of AWP’s localities was below the national average of 20 beds per 100,000 of population.
7. Length of Stay: They had been asked by commissioners to report on whether the Trust’s length of stay was above the national average and the benchmarking data had since been sent to commissioners.
8. Bed usage: Not counting DTOCs across all inpatient units, occupancy would be running at between 80-85%. At the Commissioner Quality Performance Meeting, the lead commissioner had asked that efforts be made to share action plans on DTOC as it was a big problem for the Trust.
9. Out of Trust placements on 14 November 2014 was 32, following a peak in August of 55. The median length of stay was below the national benchmark. ED clarified that there was a below-average stay level but a high level of DTOC.
10. The Chair asked what the triggers would be to cause a report to come to the committee as a quality indicator on out of area placements. She was concerned that incentives and measures were being created that might create clinically inappropriate actions. HR was not sure that there was a specific trigger; she had asked Toby for a graph showing the out of Trust numbers and the date on which escalation protocols had been changed. She explained that the Trust had done a lot of Mental Health Act work and there had been huge pressures on crisis services. She hoped the work on acute pathway pressure would answer the inputs and outputs question.
11. KD stated that they had been asking to look at block purchasing some private beds

Quality & Standards Committee Minutes – 18 November 2014

to create some additional overflow capacity. They had explored the opportunity of opening up some vacant estate but the recruitment of staff was an issue. The lead commissioner in discussions would be used to explore commissioners' appetite to share the risk on this matter.

12. KD added that safer staffing numbers for additional capacity were inextricably linked to ability to contain the level of acuity. Moving up to 100% occupancy would result in safer staffing cost pressures of £1.8 million. AWP's lead commissioner had raised supporting the Trust with additional capacity via a mechanism for releasing winter pressures money.
13. The committee discussed the difficulties in identifying a single indicator requiring 'red escalation' to the committee; HR felt that they were already making concerns known. RB did not think there should be a single indicator; the question for the committee had been identifying what would class as red escalation on DTOC and the Trust's beds. The interpretation of the benchmarking data had been useful in this regard. The Chair felt it was important that the committee was able to recognise declining quality rather than it being identified by an external party. She had already been asked about some of these issues and felt important that she was sighted so that she had an answer to any questions that may be asked by the CQC.
14. HR was concerned about stress levels of staff on call, which she felt was increasing and not unrelated to recruitment and retention issues. RB said that ESEC has examined these issues and the head of HR had been asked to propose some changes.
15. The Chair commented that this had been a helpful report and wondered if it could be produced on a more regular basis. KD replied that this would not be a problem, although it would not contain all of the benchmarking data.

QS/14/160 – CQC Update on Progress

1. KD had nothing further to add except that work was progressing on Juniper Ward, which would be responded to in the same way as Sycamore Ward.
2. The Chair asked whether they were outside of the CQC deadlines on the pharmacy actions. HR replied that pharmacy was under considerable strain regarding staffing issues; pharmacy had advised estates on the medicines handling that needed to be implemented. Most of the actions had been completed, but some areas remained outstanding on the work plan.

QS/14/161 – Learning from Experience Report

1. Linda Hutchings (LH) delivered the quarterly Learning from Experience report.
2. The CQC feedback on learning processes had been at the forefront, alongside Internal Audit's work on incident reporting. The next CIOG meeting would closely scrutinise the patient safety development plan.
3. Trends in Serious Untoward Incidents (SUIs): a commentary on trends had been requested by the CQPM; preliminary work on this would take place at CIOG. A high number of SUIs had taken place at North Somerset Community and a

Minutes Prepared for the Part 2 Quality and Standard Committee dated 18th November 2014

Sponsored by the Chair

Agenda Item:

Serial:

Page 4 of 6

separate report had been produced for commissioners.

4. The Chair felt that positive assurance was provided from the locality level on sharing lessons learned.

QS/14/162 – Quality Accounts

1. Ann Tweedale (AT) updated on progress with the Trust's improvement priorities.
2. Friends and Family Test: We have seen the adoption of good practice locally with the examination of data and the use of service user comments. Detailed information is shared in reports to commissioners.
3. The Triangle of Care work to improve carer experience is on track.
4. Formulation: This was an area of concern as the records management audit as the key IQ measure was not showing improvement. KD explained that to address this the HoPPs would be asked to look at the specific issues in each locality as the single Trust approach had not had the required impact. The Chair asked what the problem had been. NAG stated that the quality of recording was not happening to a required standard.
5. Domain Safety: There were two aspects regarding physical health. A national audit would be run on cardio metabolic indicators being assessed for inpatients but their own testing demonstrated that they had not improved to the required standard.
6. HR said that in response there had been multi-disciplinary group of multi-locality representatives working on this and various pieces of guidance had been issued on where to record this on RiO. Unless inpatient records for August and September were checked for inpatient records, the window would be missed. HR was confident that there was some good practice in place and that this would improve the following year.
7. In addition part of the improvement scheme is to ensure that we are communicating to GPs mental and physical health diagnoses, physical health conditions and on-going care requirements.
8. Reduction in Restrictive Interventions: The programme with the Safe Wards Model had been going to plan and would span into next year.
9. The Chair asked if localities were regularly sighted on these areas within their own governance meetings; locality staff confirmed that they were. NAG stated that some of them were included in their CQC action plans.
10. The Chair asked what action was being taken on variability. NA explained that each inpatient service had a lead tasked with ensuring that peer groups were up to date. The Chair stated that she did not have a problem with not meeting targets as long as the committee was sighted and appropriate action was being taken.

QS/14/163 – Integrated Quality & Safety Plan

1. AT delivered the Quarter Two report.
2. The issues highlighted had been around formulation and the use of the NPSA

Quality & Standards Committee Minutes – 18 November 2014

suicide prevention toolkit. The new central Patient Safety Team will set up a process to ensure that sign-off from the RCA would not happen unless they had the toolkit to accompany it.

QS/14/164 – Health and Safety Report

1. The Committee resolved to defer this item.

QS/14/165 – R&D Annual Report

1. HR updated the committee on R&D's report.
2. Consistent progress had been made despite changes to the regional and national research network funding arrangements. There had been an increase in the complexity of the trials they had been running and a slight decrease in recruitment to the studies.
3. There had been positive headlines regarding the Memory Research Register they had launched. This had closely mimicked the National Register, which put them in a strong position to host this.
4. There were several educational activities underway to increase participation and awareness of research among clinicians. There were four trials underway and they had evaluated everybody included. 1800 letters had been sent out and there had been very few negative responses out of 118 responses.
5. Last week's R&D conference had been attended by 170 staff, double the attendance of the previous year. The film shown had been entirely made by service users. Service users had relayed that they appreciated being asked to participate.

QS/14/166 – MAPPA Policy

1. It was explained that this was an existing policy that had been revised to take into account new national guidelines and changes to strengthen training standards. The policy was approved.

QS/14/167 – Any Other Business

1. There was no further business to discuss.

QS/14/168 – Items for Escalation to the Board/horizontal reporting to other committees

1. KD thought that bed pressures should be escalated. RB agreed that the current position should be summarised in reference to the benchmarks.