

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

Held on 18 October at 1pm in the Willow Room, NHS Bath House, Bath

These Minutes are presented for **Approval**

Members Present

Ruth Brunt (RB) – Non-Executive Director; Chair
Christina Gradowski (CG) – Interim Associate
Director of Governance
Charlotte Moar (CM) – Non-Executive Director
Matthew Page (MP) – Deputy Director of
Operations
Rebecca Eastley (RE) - Medical Director
Andrew Dean (AD) – Deputy CEO & Director of
Nursing & Quality
Malcom Shepherd (MS) – Non-Executive Director
Neil Auty (NA) – Non-Executive Director

Staff in Attendance

Erika Tandy (ET) – Corporate Governance
Coordinator
Sue Scott (Business Co-coordinator to BANES
Triumvirate)
Jason Everett (JE) – Community Service
Manager
Daniel Badman (DB) – Quality Director, BANES
Bill Bruce-Jones (BBJ) – Clinical Director -
BANES
Liz Richards (LR) – Medical Director - BANES
Fiona Silman – (FS) – Business Manager BANES
Lilliana Rawlings (LR) – Involvement Coordinator
Chantal O’Shea (CS) – Community Psychiatric
Nurse
CM – Service User

Part One:

Presentation from BaNES

Key issues:

1. 136 Place of Safety

CM described her own experience of the police and mental health services failing to work together to ensure her safety and provide the best care in a crisis situation.

JE stated that the relationship with the police had been improving as police staff had responded well on suggestions as to how the service could be more effective. The creation of a police liaison post had been a significant factor in this. The BANES team had reviewed the Wiltshire model of s.136 and this appeared to be operationally the best. In relation to staffing JE stated that there were 2 posts out to advert for the s.136 suite. CM queried what the BANES staff would like to see one year from now. The local team would like to improve

relationships with the ambulance service so that the s.136 service was more integrated.

2. Delayed Transfer of Care (DTC)/Learning from Incidents

DB explained that DTC continues to be a key priority and work had been undertaken by the local team to improve how and where these were recorded. Actions linked to learning from incidents, had included, information sharing letters to GPs and service users and consideration by the team on how much should be invested into Hillview.

Members of the BANES team had been pushing the IT department to provide access to the clinical systems of bordering organisations, so that further improvements could be made. The need for staff to use consistent language had been identified at Hillview Lodge.

3. Risk Register

DB explained that the risk register included Your Care Your Way, Ward 4 – Mixed Sex Accommodation, Out of Area admissions as a result of bed base, Liquid Logic and the central support element of the Safeguarding Team.

DB reported that more people were being recruited to the Safeguarding Team (Central Support) and there had been significant problems with trying to roll out the 'Liquid Logic' model.

4. Friends and Family Test

In relation to the Friends and Family Test, DB informed the committee that members of staff were involved in identifying improvements. There had been no common themes from the negative Friends and Family feedback.

5. Workforce Profile

DB reported that there were good levels of retention in BaNES. More Band 5s were being recruited, which enabled them to develop their careers within the Trust. Members of staff were moved around on a rotational basis and those who left the locality were asked to leave feedback so that any common themes or issues could be identified, and where necessary, addressed. DB highlighted high levels of Statutory and Mandatory Training

6. CQC Findings

CQC findings were in general very positive and the CQC recognised the work that was being undertaken to improve links with the police force.

7. Key Challenges and Risks for BaNES LDU

Members of the BaNES team explained that the highest risks were the Your Care Your Way (YCYW) model and the inpatient provision of service. In specific relation to YCYW and mental health, care would not be transferred or sub-contracted by Virgin Care. YCYW was also discussed under the Risk Register above.

8. Good Practice

DB highlighted the work of the Borderline Personality Disorder Care Pathway Focus Group and the Borderline Personality Disorder Training/Mentalisation; DB stated that it had been found that this works well if a full, and secure network is 'built' around the service user.

Questions

1. The committee asked what were the key risks in relation to CQUINS and whether the team felt that CQUINS made a difference to the quality of services provided or were just 'gimmicks'. Members of the team felt that the timeline for CQUINS was key to how successful they were. Linked to this, a change of culture would take longer than a year, as members of staff needed to gain confidence in the tools they were using.

Quality and Standards Committee Meeting – 15 November 2016

2. The question was raised as to why record keeping was a problem? DB and BBJ both felt that there were numerous factors dependent on the differences between how staff manage their time and how individuals record information.

3. CM queried in relation to safer staffing, if the figures accurately reflected what was happening on the wards. LR responded that there were daily conversations with matrons and she was confident that the workforce was used in a flexible way to account for ebb and flow. RB also queried what she felt was the ideal turnover for staff, the response was between 10-11%.

4. With regard to safeguarding support, the team reported that there had been significant reputational issues with regard to central staffing. Once the triumvirates were created, responsibilities were moved across but with minimal guidance on structure and workings. This had proved to be challenging.

5. RE thanked the BaNES team as she had received very favourable feedback regarding their professionalism and services provided. The committee recognised that BaNES was the highest performing locality across a range of indicators. The Chair requested that this was formally minuted. **ACTION: ET**

6. RB queried how evaluation was being carried out for the different models of street and control room triage. MP agreed that he would check and clarify evaluation and report back to the committee. **ACTION: MP**

7. CM queried what the Royal United Hospitals Trust (RUH) would say about the support provided by AWP; the team responded that the RUH had difficulty in recognising the need for mental health provision.

9. The BaNES team asked about the data packs that had been previously produced by corporate teams to support their presentation at this committee, and CG agreed to look into this and provide a response. **ACTION: CG**

8. The committee asked the team what would be their one key message to the Board, and BBJ responded on behalf of BaNES by saying that they would like recognition that despite local pressures e.g. YCYW, they had kept the 'show on the road', the service was good and the service users were fully supported.

RB thanked the team for their presentation and congratulated them on their achievements.

End of Part One

Part Two:

QS/16/85 Apologies

Phil Cooper (PC) - Associate Director of Governance, Improvement and Quality
Sue McKenna (SMc) – Director of Operations
Valerie McElhinney (VMc) – Acting Chief Pharmacist

QS/16/86 Declarations of Interest

There were no declarations of interest stated.

QS/16/87 Minutes of the Q&S meeting of 18 October 2016

The minutes of 18 October were approved by the committee subject to amendments being made on page 2 to change reference to the ADHT Service to the ADHD Service.

QS/16/88 Matters Arising

1. Social Work Strategy

The committee was informed that Phil Wilshire had been made aware that this was due at the January meeting. **ACTION: PW**

2. Service Users and Engagement Strategy

The committee noted that Phil Cooper was aware of the need to provide the committee with guidance on when this will be completed by. **ACTION: PC**

3. Smoke Free Strategy

It was noted that this was on the Extended Committee agenda for discussion. **ACTION: AD/on-going**

4. CAMHS

It was felt that the committee still needed the detail on CAMHS – i.e. in relation to the prioritisation of key risks and associated actions. Consideration of CAMHS would be included each month and not for January as was specified on the action tracker. See also point 11 from the Clinical Executive Report.

5. AWP Policies

CG informed the committee that a list of all policies which had been approved by Executive Team (ET) would be shared via email during the week ending 18 November. **ACTION: CG**

6. Integrated Performance Report

MP requested that the committee consider the revised structure of the report and provide him with feedback during today's meeting. Also see agenda item QS/16/90.

7. Internal Audit Reports

CG informed the committee that Rachel Clark had presented the Culture of Care Barometer report to the Extended Executive Team (EET). This has been refreshed following EET and the revised version put into the HR report. As an aside, RB wanted the Clinical Executive team to feel that they could flag up any workforce issues as and when they happened, rather than waiting for the quarterly HR report. RB considered that front sheets on reports should direct the reader as to what the aim of the paper was and this was echoed by other committee members.

8. TORs/Deputies

The committee was informed that the TORs had been amended to set out the roles of nominated deputies and had now been aligned against other board committees. These would come to January Trust Board for sign-off. **ACTION: CG**

9. Walkabouts

CG informed the committee that she had requested the dates of these going forward but had not yet received them; she asked members of the committee if they had been on any and CM reported that she was waiting for confirmation that the one on 28 November was going ahead. AD confirmed that this was the case, and would also ensure that information on further walkabouts would be shared appropriately. **ACTION: AD**

QS/16/89 Clinical Executive Report

RE apologised on behalf of the Clinical Executive Team for the slight delay in providing the final version of the report and highlighted some of the key elements:

1. Critical under staffing in the Calne Hub, together with pressures resulting from multiple transport runs leaving the Hub to deliver medicines across the trust. This had contributed to incidents and near misses, and at the same time the Callington Road Hospital dispensary was under-utilised. Following a period of planning, the work was redistributed between the two sites in February 2016. Units in Bristol and South Gloucestershire were now supplied from the pharmacy at Callington Road Hospital. Staff resource was also moved. This change has resulted in a reduction in the number of incidents reported, improved safety and improved staff morale.

Quality and Standards Committee Meeting – 15 November 2016

2. A review of Beechlydene ward's transition plan has been completed and the safer staffing figures were now accurately recorded. A review of rehab services would commence in November 2016. RE also reported that transition plans and recruitment were on the agenda for both matron and ward manager forums in November and December.

3. A review of safer staffing reporting has been conducted by the Head of Nursing for In-patients and agreed with matrons. A shallow dive had been completed in line with the committee's previous requests and CM queried where the information had been derived from as this was not clear. The committee requested that interpretation be added to the report to show this and how this supported the findings from the shallow dive. Jane Bolster (JB) agreed that she would undertake this. **ACTION: JB**

4. CM also felt that a monthly snapshot would be useful – e.g. that the committee would know that the LDU were aware of the issues arising. In relation to information specific to the different wards, LR felt that a more in-depth analysis should be carried out so that the committee could assure the board that patients were being safely looked after. The committee requested that this information be provided. **ACTION: JB**

5. There was detailed discussion regarding safer staffing, and AD felt that 'safer staffing' was a misnomer to a certain extent as there were set criteria. He reiterated that staff were always moved to where they were needed, and if there was an issue with providing safe staffing then this was always escalated; clinical need always took precedence. AD considered that the report had been amended to fit with previous requests. However he acknowledged that the committee had not been provided with the information required for assurance and confirmed that this would be resolved for the next Q&S meeting. **ACTION: AD / JB**

6. JB informed the committee that there was a meeting scheduled for 22 November to discuss staffing across all wards. MS queried whether members of staff on the ground were happy with how things were being operated, and JB explained that this will be included in the meeting on 22 November. She also confirmed that she and members of her team were linking with managers and discussion forums had been set-up to further improve communications. AD considered that staffing levels were adequate but not ideal; however the meeting would provide the opportunity to consider if there needed to be changes with skill mix on the wards.

7. The committee held a brief discussion on incidents and/or issues that may arise in between meetings, and RE offered to provide Q&S with assurances in relation to quality as and when they arose. This was welcomed by CM and other members of the committee as it showed that Q&S were actively being involved in a timely manner in issues relating to the quality of care. **ACTION: RE**

8. RB requested that the background to the serious incidents in Section 3 of the report were provided for next month's report, as she felt this would be useful so that an indication of targets could be seen. RE also highlighted that NEWS recording post rapid tranquillisation continued to improve and remained slightly above trajectory at 75%.

9. In relation to the statistics on deaths in community, some members of the committee felt that the numbers were high and questioned what could be done to address this. From personal experience Neil Auty (NA) stated that he felt it would be useful for people in distress to be able to pick up the phone so they could access support outside of the trust. NA offered to share his personal experience and perspective of being a service user; this was welcomed by the committee. NA would meet with Jason Everett (JE) outside the meeting. **ACTION: NA/JE**

It was also agreed that AD would speak with Quality Directors in relation to preventable

deaths/deaths in the community and report back to the committee **ACTION: AD**

10. The Committee requested that some indication of caseload size or activity be provided alongside the numbers of 'unexpected deaths', as it was not possible to make a comparison between localities. **ACTION: AD/RE**

In relation to the homicide in July, RE informed the committee that a draft report had been prepared.

11. With reference to the Place of Safety (POS) graphs, the committee requested that a comparison be undertaken as the number of detainees for Mason Unit was significantly higher than the other units. **ACTION: RE**

12. In relation to CAMHS RE stated that there were 2 weekly CAMHS steering meetings and there has been a functional suitability check with regards to estates. It was agreed by all that CAMHS risks and any related actions should be kept on the Q&S agenda for each month so it could be monitored.

13. **CQUINS:**

Improving Physical Health Care in People with Severe Mental Illness CQUIN:

This was a two part CQUIN which aimed to improve physical health and reduce premature mortality in patients with a psychotic illness.

The first part of the CQUIN required that people with SMI have an annual physical health assessment of cardio-metabolic risk factors and are offered preventative interventions. All areas were using the Lester tool to provide the framework for pathways for interventions and signposting for cardio-metabolic risk factors.

RE informed the committee that completed pathways were in place and had been disseminated to all clinical teams. The Quarter 2 milestone had successfully been completed.

The second part of the CQUIN aimed to improve communication with General Practitioners. An audit had been undertaken with data collection completed in September 2016 and reporting was due at the end of Q3.

Flu campaign CQUIN:

1237 flu vaccinations had been administered in the first 5 weeks of the campaign, exceeding rates for 2015.

Of these, 1073 (40% of the CQUIN Target) were administered to Frontline Healthcare Workers as defined in the CQUIN.

RE explained that despite a significant improvement in rates of staff vaccination compared to last year, achievement of the CQUIN target remained challenging, and this view was echoed by BBJ and LR.

14. RB thanked the Clinical Executive team for their report, and both RB and CM accepted that some of the comments given by members of the committee may have been challenging for the team. They stated that if RE/AD needed clarification regarding requests for changes or the level of detail required then RB would be happy to discuss this outside the meeting.

QS/16/90 Integrated Performance Report

1. MP explained that in relation to Delayed Transfer of Care (DTC) it can sometimes be hard to understand the impact on people with regard to quality of care and there are elements that were out of AWP's control. This included limitations on available funding and places for patients to go. . MP reported that he held regular meetings to discuss DTC but there was variable attendance from the CCGs. There is ongoing work to engage the CCGs and other

stakeholders.

2. Agency spend for August/September had increased, partly attributable to the summer holiday period. LR noted that the figures for Bristol were low for agency spend, which was surprising.

3. CM queried if agency staffing/spend was discussed at the Strategic Workforce Group meeting and LR confirmed that this was included. This information was also referenced in the HR report. CM considered that a clearer picture on agency could be obtained if Q&S received the minutes from the Strategic Workforce Group. All agreed this would be useful.

ACTION: CG/JT

4. RB requested clarification on the variants and the numbers for early interventions in Bristol. RE explained that the numbers had been rounded up and down and averages provided. RE would ensure that any explanation needed for figures and charts are included in future reports. **ACTION/RE/MP**

5. In relation to demand and capacity CM queried if these figures had been seen by the commissioners. CG stated that The Finance Director had been actively approaching the commissioners to make them fully aware of the figures and challenging them as to what could be done to address demand and capacity, particularly the growth in referrals.

QS/16/91 Internal Audit Reports

1. CG informed the committee that there are some draft reports which need to be finalised before they can be submitted to Q&S committee. **ACTION: CG**

QS/16/92 Learning from Experience Assurance Report

1. AD explained that the report showed how AWP was using the experience of service users to improve care. AD commented that the Friends and Family test was only a small element of patient experience. He considered that more should be made of the 'you said, we did' exercise, which demonstrated improvements that had been made as a direct response to service user feedback. Members of the committee supported this suggestion.

2. CG queried what Well-Led precisely meant, as this was unclear; the committee requested that Phil Cooper (PC) amend this. RB considered that the themes arising from the walkabouts should be incorporated into this report. AD confirmed that this would be part of future reports. The Chair also commented that the report was quite long and could potentially be more streamlined. **ACTION: PC**

QS/16/93 Update on Sustainability and Transformation Plans

1. It was agreed by the committee that this should be a standing agenda item. For the purposes of this meeting, CG gave a verbal update and explained that further reporting on STP would take place at the board seminar in December and further updates to the Trust Board and Q&S Committee. Rachel Clark (RC) had set up a team which included Lee Mercer (LM) as Head of STP, Linda Hutchings (LH) as the Head of the PMO, and Debs Poneskis (DP) as the Workforce Manager. CG reported that the key issues in relation to workforce were well-being, new roles and shared induction as well as apprenticeship levies. LM had produced a summary guide to both BSW and BNSSG including the different themes and projects. This work will be shared with the Board.

NOTED: the committee noted the verbal update.

QS/16/94 HR Report/OD Issues

Quality and Standards Committee Meeting – 15 November 2016

1. The committee noted that retention of staff as opposed to recruitment was the key priority at this present time. The committee considered that information on staff movement within AWP should be included in future workforce reports. **ACTION: JT**
2. It was noted that if staff retire and then come back to AWP then this can 'skew' the figures. In relation to Meridian there had been some concerns raised about their approach and the effect on staff morale. The three key questions in relation to culture of care within the report were: how likely are you to recommend this organisation to friends and family as a place to work; how confident are you that your concerns would be listened to and addressed; and the values of our organisation are Pride, Respect, Integrity, Diversity and Excellence - do you see senior leaders demonstrating these values?
3. Members of the BANES team felt confident that their staff felt they were effectively listened to. With regard to concerns and issues the team considered that it was important to let staff know if things could not be improved so that staff expectations were managed. The committee noted that the BANES team held a weekly huddle which was well received and well attended by staff; the general consensus was that staff were recognised for their contribution and felt valued. DB stated however, that locality staff did feel on occasion that complaints got 'lost' when they were passed from the locality to Jenner House.
4. The committee commended the report stating that it was clear, helpful and well presented. CM commented that it was difficult to judge the progress being made with workforce when there was a lack of target or measurable objectives. The committee suggested that there should be a clear workforce plan for next year, reported to Q&S. **ACTION: JT**

QS/16/95 Outcomes from CQC Quality Summit

1. Members of the committee queried how the comments from the CQC could be measured against the Quality Improvement Plan. AD stated that this would be reported to this committee. He also stated that he was confident that the CQC would view the improvements made by AWP positively although acknowledging there was more work to be done. It was agreed that a quarterly work-plan should be produced. **ACTION: PC**

QS/16/96 Any Other Business

a. Committee evaluation

The committee evaluation from members attended is as follow:

Range – 1.0 Median – 3.5 Mean – 3.6

Some of the key comments

There is a large volume of papers and level of detail; are we just feeding the beast?

Reporting is improving; this will be further improved by people using front covers which set out what they want to bring to the attention of the committee. It also needs to be clarified with staff as to what needs to be signed off by executives before coming to the Q&S meeting

The challenge was good and there was a high level of consideration of the issues pertinent to quality

Too much time was spent discussing the Clinical Executive Report which was detrimental to the other agenda items

The meeting was chaired well and summarised the key points and associated actions were useful

b. Agree any items for horizontal reporting

The committee did not highlight any issues for horizontal reporting.

c. P167 Business Continuity Management Policy

Quality and Standards Committee Meeting – 15 November 2016

The committee requested that this policy was referred back to the author, as this needed to be signed off by the Executive Team. Once this had happened the policy author would be required to report back to the committee to present the changes. This was in accordance with the policy on policies.

d. Social Media Policy

The committee requested that this policy be referred back to the author, as this needed to be signed off by the Executive Team. Once this had happened the policy author would be required to report back to the committee to present the changes. This was in accordance with the policy on policies.

e. Any other matters for the attention of the committee

AD informed the committee that he was in the process of signing off the patient friendly version of the Quality Account which would be uploaded onto the Trust's website.

The Chair closed the meeting at 16:20

The next meeting would be on 17 January 2017 at 1pm.