Avon and Wiltshire NHS
Mental Health Partnership NHS Trust

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

Held on 18 June 2015 at 1.00 p.m. at Green Lane Hospital, Devizes, Wiltshire, SN10 5DS

These Minutes are presented for **Approval**

Members Present

Susan Thompson (ST) – Non-Executive Director (Chair)

Barry Dennington (BD) – Non-Executive Director

Ruth Brunt (RB) – Non-Executive Director

Andrew Dean (AD) – Director of Nursing and Quality Standards

Staff In Attendance

Ann Tweedale (AT) – Head of Quality Information & Systems

Mathew Page (MP) – Acting Director of Operations

Abigail Simpson (AS) – Corporate Governance Officer

Toby Sutcliffe (TS) – Clinical Director, Wiltshire

Julie Warner (JW) – Operational Services Manager, Wiltshire

Theresa Bridges (TB) – Involvement Coordinator, Wiltshire (not present throughout)

Paul Daniels (PW) – Head of Health and Safety

Peter Wood (PW) – Clinical Director, Secure Services (not present throughout)

Carol Bowes (CB) – Head of Professional Practice, Bewley House

Linda Hutchings (LH) – Head of Patient Safety Systems

Sarah Jones (SJ) – Lead Nurse, NCAS (not present throughout)

Sarah Parks (SP) – Practice Education Facilitator (not present throughout)

Others in Attendance

James Taylor (JT) – Service User (not present throughout)

David MacLennan (DM) – External Note-taker

QS/15/021 – Presentation by Wiltshire Locality

1. TS stated that there had been 17 patients of working age out-of-area in February 2015. Since February, Wiltshire had reduced this number to zero, whilst also reducing the number of Delayed Transfers of Care (DTOCs).
2. JW reported that out-of-areas had peaked at 24; it had been difficult to manage patients' care under these conditions. Wiltshire had worked to ensure that there was a process in place to review patients on a daily basis and, gradually, patients had been returned to their home areas. The locality intended to give all patients an expected discharge date and a positive risk management plan.
3. Further work had been undertaken to ensure all patients referred to hospital were entered into the service for a clearly defined purpose. Wiltshire had also focused on early discharge.
4. JW stated that, although Wiltshire had a low number of beds relative to the population, it was managing its capacity.

5. Wiltshire was working to be able to more quickly identify patients who no longer required care in hospital. However, the locality had a limited number of suitable specialist placements for patients with complex needs, and did not have any commissioned rehabilitation or crisis beds.
6. JW updated that Wiltshire planned to agree a weekly spreadsheet, via telephone conference with Wiltshire Council and the CCG, in order to discuss all DTOCs and any possible solutions to enable patients to be moved. She believed the key issue with DTOC related to the locality's partnerships.
7. BD asked how consistent the outcomes of the daily reviews were. JW believed the process was more rigorous than it had been previously, but required further improvement. Wiltshire was working to ensure that beds would always be available when required, but JW emphasised that there would always be "peaks and troughs" in bed availability.
8. TS said that, due to the success of reducing bed numbers, there was scope for reducing them further without worsening care. The Chair congratulated Wiltshire for their achievements. JW noted that DTOCs had also significantly reduced in duration.
9. TB explained that Involvement Coordinators across the Trust were asking service users and carers to become involved in interview processes. TB was liaising with staff, service users and carers and was helping to run the Wiltshire Care Forum.
10. JT presented to the Committee on his experience of using AWP's services. He stated that he had had a psychotic relapse in January 2015, which had been managed by his parents and the Intensive Services team. Following discussion about admission, which would have required JT to be relocated to Yorkshire, his care was managed at home.
11. TB asked JT whether he had noticed any changes in the Trust throughout the time he had been a service user. JT replied that he had recently been seeing a smaller number of psychiatrists, which improved the consistency of his treatment. BD asked JT to outline the main problem with seeing a large variety of clinicians. JT explained that the different psychiatrists adopted different approaches, which made his care and treatment less consistent.
12. The Chair asked JT whether he felt he was sufficiently involved in his medication plan. JT said he had been asked his opinion "outright", and felt that he was involved in his care plan. Further, JT saw a CPN on a weekly basis and maintained a dialogue about his care.
13. TB and JT left the meeting.
14. CB fed back that the key theme of the CQC and Week in Focus inspections had been staffing. Recruitment efforts had involved advertising to nurses in Ireland, and visiting job centres; this had resulted in a "positive response" for unqualified vacancies.
15. CB added that some beds had been temporarily closed, to maintain current safer staffing numbers. RB asked whether the beds would need to be reopened. CB replied that Wiltshire aimed to run its beds at 85% occupancy. She understood that the locality would reach this target if the beds were reopened. AD asked what the current average occupancy rate was. JW stated there were three empty beds across the services. AD suggested there was no evidence to support reopening the beds.
16. CB reported that another theme of the inspections had been ligature risks. A process was in place to regularly review management plans, to ensure they remained appropriate. On incident management, a monthly Risk Management and Complex Case meeting had been set up to discuss learning from incidents and complaints. The Chair asked how the results of the meeting would be shared with frontline staff. CB said that team managers fed back to local governance meetings.
17. RB asked what quality issues were still of concern in Wiltshire. TS said that the most serious

issues related to staffing; in particular, there were two team management vacancies in Wiltshire's Community team. CB's main concern was around the quality of documentation. The Chair asked whether partnership work with the local council had improved. TS stated there had been discussion about re-integration. He confirmed that the locality and Wiltshire County Council worked well together in some areas.

QS/15/024 – Apologies

1. PD joined the meeting.
2. Apologies were received and accepted from Hayley Richards.

QS/15/025 – Declaration of Members' Interests

1. In accordance with AWP Standing Orders (s8.1) members present were asked to declare any conflicts of interest with items on the Committee meeting agenda.
2. **None were declared.**

QS/15/026 – Minutes/summary of the meeting of 13th April 2015

1. The minutes of the meeting were approved and taken as accurate, subject to the amendment outlined below:
   - Kristin Dominy's title was 'Executive Director of Operations'.

QS/15/027 – Matters Arising from the Previous Meeting

1. The Quality Objectives item would be addressed during the meeting. This was marked as **complete**.
2. The Health and Safety Report action was marked as **complete**.
3. The Mental Health Survey Report item was scheduled for July, and was noted as **ongoing**.
4. The Health and Safety Risk Escalation action would be covered by PD during his presentation of the Annual Health and Safety Report. The item was marked as **complete**.
5. The Pharmacy Week in Focus, LDU Quality Plans and Caseload Management items were scheduled for completion in July, and were agreed as **ongoing**.
6. The IQ Review action was due to be addressed during the meeting, and was marked as **complete**.
7. On the Data Pack item, the Chair asked that the Clinical Executive Report inform the Committee about any key issues arising from the data packs. The item was marked as **ongoing**.
8. The IQ Metrics action would be addressed during the meeting, and was agreed to be **complete**.
9. The 'Quality Account 2014/15: Summary Version' action was scheduled to be completed in July. The item was noted as **ongoing**.
10. The Quality Account 2014/15 Quality Improvement Plan Indicator action was marked as **complete**. The Committee were updated that the RAG status had been adjusted to amber; the correction had been made in version 1.2.
11. On the Quality Impact Assessments action, the Committee was informed that the Sycamore QIA had been circulated. The Juniper QIA had yet to be circulated – **ACTION AD/AT** to circulate the Juniper QIA within seven working days of the meeting. AD felt that staff did not sufficiently understand the QIAs, and noted that scores suggested beds should not have been closed. RB and the Chair agreed. The Chair expected that an additional QIA to be conducted. AD confirmed that he was reviewing all bed closures that had occurred without being agreed.

12. AD confirmed that he would address the Falls Data action during the current meeting. The action was marked as **complete**.

QS/15/028 – Week in Focus Reports

Wiltshire

1. MP updated that actions had been taken regarding Section 136 accommodation, and that AD was reviewing longer-term solutions. RB asked for assurance that Wiltshire understood the trajectories it needed to follow, to address those areas which were below target. TS confirmed that Wiltshire understood the actions that needed to be taken. He stated that there were plans in place to review and improve the areas of the IQ data where Wiltshire was below target.
2. AD reported that there were concerns about the quality of care service users received in Wiltshire's Inpatient services. The Chair asked how this triangulated with the Staff Friends and Family. CB understood that the majority of complaints did not relate to Inpatient services; however, she agreed with AD about the overall picture. CB updated that she had had tried to improve communication among frontline staff.
3. The Chair asked what tools Inpatient services were using better interact with patients and to improve the quality of care. CB explained that all wards were implementing Safewards interventions, to engage with service users and thereby reduce flash points. TS felt it was important to maintain a focus on Community services. AD agreed, and understood from the Week in Focus that there were issues with this service.
4. BD highlighted the issue of service users meeting with several different psychiatrists, as raised by JT. TS agreed that this was a problem, and noted there had been inconsistent medical cover. He stated that ensuring substantive staff were in post would reduce such variation. However, due to the structure of the service, the number could not be reduced completely.
5. CB stated that it was difficult to differentiate between good reporting practice and 'truly' high incident rates. The Medicines Management Group would review all medication incidents. RB emphasised the importance of showing trends over time, as a means of giving sufficient assurance that the number of incidents was reducing – **ACTION LH/CB** to identify the trend over time.

Bristol

1. AD stated that the Clinical Executive team would meet to analyse the data from the Bristol Week in Focus, before deciding what actions would be taken. He acknowledged that Bristol was a concern, and questioned whether the new model was the root cause of the locality's issues. RB shared AD's concerns – **ACTION AD** to report to the Committee after the review of Bristol.

QS/15/029 – Integrated Quality and Safety Plan Q4

1. AT stated that good progress had been made. She highlighted that some areas, particularly localities' Quality Improvement Plans, had focused on delivering CQC improvements.
2. Use of the NPSA suicide prevention toolkit had not progressed as expected.
3. AT turned to the Cardiometabolic Physical Health CQUIN. The Trust's local results gave it should a score of 88%, against a national result of 52%. The Trust felt the scoring process for the CQUIN had been unconventional.
4. ST noted it was disappointing to see only a small improvement around formulation.

QS/15/031 – Annual Incident Report

1. LH reported a further increase in the number of incidents reported, and updated that performance had been maintained in relation to NRLS data.
2. Overall, incident numbers were similar to previous years. The Trust expected to see an increase in Serious Untoward Incidents in the current year as a result of the new framework that had been published.
3. The Trust was an outlier with regards to disruptive, aggressive behavior. The Chair asked if there was evidence that this was a result of proactive reporting. LH explained that the Trust had decided there was a patient safety element to disruptive, aggressive behaviour. Other Trusts did not necessarily recognise the issue as a patient safety issue, and therefore would not report them to the NRLS. The Chair asked for a breakdown of the information, to show where the incidents had occurred. LH confirmed that she would provide this information – **ACTION LH**. She understood the results were proportionate across the areas of the Trust
4. PD added that the same data was used for NHS Protect reporting. A number of incidents initially coded as assaults had since been re-coded; subsequently, the Trust had not been an outlier on assaults. AD emphasised that it was important that the Trust did not have two sets of figures.

QS/15/030 – IQ Review

1. AD said that the IQ Review Report was being updated, and would be reporting on a larger number of months and indicators, and would include a trajectory. He clarified that the trajectory would be designed for the following one month, and would give an end-of-year target.
2. AT asked whether CQC self-assessment would remain part of IQ. AD replied that this would not be included. Directors of Quality would fill in the Fundamental Standards form on a monthly basis, alongside exception reports, and these would be added to the dashboard.
3. ST asked when the first live report under the system would occur. AD anticipated that this would happen in July.
4. The Committee approved the proposed approach, on the basis that an exception report could be presented to the Committee.
5. SJ and SP joined the meeting.

QS/15/031 – Thematic Suicide Review

1. LH informed the Committee that the report had been reviewed by the Critical Incident Oversight Group (CIOG) and underpinned the Suicide Prevention Conference.
2. The Chair asked how the Trust was performing in terms of its learning around suicide. LH replied that the recommendations from the earlier reviews had been taken on board, and that the number of suicides had not significantly changed. She noted that previous reviews had not been based on complete data sets.
3. ST expressed her disappointment that little progress had been made with formulation and crisis/contingency planning.
4. LH said Hayley Richards had asked each locality to consider the findings of the report and feed back at the next CIOG meeting. Further, a 'Safety Matters' bulletin was being developed and would be shared with staff.
5. The Chair and AD agreed that the Trust should use the results of the review to query whether it had undertaken sufficient learning. AD suggested that a further report be produced to show what actions the Trust had taken and what outcomes had resulted. LH asked that the issue be

discussed at CIOG before the report was put to the Committee – **ACTION AD/LH**

QS/15/032 – Annual Health & Safety Report

1. PD explained that the annual self-assessment had been completed at the end of the previous year. He reported that most targets had been met in the majority of LDUs. Two areas of concern were LDU Safety Committees and workplace inspections; these issues were being investigated.
2. The ligature risks highlighted by the CQC report had been addressed. Since May, the Health, Safety, Security and Fire Group had been monitoring statutory risk assessment data, as compliance levels had reduced. There had been an issue with staff entering posts without first receiving induction training for their roles, which PD believed had been resolved. AD reported that he had recently completed his induction and had not received any training. RB said she would raise the issue at ESEC in August as a cross-Committee issue – **ACTION RB**
3. BD was concerned the budget for the ligature work plan had yet to be agreed. PD said the business case was awaiting financial approval. BD confirmed that he would raise the matter at the Finance and Planning Committee – **ACTION BD**. AD expected to have sight of the following year's work plan before 1 April 2016.
4. The Chair noted that the concerns around ligatures at 2.6 of the report were historic, and had been mitigated.

QS/15/040 – Any Other Business

5. ST stated that, due to time constraints, agenda items 033, 034, 035, 036, 037, 038 and 039 would be deferred until the next Quality and Standards meeting.
6. AD noted that falls data had been raised as a matter arising from the previous meeting. He updated that AWP only reported on Older Adults wards, which meant it was a significant outlier relative to Trusts that reported on all wards. However, AWP was not an outlier relative to those Trusts that only reported on Older Adults services. AD confirmed that only one measure would be used going forward.
7. The Committee agreed the following actions needed to be horizontally reported:
   - Raise with ESEC the issue of staff receiving appropriate statutory and mandatory training prior to starting work in a clinical role;
   - Clarify through ESEC whether Learning and Development have made sufficient provisions for PMVA training in their schedule;
   - Raise at Finance and Planning that the anti-ligature budget has yet to be agreed.
8. The Committee agreed that there were no items to escalate to Board.
9. AD, BD, PW and PD left the meeting.

QS/15/038 – Reducing Restrictive Practices

1. The Chair did not wish to delay the implementation of the work to reduce restrictive practices, and those present agreed to hear agenda item QS/15/038 in the current meeting.
2. SJ asked the Committee to approve the following proposed changes to PMVA training as a matter of priority: PMVA training to be refreshed on a yearly basis, rather than a two-yearly basis; number of people to receive PMVA training to be increased.
3. The Chair asked how regularly reports would be provided to the Committee. LH understood that the information was presented to the Trust Board on a quarterly basis, and SJ confirmed that a report would be presented to the Quality and Standards Committee on an annual basis. The Chair asked that the Committee be updated on progress in November – **ACTION SJ**.

4. TS asked whether the proposed changes were additional to the plans for statutory mandatory training. SJ believed that they were, and said that she had discussed the plan with Learning and Development. RB added that she would raise the issue at the Employee Strategy and Engagement Committee – **ACTION RB**.
5. The Committee resolved to **approve** the proposals.