

ACTION HR.

7. A discussion was held in relation to appraisal targets, which SH stated had been set at 95%. ST recalled that the annual objectives had been signed off by the Board at 100% and noted that if the Executive intended to change this, a proposal outlining the rationale for change should be presented to the Board for ratification.
8. It was noted that the high number of incident reporting within North Somerset should be regarded as being positive as it showed willingness by staff to report. ED advised that a high number of low level incident reports and a reasonable number of moderate incident reports had been received. It was noted that the numbers included incidents involving aggression and violence, which often resulted in low or little harm. The Chair asked how staff would know that changes had been made in response to incident reports. ED explained that managers were informed at monthly meetings, and then went on to debrief staff.
9. The Chair noted that the latest deaths on the ward were all linked to transition. JW updated that conversations had been held with Elizabeth Casson House, who had accepted that service users needed to be transferred in a more “planned” manner. The Chair asked if the learning around transition had been transferred into a Trust wide initiative on transition planning. HR undertook to put JW in touch with Linda Hutchings, to ensure that the learnings that had been taken from these incidents matched the RCA's observations – **ACTION HR**
10. It was noted that the response rate to the Friends and Family Survey within North Somerset had improved. ST asked if the feedback provided on the survey was followed up. ED confirmed that feedback was shared at team meetings and actioned appropriately.
11. The Team Development Programme was discussed. It was noted that staff involvement had been a priority in the North Somerset locality, shown through teambuilding activities and the passion of the service manager. It was acknowledged that teams in North Somerset had been far more engaged than teams in other localities.
12. ED and SH reported that the majority of teams within the locality had been identified as being compliant during the Medication Optimisation Review. ED advised that meetings held with local pharmacists to discuss current issues had assisted the locality to achieve this result.
13. The main findings on Week in Focus Review of Juniper Ward were presented and, and ED acknowledged the work of SB, Sarah Ford, Tiff Earle and [Jules Bebrook?].
14. SB introduced himself to the Committee as the Involvement Coordinator for service users. He reported on an art project being run on Juniper Ward. A series of workshops had been run by a community mental health recovery centre called "One in Four People". Art groups were also being run in the Carlton Centre, jointly managed North Somerset Council and AWP. SB explained advised that the aim of the project was to create ‘new, original art’ which would be displayed in Juniper following refurbishment. The project was open to service users, staff and carers.
15. SB reported that, in the last 12 months, four volunteers at Juniper ward had secured employment. Two were now working in the mental health sector, one was working for IBM and one was working as an art therapist.
16. A support group for veterans called ‘Brew & Wet’ had been introduced in North Somerset. It had begun with seven attendees but this number had dropped to three to four regular attendees.
17. The anti-stigma campaign being rolled out in Western General Hospital was discussed. The Committee noted that service users had reported a ‘high level of prejudices’ from non-clinical NHS staff.

18. SB updated the Committee on the North Somerset Recovery College. He outlined that the College ran courses relating to major diagnoses, and offered opportunities for volunteering. It was hoped that some service users may be able to assist with producing and delivering courses. The Trust was also in discussion with the Workers Education Association regarding the delivery of psychoeducation, with the view that educating people about their illness would result in them staying well for longer periods of time.
19. RB stated that she and HR had recently completed a quality visit to the South West Veterans team. They had been impressed with the amount of time invested in making links with other organisations. It was noted there was a plethora of charities and other organisations associated with veterans.

QS/15/061 Questions from the Public and Attendees

1. The Chair asked how people could access services offered such as the Recovery College without having to come into the system or be referred into it. It was acknowledged that this was a challenge. SB noted that the veterans who had attended had accessed the service had done so as a result of his contacts. He highlighted that the British Legion's volunteers and support workers and South West Veterans had also promoted the service.

QS/15/063 Apologies

1. Apologies were received and accepted from Andrew Dean, and it was noted that AM was attending in his place.

QS/15/064 Declaration of Members' Interests

1. In accordance with AWP Standing Orders (s8.1), all members present are required to declare any conflicts of interest with items on this agenda.
2. **None were declared.**

QS/15/065 Minutes/Summary of the Meeting on 13th July

1. The Chair commented that the minutes had not been well drafted, given the fact that they were open to public scrutiny, specifying that the tone of the notes required refining. She had made substantial changes to the minutes, and undertook to circulate her updated draft after the meeting.
2. AS reported that the Governance Team was seeking to engage a new minute-taking provider.
3. The minutes of the meeting were reviewed for accuracy page by page. The minutes were **approved** subject to the amendments made by the Chair.

QS/15/066 Matters Arising from the Previous Minutes

1. The Committee were informed that actions 1 – 9 had been captured in the Clinical Executive Report. These actions were marked as **complete**.
2. On action eleven, it was noted Bristol had clarified CPA/non-CPA review data in the Exception Report. The action was marked as **complete**.
3. Action thirteen was noted as being addressed in the Bristol Exception Report. This action was marked as **complete**.
4. A response to action fourteen was noted as being included in the meeting pack. This action was

marked as **complete**.

5. Action fifteen had been addressed within the Clinical Executive Report. This action was marked as **complete**.
6. On action sixteen, it was noted that the Quality and Performance Report had been received. It was noted that Records Management was being reviewed and a further report would be available in November. This action was marked as **complete**.
7. On action seventeen, it was noted that clarity had been provided on bed management and out-of-area in the Quality and Performance Report. This action was marked as **complete**.
8. Action eighteen was noted as **complete**.
9. Horizontal Reporting was discussed. The items for consideration by the Quality and Standards Committee from the other AWP Committees were presented to the Chair.

QS/15/067 Week in Focus Reports

1. HR highlighted that the management in North Somerset was an example of 'proactive and responsive' leadership. She cited some of the locality's exemplary responses to issues that had been raised. MP also acknowledged the 'strong work' North Somerset had undertaken around In-patient and bed management issues.
2. The Chair noted that the Trust should consider what factors had enabled North Somerset to operate in this way and seek to share the best practice across the organisation.
3. ED reported that, as in other localities, North Somerset was finding it difficult to recruit nurses. A brief outline of the locality's recruitment strategy was also provided.
4. Turning to the Secure Services Week in Focus Report, HR advised that the Clinical Executive had concerns about the performance of Secure Services. She noted that the service appraisals for both Secure Services and Bristol were imminent, and anticipated that specific recommendations and interventions would be made with Secure Services.

QS/15/071 PICU Review

1. AM updated the Committee that work had been undertaken to address the issue of utilisation of space, with the aim of increasing communal living spaces. He fed back that successes had been limited to date.
2. AM noted that while co-location of PICU services would be in keeping with the concept of providing a regional centre of excellence, the practicality of co-location would be challenging. Consideration would need to be given to where service users lived and used PICU services, and to where the workforce was located. The Chair suggested that if there was a compelling clinical case for co-location, the Trust needed to consider how some of the problems raised could be overcome.
3. AM responded to questions about which staff required PICU-specific training, and how this was determined. He outlined that agency staff without any mental health experience often had to be engaged on PICU wards and subsequently trained, due to staffing shortages. Training programmes were being aligned with each locality's approach, for example Safe Wards or art projects. Programmes that were run for non-registered staff aimed to encourage improvement and generate experience.
4. It was noted that the PICU Review should be aligned with Acute Care Pathway work. While some of the recommendations made could be actioned immediately, some of the strategic and

structural work would need to be put alongside the Future Pathway work.

5. AM stated that improvements within PICUs could immediately affect changes in staff attitude, ‘psychologically minded’ care, medication, supervision, and the development and implementation of training packages.
6. It was noted that strategic work around gatekeeping, discharge planning, private provision and centralisation of services would need to be considered along with the Acute Care Pathway work.
7. The Committee asked for an implementation plan which partitioned actions into those that could be implemented immediately (and the associated timeframe), those which align with the Acute Care Pathway, and those relating to CQC regulations – **ACTION HR/MP**

QS/15/068 Quality and Performance Report M4

1. MP noted that Section 4.1 of the Report had been written in response to queries raised at the Quality and Standards Committee about the Mental Health Dashboard.
2. MP drew the Committee's attention to the graph at Section 6 of the Report, commenting that since April, the Trust had managed within its commissioned bed capacity and had begun to use its own internal capacity more dynamically. This had resulted in some patients being placed out-of-area, causing tensions.
3. It was noted that the definition of ‘In Locality’ (non AWP CCG) referred to AWP's intake as an out-of-area provider for other localities.
4. The Chair spoke to the issue of lowering targets and identifying trajectories within reports. She noted that the Trust was setting aspirational targets but was not providing localities with the opportunity to show their trajectory of improvement. RB suggested that positive outcomes should be shared with. MP noted that the narrative behind the targets was an important factor in the staff engagement, participation and perception of the targets being set. The Committee agreed to **escalate to Board** the discussion around targets.
5. MP identified that there were reasons for service users being placed out of area other than the locality reaching capacity. The Committee was assured that there would be a low average percentage of service users, who were out-of-area for non-capacity reasons, in any given month.
6. The Committee resolved to **note** the report.

QS/15/069 Clinical Executive Report

1. HR outlined that the focus within Medicines Management was primarily on the ‘fundamental aspects’ of nursing care, such as the completeness of drug records and controlled drugs auditing. She added that actions from CQC inspections had also resulted in the auditing of medicine storage, specifically with issues such as fridge temperatures.
2. In response to a question about pharmaceutical supply and delivery, HR advised that Pharmacy was reviewing its operations, specifically giving consideration to protocols around ordering and delivery.
3. It was reported that a "Guide for a Lay Person" would accompany research or report data that was put up on the Trust’s website, to help readers understand the context and meaning of information presented.
4. The Committee acknowledged the high quality of the paper that had been presented, and resolved to **note** the Clinical Executive Report.

QS/15/070 QIA Update

1. There was a discussion about why the Daisy Project had been accepted, with the Committee noting the quality risk associated with this action. The Committee asked for assurance on why Daisy was being pursued, and requested that the discussion was picked up with Denise Claydon to ensure that Wiltshire had a full understanding of the proposed commissioning model – **ACTION MP**
2. The Committee resolved to **note** the report.

QS/15/072 Annual PALS and Complaints Report

1. The Committee noted that the response to complaints had not been as successful as it had been in the previous year, highlighting that the percentage of complaints being responded to within the designated timeframe for resolution had dropped. It was suggested that this may reflect deeper or better investigations being carried out, or may reflect issues with local capacity – **ACTION HR to provide further clarity**
2. The Chair commented that the data included in the report lacked accompanying commentary on activity that would enable a fair comparison of activity in this year compared with that of the previous year. She also commented that it would be interesting to compare the themes of complaints from one year to the next. She indicated it would be good to know whether the areas of improvement for complaints had matched the areas in which the Trust had focussed its energy – **ACTION HR**

QS/15/073 Review of the ESEC Transition

1. RB outlined her recommendations that the Directors of Resources and Organisational Development were not required as members of the Quality and Standards Committee; rather, they could be invited to attend meeting when necessary. The Chair agreed, and commented that the Committee had benefited historically by its reduction in size.
2. Those present discussed the proposal to change the Committee’s name to ‘the Quality Committee’, and agreed that the name would remain as ‘the Quality and Standards Committee’.
3. The Committee **approved** the amended terms of reference subject to the membership changes and name retention.
4. The amended work plan was discussed and it was proposed that the HR Report be presented quarterly as opposed to twice in the year given HR was considered to be a key risk area. Any exceptions were to be reported through the Clinical Executive in the interim.
5. It was noted that the Performance Report would now include scrutiny by the Committee of the staffing IQ metrics, including supervision, appraisal and sickness rates.
6. The Committee **approved** the revised work plan attached to the report subject to the changes discussed above.

QS/15/074 Any Other Business

1. Due to a lack of quoracy, the Committee was unable to meet in October. AS undertook to change the date of the Committee meeting scheduled for Tuesday 16th October, and confirmed that meetings would be arranged for **November and December**.
2. The Committee members present evaluated the meeting. The average score recorded was 3.5 out of 5.

Minutes Prepared for the Quality and Standards Committee Meeting of 15th September 2015

Sponsored by the Chair

Agenda Item:

Serial:

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