Avon and Wiltshire NHS
Mental Health Partnership NHS Trust

Minutes of a Meeting of the AWP NHS Quality and Standards Committee

Held on 20 January 2015 at 1.30pm at Blackberry Hill Hospital

These Minutes are presented for **Approval**

Members Present

Susan Thompson – Committee Chair
Hayley Richards – Medical Director
Barry Dennington – Non-Executive Director
Ruth Brunt – Non-Executive Director

Staff in Attendance

Kristin Dominy – Non-Executive Director of Operations
Pete Wood – MD, Secure Services
Calum Meiklejohn – Secure Services
Mark Bunker – HoPP, Bristol
Katherine Godfrey – Head OT
Eva Dietrich – CD, North Somerset
James Eldred – CD, Bristol
Phil Cooper – HoPP, Secure Services
Ian Hand – Secure Service Governance Facilitator
Lynn Bradford – Secure Service Business and Performance Co-Ordinator/Project Manager
Ann Tweedale – Head of Quality Information and Systems
John Owen – CD, South Gloucestershire
Dane Rayment – ST6 Psychiatry, Bristol
Liz Bessant – Head of Nursing

Presentation by Representatives of Secure Services

1. PW stated that the CQC had wanted assurance that what the Trust did would be sustainable in the long term. The Trust would be using systems and policies to make sure that their activities were sustainable and embedded. He presented statistics from the data pack; for seven-day follow-up, the Trust's percentage was 75% as against a target of 90%, but this had only been reflective of four people's cases. A low score had also been received for sending-out of discharge summaries within 48 hours, but three of the eight people who had been discharged in this period had no GPs, and four had been transferred to a low-security service, rather than a discharge into the community.
2. The 'blip' in relation to staffing in December had been the result of staff sickness and the holiday period, rather than reflective of a trend. The responses from friends and family had been quite good: 40% had been happy with the care their friend or relative had received, as opposed to 31% who had said they were unlikely to recommend the Trust's secure services. Representative comments had been included in the pack on pages five and six, and the redesign would address the need of consultants to have much greater involvement in the day-to-day treatment of the people that Secure Services looked after.
3. There had been positive indications from the inspection in December: the CQC had been impressed by the enthusiasm and professionalism of Trust staff, and with how quickly they had been able to remedy the problems identified last June. Although admissions remained closed, admissions could be made on a case-by-case basis to certain wards.

4. There had been a suicide in April 2013; the coroner's report had resulted in a verdict of neglect. In July 2013, an absconder had also died, and the coroner's inquest had been heard the previous week, resulting in a verdict of accidental death. There had been a large amount of work done in the previous 18 months to address the concerns that existed about Wickham Unit. Commissioners had been supportive of the reduction in the number of beds; the sister unit in Devon was employed on occasions when there was availability there, and patients would be sent to different parts of the country more often in future.
5. Asked why there was such a range of results in the numbers of medication errors, PW stated that Teign Ward, which was the female service, contained patients with necessarily complex problems: physical as well as mental problems. This made for complex medication rounds, often split across multiple trollies. Medication on Teign Ward had been given out on an 'as and when required' basis, unlike other wards, on which there had been allocated times for medication to be given; this latter practice had been introduced to Teign Ward as well, and the number of incidents had diminished considerably.
6. There had been an incident during June 2013 in which an individual had been detained in a van for a number of hours on a hot day. There had been a large number of concerns about this incident, which had given rise to the results of the pie chart presented on page 13. PW was concerned about the figures in relation to complaints about attitudes to staff; the Trust needed to ensure that it employed people who were professional at all times, although he noted that these figures were promising in the sense that this issue could be addressed directly. He added that some of the data presented was 'somewhat historical', and might not represent the current situation entirely accurately, particularly in relation to staff leave and coverage.
7. There had been particular wards that had been continually rated 'red' for food hygiene, and addressing this would be part of supervision and training. Managing conflict was included in comprehensive training that a lot of Trust staff underwent. The Chair asked for any further reports arising from the work of Secure Services to be reported to the Committee. Asked how Secure Services would incorporate learning into their work, CMJ stated that a themed assessment took place every month, which went out to the ward and were then fed back up to senior managers.
8. CMJ stated that a lot of learning had taken place during 2013; in 2014, it had been decided that there needed to be a wholesale service redesign. Half-way through this redesign, the CQC had inspected Secure Services, the result of which had been that Secure Services had been both trying to complete their redesign work and respond to the CQC's concerns.
9. Following the redesign, social work had been made more distinct. Dynamic interaction between operations, quality and performance was critical, and the Quality and Performance team would understand, communicate and monitor service performance against expected commissioning contracts and national and Trust clinical performance standards. Clinical teams were based on wards, with operations and the clinical directors separated out.
10. The Quality and Performance team would establish robust mechanisms of getting and disseminating feedback on service provision; check, monitor and scrutinise service provision, and provide evidence to demonstrate compliance with good practice, as well as challenge where it did not meet expected standards; continue to develop smart ways of

using existing information systems; and work closely with colleagues in Secure Services, as well as strengthen their relationships in a variety of other areas.

11. Ian Hand and Phil Cooper presented the example of incident reporting: data would be presented in a way that would allow the team to identify themes emerging on certain wards. The Trust had been asked by the CQC to ensure that risk assessments and care plans were updated following an incident, and as such, a 'rolling document' had been introduced to ascertain whether Secure Services were doing everything that it should be doing. This document was to be reviewed weekly at the senior nurses' meeting, and would be flexible: Phil Cooper gave the example of a cluster of medication errors on a particular ward, which he had been able to swiftly address.
12. In response to a question from the Chair, Kristin Dominy stated that diversity of practice had been a concern throughout the process. A number of changes had been identified that had needed to be made 'across the board', and multiple checks were in place to ensure consistency. Through the assurance framework, as well as by other means, embeddedness would be tested at every stage. This level of systematic assurance would not have been possible a year ago.
13. The Chair commented that there needed to be some ability for wards to develop individual working practices, but these practices needed to be internally consistent. The Quality and Performance Team might want to increase the speed by which they identified issues, to enable early intervention. Clear examples of the impact these changes were having needed to be able to be demonstrated. Phil Cooper stated that one assurance tool that would be put in place was to ensure every ward held business meetings, and maintained a risk register; there were others in the process of being applied, as well, including a discussion board.
14. A standardised process for 'check and check again' had also been created: at present, there was a double check, with the triumvirate checking one ward per month. The electronic form was in the process of being converted into a file that could be accessed on a tablet, which would make it significant easier for staff to use and upload. There had been notable success in the area of AWOLs; the Chair stated that it was important to highlight positive trends, and thanked Secure Services for their presentation.

QS/14/180 – Apologies

1. Apologies were received from Alan Metherall and Liz Hardwick.

QS/14/181 – 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 Quality and Standards Committee meeting agenda.

No interests were declared.

QS/14/182 – Minutes/summary of the meeting of 15 December 2014

1. Kristin Dominy stated that she should be listed in the record of attendees as in attendance rather than as a member.
2. Subject to the above change, the minutes of the previous meeting were approved.

QS/14/183 – Matters arising from the previous meeting

1. An update had been received on QIA, and the Bristol QIA item would be discussed later in the meeting. On the acute care pathway project, KD stated that the relevant paper had been sent to Alexander Lauder-Bliss. The Chair asked for this to be circulated among the Committee. All other items had either been completed, or were on the agenda for this meeting.

QS/14/184 – Follow Up Discussion on Secure Services Presentation

1. This issue had been discussed extensively, and no follow-up discussion was necessary.
2. HR stated that she had meant to ask the representatives of Secure Services what was being done in relation to CPA reviews; PW stated that he would investigate this. The CD was requested to report back to the committee in via his exception report to the February meeting to explain further the low performance against the measures: CPA reviews, the presence of non-CPA review data and discharger letters
3. The Chair stated that information in relation to safer staffing numbers for Kennet Ward needed to be reported horizontally to ESEC.

QS/14/185 – Quality and Performance Report

1. KD stated that different metrics were being reported for the friends and family test as of January. Questions had been raised about when the new CQC self-assessment process on IQ would be received, and KD had been informed that the first iteration would come in at the beginning of February, with the second wave in the second or third week of the same month. Not much else had changed since the previous report that had been submitted to the Committee; the first 'week in focus' activities were to take place, with a visit to BaNES on Monday, Tuesday and Wednesday of the first week in February.
2. Different methodology was being introduced for 'check and challenge', incorporating increased peer review. There had been a significant decrease in out-of-area patients, and the causes of this needed to be established. Commissioners had been required by the lead commissioner to present procedures and processes for managing DToC locally, and these were now being collated by the CSU. There had been a noticeable reduction in out of area placement numbers. The diagnostic work being carried out by Mel was likely to highlight opportunities for transformational change.
3. RB requested that the percentage bed occupancy data could reflect actual bed numbers as well as commissioned bed numbers.
4. The exception report from localities was taken as read. It was noted that if there were no exceptions in a particular locality, this should also be made known. A thematic review of untoward incidents in South Gloucestershire had been requested.

QS/14/186 – CQC Updates on Progress with Compliance Actions & Other Issues as Required

1. KD presented an overview of the progress of the CQC compliance actions. It was noted by members that Wiltshire had more ambers than other areas.
2. The Chair requested that a representative from Wiltshire should be asked to attend the next meeting to and address the issues in their exception report to the February

committee.

QS/14/187 – Bristol Transition – Review of Impact on Quality

1. JE stated that they were in the fourth month of the six-month transition. Full contract delivery was not expected until 1 April, because of the quantity of change required. Phasing had been a challenge for the Trust's partners; there was a weekly phone call and a monthly face-to-face meeting, and at the half-way stage, these partners were lagging in terms of recruitment. The Trust had 'turned up the heat' in this respect. MB stated that this lag was impacting on the Trust, in the sense that full-time staff were filling in where there were vacancies. While some agency staff had been employed to make up for the lack of recovery navigators, this was not sustainable.
2. JE further stated that a number of consultants would be brought in; an NHS locum would begin work at the start of February. There would be a new approach to managing doctors, in line with the medical directorate, which would involve consultants being clinical leaders for their clusters. New medical leads would also be recruited to supervise these consultants on a monthly basis. All of these reforms had been supported by commissioners.
3. RB commented that the Committee had wanted in the past to determine whether there were any quality indicators on which the Committee should have clarity that they did not presently see. JE replied that new reporting streams would be introduced in April; at present, they could not give the Committee any new information. He noted that, despite the challenges that the Trust faced, their friends and family qualitative data had been 'astoundingly positive', across a range of services. Although progress had been made in relation to the access line, JE noted that this could be made more efficacious, and work was ongoing on this. Inpatient services were also being revised; the ability to review emergency admissions seven days per week and commence treatment was a goal that needed to be focused on.
4. A revised QIA for the transition services is to be submitted to the Clinical Executive with additional information about the weekly / monthly monitoring meetings.

QS/14/188 – Clinical Audit – Mid-Year Update

1. The report was taken as read. AT highlighted that an audit had been carried out regarding delays for MH Act Assessments and Admissions, the issues that this audit had raised were being looked at in detail by the Mental Health Act Management Group and any consequent actions would come through the management group.

QS/14/189 – Quality Impact Assessments – Q3 Update

1. HR stated that a system and process was in place for receiving quality impact assessments via the PMO, which related to cost improvement programmes, but the process in place in relation to any other significant service charge was much less well-embedded. A review of the current approach to QIA had been initiated, but owing to staff sickness, this work had not progressed as far as was hoped.
2. Since the previous report, there had been no revisions of the scores in existing QIAs, but there were some outstanding QIAs remaining. The Chair stated that the speed of some of the assessments, including the one on bed closures, needed to be improved; timeliness,

and the issue of review, ought to be built into the process. HR replied that one challenge for localities was that the provision for QIAs to take place whenever there was 'any significant change to service'. However, as time went on, the understanding of the principle is improving.

QS/14/190 – Harm Free Care – Q3 Report

1. There had been a number of initial problems with the data for this report. A scoping exercise had been carried out to determine how people were entering the information, and a disconnect had been highlighted between incident reporting within the Trust and the data reported via this process. Guidance had been issued to all wards across the Trust on this matter. The data demonstrated high incidence of falls, although the incidence of pressure ulcers within the Trust was below the national average.
2. It was noted that some interesting discussion on the number of falls a Trust should be prepared to tolerate had taken place recently; the Trust needed to be raising awareness of this issue more visibly and broadly. RB stated that the report had a tendency to try to 'explain away' the problems it highlighted. Even six pressure ulcers in the Trust was not acceptable; a pressure ulcer should be a 'never' event. Trend information, highlighting improvement or deterioration, would need to be included.
3. It was agreed that in future reporting that the safety thermometer data needed to be put in clear context based on other incident data and with clarity on the levels of harm.

QS/14/191 – Counting of the Recording of Restraint

1. The national average of restraint was 792 per 100,000 occupied bed days; the Trust's incidences had been higher, at 865 per 100,000. The Trust's incidence of face-down restraint was lower than the national average: 210 per 100,000, as opposed to an average of 237. This data had not been broken down by ward types, although this information should be available in the future.
2. There was ongoing discussion about what training bank staff should receive on PMVA and reducing regression in older people's wards. Work was being carried out on safer wards, and pilots were ongoing across the Trust, with nine out of 41 wards having already begun implementation. Funding had been received from Avon area commissioners for recruitment of a part-time service user involvement worker to support its implementation.
3. RB stated that she would want to see a trajectory of improvement, outlining where the Trust were expecting to be with the outcome of their work on reducing restraint; a goal for September 2015, for example. This should be assessed on a quarterly basis. It was acknowledge that defining and agreeing a reliable measure was challenging.

QS/14/192 – Work Plan 2015/16/Terms of Reference

1. The item was deferred to allow for issues relating to this agenda item to be discussed outside of the meeting.

QS/14/193 – Any Other Business

1. There was no other business.

QS/14/194 – Agree any items to escalate to Board or horizontal reporting to other Committees

1. It was agreed that information regarding the safe staffing numbers in Secure Service,

Kennet Ward would be reported to ESEC.