

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

Held on 13th April 2015 at 1pm at Sandalwood Court, Swindon

These Minutes are presented for **Approval**

Members Present

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

Staff In Attendance

Kristin Dominy – Executive Director of Operations	Ann Tweedale – Head of Quality Information and Systems
Newlands Anning – Head of Professional Practice, Swindon	Paula May – Managing Director, Swindon
Liz Bessant (by phone) – Head of Nursing	Alexander Lauder-Bliss – Governance and Risk Coordinator

Presentation by Swindon Locality

1. NA began by briefing the Committee on the service redesign that the locality had undertaken using key service user engagement.
2. This engagement was enabled via the Service User and Carer forum and the key themes that had arisen included “1 Point of Entry”, including a triage function and to avoid taking users between services frequently. PM supported this and raised that there were issues with duplication across the locality.
3. PM gave assurance that the first month pilot had provided a vast reduction in duplication allowing greater efficiency and brief interventions.
4. A LiFT practitioner was now working with PCLS on a daily basis.
5. PM highlighted the need to tighten governance arrangements but a comprehensive QIA has been done.
6. BD asked the proportion that was looping round from GPs back into the service. PM said that the figure was around 38 percent.
7. PM went on to talk about well-being coordination being undertaken. Tendering was taking place in the third sector with Swindon Mind currently the lead. This will include vocational work, anxiety workshops moving forward. Meetings have been arranged with a service user before meeting with Mind.
8. RB asked if there were any metrics for reporting back with an evaluation built in. PM said that a raft of data was being recorded but triangulation was needed but had been planned for at a later date.
9. NA stated that he had noticed a great change in culture within the locality, with an emphasis on sharing learning and service user involvement. AD spoke about the Involvement Coordinators with KD stating that the team lead sat within Corporate Affairs and its function to be discussed

Quality and Standards Committee Minutes – 13th April 2015

at the upcoming Executive Team meeting.

10. It was raised that Ivor Bermingham was leading on the involvement work and was sharing across the Trust. The focus will be on areas of concern and historical problems with the Crisis Team.
11. The Chair enquired what staff engagement work was being done in Swindon. NA and PM raised that they had taken a walk-around approach and had sat in on team meetings. Messages from these meetings were a blame culture and disassociation with challenges. It was noted that staff took better to informal catch up rather than checklist challenges. A huddle had been introduced with attendance steadily improvement. Discussions were had on imbedding a culture of solutions for problems against the blame currently expressed.
12. NA stated that he had found that messages weren't being filtered through from Senior Management and had met with team leaders to ensure messages were filtering through providing assurance through that process. NA raised a need to review the governance process to ensure actions are SMART and recorded effectively. BD provided some anecdotal experience and stated that the more levels of management the harder it was to ensure a message was correctly cascaded, and that emphasis needed to be placed on participation. PM said that more work needed to be done to develop this area.
13. The Chair and AD agreed that through accountability and ownership there will be a change in culture and a steer toward pride in their area of accountability.
14. NA moved on to talk about the Week in Focus. It raised issues around the CQC Action Plan as the report highlighted several areas where the action plan was not working. Other parts of the report highlighted a need for better inter-team relationships.
15. It was raised that Commissioners had asked to reduce the average length of stay from 42 to 27. This had not been agreed and the Committee raised concerns around the achievement of this and how it may affect the quality of service asking for this to be revisited with Commissioners.
16. The Committee supported the Week in Focus report and felt it was well written and highlighted useful information.
17. NA felt that some of the findings were unnecessary and sloppy behaviour with some of the findings coming as a surprise especially around the Recovery Team. NA stated that he had cleared the agenda for the upcoming Quality, Healthcare, and Governance meeting to focus exclusively on the CQC action plan.
18. NA acknowledged the areas that had been reported as working well including Older Adult, Early Intervention and A and E liaison services.
19. The Chair acknowledged that Medicines Management is a Trust wide issue with KD stating that the whole action plan needed to be reworked from a different perspective.
20. BD raised that a peer review programme should be should be built into the system and to become robust. AD stated that his directorate is currently running audits and will be discussed in detail.
21. BD felt that in light of another inspection, the issues highlighted in this report showed that the Trust was not ready.
22. The Chair asked for PM and NA to summarise their Quality Improvement Plans. They highlighted that they will be focusing on embedding changes to practice and culture, access service redesign, and ongoing engagement with service users.
23. The Chair gave thanks to NA and PM for presenting the Week in Focus report and updating the

Minutes Prepared for the Quality and Standards Meeting of 13th April 2015

Sponsored by the Chair

Agenda Item:

Serial:

Page 2 of 6

Committee on the locality's current position.

QS/15/004 – Apologies

1. No apologies were received from members of the Committee.

QS/15/005 – 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.
2. None were declared.

QS/15/006 – Minutes of the Meeting on 23rd March 2015

1. The minutes were taken as accurate and **approved**.

QS/15/007 – Matters Arising from the Previous Meeting

1. The matters arising were received by the Committee and discussed as below:
 1. Week in Focus Scheduling; Update provided on the matters arising was noted. Further discussion was had around the alignment of the work plan and it was raised that discussions will focus on performance against the previous quality objectives, the week in focus reports, any quality issues.
 2. Quality Objectives; To be revisited in June.
 3. Health and Safety Report; AD stated that he pulled the report from the agenda as he felt that insufficient assurance would have been provided. KD provided assurance that, in response to the NED challenge demonstrated at a previous Committee meeting, an escalation process had been put in place with risks escalating effectively. The Committee is to receive the assurance in writing within two weeks.
 4. Items 4 to 7 were noted as to be received in June.
 5. Caseload Management; Item number 8 was updated as being received in June and to be reflected on the matters arising as such.
 6. The Quality and Standards Terms of Reference and Work Plan; Discussion had taken place outside the meeting and this action was marking as complete.

QS/15/008 – Week in Focus Reports

1. The Committee felt that sufficient discussion was had during the Swindon presentation to have covered the Week in Focus feedback
2. The Committee noted that the Wiltshire Triumvirate had given apologies that they could not attend the Committee meeting to discuss the week in focus.
3. KD gave verbal feedback to the Committee. KD asked the Committee to note that Wiltshire had reorganised and restructured which may have had an impact on the report. The report highlighted a number of S136 issues leading to AD evaluation the issues to create an action plan. AD ha also met with estates and Capita on S136.
4. KD stated that a number of concerns have been raised around staffing in Ashdown but the review reported positively on Ashdown.
5. Overall, the report reflected positively.

6. BD raised that the data pack provided showed a slight decline; that greens were becoming less green which suggested a decline and asked that this was picked up.
7. The Committee resolved to **NOTE** the report.

QS/15/011 – Amblescroft Quality Concerns

1. AM requested that the Amblescroft paper was taken at this point and the Chair agreed that it would complement the above discussion.
2. The report was taken as read and the conclusion in the paper was that the concerns raised by the student nurse were not substantiated. AD supported the report and gave positive feedback from the inspection.
3. BD questioned if the investigation had prompted any cultural issues to arise. AD and AM assured the Committee that they were satisfied with what they found and that they found staff were relaxed and content.
4. AD raised that the investigation did highlight issues with the layout of Amberscroft but he was aware of this before the investigation took place. Mitigations were in place as outlined in the discussion from the Week in Focus in Wiltshire.
5. The Chair asked if there were plans for more spot checks to take place and AD stated that Wiltshire was scheduled in to the quality walk arounds and further week in focus checks.
6. The Committee resolved to **NOTE** the report.

QS/15/009 – Quality and Performance Report Incl. Locality Exception Report

1. KD presented the Quality and Performance Report and raised that the data for M12 was not yet available in the usual format as the Committee was held too early to allow for alignment with the reporting dates from the IQ system.
2. KD gave a verbal update, highlighting the following areas for discussion:
 - 2.1. Friends and Family test had come back amber in Community Services,
 - 2.2. The Committee was informed that the CQC metrics were still under review from November.
 - 2.3. Records management was at 99.1% with Wiltshire LD Services. There was discussion that narrative needed to be provided why this metric has failed to meet the 100% standard.
 - 2.4. The yearend review will coincide with the M1 report at the next Committee meeting.
3. The Exception reports were **NOTED**.
4. It was highlighted that performance reports across Bristol were not showing in a timely way so additional resources had been provided to support the transition.
5. The Chair asked the Committee to comment on metrics for next year. RB raised that it would be useful to set stretch targets for the metrics to assure that there was continuous quality improvement.
6. The Committee expressed dissatisfaction at the CQC metrics not been ready. AD stated that they should be ready by June, and failing that, the data will be reported via a pilot locality such as Wiltshire in June – **ACTION AD**.

QS/15/012 – CQC Compliance Plan Progress Update

Minutes Prepared for the Quality and Standards Meeting of 13th April 2015

Sponsored by the Chair

Agenda Item:

Serial:

Page 4 of 6

Quality and Standards Committee Minutes – 13th April 2015

1. The Committee was presented with the CQC Heatmap and was taken as read.
2. BD raised the issues around shelters in Secure Services as it was reported red. AD stated that he was following this up to provide a mitigation.
3. It was also raised that the Board was going to make a decision on smoking.
4. Concerns were raised on the issues of Life Saving Equipment in South Gloucester but assurance was provided that this was being actioned.
5. Discussion was had around the service user indicator as it had not moved from amber across the Trust. NA gave a response stating that he felt that more work needed to be done for him to feel he could comfortably make his locality show as green.
6. BD highlighted that if the care plan issue was resolved then it would turn 4 indicators green.
7. The Committee resolved to **NOTE** the report.

QS/15/013 – Draft Quality Account 2014/15

1. The Committee took the draft Quality Account as read.
2. RB expressed dissatisfaction on the way the quality objectives were approached last year. It was raised that discussions were had last year on how to approach the quality objectives but it seemed these were not reflected in the process. The Committee asked for assurance that the process would be reviewed and a new approach would be taken to get more involvement. AD stated that he would start the new process much earlier and bring the review to the Committee to approve. – **ACTION**
3. It was discussed that the Quality Strategy would come to the Committee for review and would be captured on the work plan.
4. BD expressed dissatisfaction on the content in the report and stated that it was not easy reading. AD stated that many Trusts do an easy-read version for Committees and would produce one for this Committee. – **ACTION**
5. There was discussion around the Quality Improvement Plan indicator and it was noted that the indicator did not reflect what the Committee felt. RB stated that due to the nature of the indicator, the judgement was too subjective. The Chair raised that she would like better wording around this indicator that clearly stated that CQUINs had been achieved but Quality Improvement Plans were not met turning the indicator Amber. AD gave assurance that he would go through the report to ensure that it was at the right standard for the Committee. - **ACTION**
6. It was agreed that a process for engagement within the quality accounts for 16/17 would be delivered to the Committee in September.
7. The Committee resolved to **support** the report with the changes outlined above.

QS/15/014 – Infection Control, Physical Health and Medical Devices Annual Assurance Report

1. LB called in to present the report to the Committee.
2. The report was taken as read.
3. HR challenged the falls indicator with AD stating that the Trust has never fallen below the national line. AD and HR agreed to meet with LB to bring back the falls data in June. – **ACTION**.
4. The Committee resolved to **NOTE** the report.

Minutes Prepared for the Quality and Standards Meeting of 13th April 2015

Sponsored by the Chair

Agenda Item:

Serial:

Page 5 of 6

QS/15/015 – Clinical Executive Assurance Report (Verbal)

1. The Committee received a verbal report from HR and AD. It was highlighted that the report would be written in the future but HR and AD were assuring the quality of the report for the next Committee.
2. Assurance was provided by AD/HR that the latest CIOG had discussed the falls data and the medicines management issues.
3. It was raised that there had been discussions on RiO and a revisiting of any exceptions from teams as a large proportion of teams use other systems and risks needed to be check with a solution provided.
4. AD raised concerns around emergency equipment and stated that a new procedure would be implemented to ensure that equipment was replaced when used.
5. Ligatures remain an issue but will be reported in detail at the next Committee meeting.
6. The Committee resolved to **NOTE** the report.

QS/15/016 – QIA Quarterly Update

1. AD updated the Committee on the quarterly progress of the QIAs. He raised that out of 63, 43 had been reviewed. He stated the quality of information was poor and the Committee felt that QIAs were being filled out regardless of the necessity of it.
2. AD raised that meetings had been arranged every two weeks to go through the QIAs and will report back to Quality and Standards.
3. The Committee raised that in some cases, action had been taken before a QIA was completed and sign-off by an Executive. The Committee expressed dissatisfaction at this and asked for assurance that no action would be taken until an Executive had signed off the QIAs.
4. The Committee resolved to **note** the report.

QS/15/017 – Work Plan

1. The Chair presented the work plan and updated the Committee that AD, AT and she, had gone through the work plan and finalised the details. The Committee noted that the Terms of Reference were not included, but **approved** the ToR as seen month.
2. The Committee resolved to **approve** the work plan.

QS/15/018 – Any Other Business

1. There was no other business.

QS/15/019 – Agree Any Items to Escalate to Board or Horizontally Report to Other Committees

1. The Chair raised a previous issue that was escalated to Audit and Risk and asked for the escalation to be chased. - **ACTION**