Avon and Wiltshire NHS
Mental Health Partnership NHS Trust

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

Held on 21 February 2017 at 1pm in the Conference Room, Jenner House

These Minutes are presented for **Approval**

Members Present

Neil Auty (NA) Associate Non-Executive Director
Ruth Brunt (RB) – Non-Executive Director; Chair
Andrew Dean (AD) – Deputy CEO & Director of Nursing & Quality
Sue McKenna (SMc) – Director of Operations
Charlotte Moar (CM) – Non-Executive Director
Matthew Page (MP) – Deputy Director of Operations
Malcolm Shepherd (MS) – Non-Executive Director

In Attendance

Hannah Bailey (HB) – Head of Quality & Improvement
Tristram Cox (TC) – Arts Psychotherapies Lead
Justine Keeble – Service user representative
Madeleine Lockwood (LW) -
Paula May (PM) – Managing Director, Swindon
Jennifer Ward (JW) – Corporate Governance
Peter Wood (PW) - Clinical Director & Consultant Forensic Psychiatrist
Sally Wood (SW) - Patient /Carer Engagement and Voluntary Services Manager

Part One:

Presentation from Secure Services

1. Ruth Brunt (RB) introduced Justine Keeble as the Service user representative and thanked her for coming.
2. Paula May (PM) introduced the Secure team and explained the recent redesign in their service. They were now using a Ward based approach rather than a Geographical based approach.
3. Tristram Cox (TC) and Madeleine Lockwood (ML) then presented the SAFER scheme which was in the process of being implemented across all the secure wards.
4. The aim of SAFER was to ensure that service-users and professionals had a shared understanding of:
   - The care/treatment pathway through secure services
   - The stage that the service-user was at in their care pathway
   - The key areas for focused intervention
   - The work that service-users would need to engage with, in order to progress along their care/treatment pathway
5. Service-users could then be clear about their recovery pathway and what they needed to do to progress and it established the importance of Service users' sense of ownership and responsibility for own care pathway.
6. The stages of SAFER were explained as :
   - Stabilisation
   - Active Collaboration
   - Focus on Intervention
   - Embedding Learning

- Readiness to Move Forward

7. A 'map' was used as a visual aid to record the service-user's progress, outlining the stage that they were at for six goal areas, consistent with national Care Programme Approach (CPA) requirements:
    - Mental Health and Psychological Wellbeing
    - Risk Reduction
    - Managing Substance Use
    - Physical wellbeing
    - My Relationships
    - My Life and Community Skills
8. The team added that details of the Service user's progress would be reviewed at each CPA.
9. There was a page on Ourspace outlining the SAFER pathway.
10. Neil Auty (NA) asked whether an indicator for success of the pathway was the number of people who relapsed and came back through the system.
11. The secure team explained that they hoped for Service users to go into a more open setting rather than a Secure one if they needed readmission.
12. PM assured NA that they would be identifying clear outcome measures.
13. There followed a discussion about the benefits of this scheme. Peter Wood (PW) explained that this model was much easier to use, meaning that results were much clearer and once implemented, could be modified as necessary.
14. Ruth Brunt (RB) then asked about the wider Quality challenges facing secure. PM informed the Committee that they had problems in Carey Ward. Discussion had taken place with commissioners, seeking additional resources, but recruitment and retention remained difficult for this ward.
15. They had also been experiencing an increase in serious and violent incidents. PM would bring these figures back to the committee. **ACTION: PM**

RB thanked the Secure team for their presentation

Close of Part One

Part Two:

Hannah Bailey (HB) introduced herself as the new Head of Quality Improvement. She would be concentrating on the Quality Improvement Plans (QIP) and the CQC actions around these, such as Standards, Compliance and Audit.

QS/16/111 Apologies

Apologies were received from Rebecca Eastley.

QS/16/112 Declarations of Interest

There were no declarations of interest stated.

QS/16/113 Minutes of the Q&S meeting of 17 January 2017

1. The amended minutes of 17 January 2017 were not on ModGov so it was agreed that they would be circulated and comments sent back to Jennifer Ward (JW). **ACTION: JW**

QS/16/114 Matters Arising

Social Work Strategy
The committee was informed that it had been agreed at the last agenda setting meeting that Phil Wilshire would come to the April meeting and present his report, as opposed to attending any Q&S meetings prior to this.
The Service Users and Engagement Strategy
Phil Cooper (PC) explained that the objectives had been set but he was currently unsure when the final strategy would be completed. Justine Keeble (JK) added that co-production (with Service user input) would help improve the strategy as everyone brought different perspectives to the conversation.
Section 136
This action would be split into two. The internal comparison which was being worked on by Toby Rickard and would be in the March Performance report. The external benchmarking would be undertaken by PC and Chris Ellis for the March meeting. **ACTION: PC/TR/CE**
Acute Care Pathway
This would be coming to the March meeting.
Quality Dashboard
PC would bring a list of the indicators to the March meeting.
Workforce plan
This was being worked on as part of the forward plan for next year. The dashboard on Workforce would be part of the Performance report.

Measurement

QS/16/115 Clinical Executive Report

1. AD presented the report, highlighting that the clozapine action was completed except for the eLearning aspect.
2. Safer staffing was currently at 57% within the 5 % parameter (of the 95-105%) this showed continuing improvement.
3. RB requested a chart to show the improvement trend. **ACTION: AD**
4. AD highlighted 2 incidents on Imber Ward where care was potentially compromised due to the level of staffing. He reminded the committee that there was a robust escalation process for resolving staff shortages.
5. AD informed that Committee that he would remove the data on the Rehabilitation ward as the rationale for staffing levels was not accurate. **ACTION: AD**
6. CM asked about the Child and Adolescent Mental Health Services (CAMHS) profile change and where it was agreed that acuity levels had altered. AD informed the Committee that the model had not yet been changes and SMc explained that staffing levels fluctuated in accordance with daily changes in acuity.
7. CM was concerned about the mixed messages being reported with regard to the risks surrounding CAMHS. RB agreed that CAMHS should be kept as a high priority.
8. AD committed to provide a regular update. He added that the CAMHS unit remained safe. **ACTION: AD**
9. There was a 'Week in Focus' for CAMHS currently taking place. It was confirmed that a report would come back to the Committee.
10. AD highlighted that Rapid Tranquilisation observation had dipped. He assured the Committee that work was underway to address this. RB added that where consistent poor practice had been identified, she expected to see that there were robust action plans in place.
11. The figures on the blank box chart were clarified as being 'number of', not percentages.

12. AD reported 3 incidents in mixed sex accommodation. These were resolved within 24 hours so were not classed as breaches.
13. Workforce - there were 400 more offers of employment made compared to last year and 40 fewer withdrawals after positions were offered. RB asked to see the net impact of these figures against turnover rates.
14. AD added that shortlisting could take up to 25 days meaning the process was slow. JK commented that arranging interviews at short notice often made it difficult for service users to attend.
15. AD reported that all 4 of the wards closed for infection control after outbreaks of D & V, were re-opened after a deep clean and there was no transfer of infection between wards.
16. CM asked about the risk associated with older ECG machines and mitigation plans. PC explained that there had been a serious incident reported when 2 service users needed an ECG at the same time and the machine wasn't working properly.
17. SMc had met with the consultant and the ward team to ensure safe processes. A review of machines across the Trust had established which need replacing and a Business Case was being developed.
18. AD added that this would not go on the risk register as it was being addressed and risks mitigated.
19. In relation to Serious Incidents, RB commented that the Board did not currently receive sufficient detail to establish what the underlying issues were and what was being done about them. The Chair was considering what should be reported to Board via Q&S.
20. NA added that when an incident was due to appear in the media, NEDs needed a Communications briefing to ensure they were aware of the background and possible implications.
21. AD reported that the Care Quality Commission (CQC) would be returning in June to undertake a smaller but more in depth inspection into those areas of improvement identified during their last visit. A group was being set up to address this.
22. PC would bring a detailed paper on the key issues and risks to the March Committee, and Well-Led aspects in relation to the CQC would be taken to board as a horizontal reporting item.
23. **ACTION: PC**

QS/16/116 Integrated Performance Report

1. Whilst the average length of stay had reduced, attentions of the Senior Management Team coupled with cross-organisational (AWP, CCGs and LA) engagement in the DTOC Task & Finish Group, had resulted in more service users being identified as DTOC. Consequently the total number of DTOC had remained at around 35-40 during M9/10. Escalation processes were in place to address this problem, but the committee recognised that the end of year target would not be met.
2. Out of area placements had reduced from 34 to 9 at the end of last year and were now at 8. Systems were in place to maintain this level.
3. Referral rates demonstrated higher than anticipated levels of activity during January.
4. Workforce information showed improvement in sickness rates, supervision and statutory/ mandatory training, while other measures remain unchanged.
5. CM commented that the front cover was a model one for this report.

QS/16/117 Internal Audit Reports

Organisational Culture report

1. RB noted that this report only gave partial assurance. She added that related actions should be reviewed under the Capabilities and Culture section of the agenda, and that the Staff Survey was one indicator of whether the culture was changing. AD reported that the

Strategic Workforce group would be responsible for overseeing the actions arising from the survey.

QS/16/118 Annual Safeguarding Report 2015/16

1. Mark Dean (MD) presented the report and apologised for it being presented late, adding that the 16/17 report would come to the committee in June.
2. He added that the format had been reduced in size, as well as trying to incorporate the different safeguarding reporting requirements.
3. MD told the Committee that it had been a challenging year, with the CQC visit causing a lot of work. Staffing had also been an issue.
4. He reported that training rates had improved, so there was more understanding of safeguarding amongst staff.
5. The action plan was almost complete, and they were reviewing the data capture process to make the report clearer.
6. A new safeguarding service was going live at the end of March. There was now a Head of Safeguarding for adults and one for children in place.
7. CM asked how the committee would know if the plan was on track. MD informed the Committee that production of a quarterly report was on the work plan which would be incorporated into the Clinical Executive Report.
8. The work plan for 17/18 would be completed by April.
9. AD added that the Quality sub group saw these reports after they had been to Quality & Standards.

QS/16/119 Physical healthcare, infection control and medical devices

1. PC informed the Committee that Nicola Hazle was writing this which would come to the meeting at a later date.

Strategy and Planning

QS/16/120 Update on Sustainability and Transformation Plans

1. The Committee had no updates for the meeting.

QS/16/121 Quality Improvement Priorities 17/18

1. PC informed the Committee that there was work taking place to set the Quality improvement priorities for 17/18.
2. The Quality Account was one element of this and it had been decided to reduce the number of indicators being measured.
3. The plan should be complete by June.
4. PC reported that for the 16/17 Quality Account there were 4 red areas. 3 of these were due to the report not being updated.
5. One challenging area was the recruitment of volunteers. Sally Wood (SW) confirmed that staffing levels have been reducing, but the service was continuing.
6. More details on Quality Improvement would come to the committee in March. **ACTION: PC**
7. CM added that the Quality Risks should also be a priority.
8. RB requested more specific measures in the 17/18 Quality Account instead of 'minimise' or 'improve'.
9. AD added that the Quality Account would reflect the Annual Objectives.

QS/16/122 Suicide Prevention Strategy Work-Plan

1. This would come back to the Committee at a later date (May). **ACTION: AD**

QS/16/123 Clinical Audit Plan

1. The Committee noted the update.

Capability and Culture

QS/16/124 Workforce issues

This had been covered in previous agenda items.

Process and Structure

QS/16/125 Policy update paper

1. There were currently 149 policies published in the policy library on Ourspace, and 82 were currently in date for at least another year.
2. There were 16 expired policies and a further 52 had 2017 expiry dates.
3. RB indicated that the expectation of this Committee was to receive a summary report of all quality or workforce policies approved by the Executive team.

QS/16/125a Learning from experience assurance report

1. HB highlighted the amount of ligature work undertaken. The CQC visit would check on the actions around this.
2. SMC told the Committee that following 2 serious incidents there had been a shared learning event, which would also be taken to other areas. She added that the processes/systems around learning from incidents had improved as had the willingness to share learning across the Trust.
3. RB asked to have specific figures where comments such as ‘increased’ or ‘fewer’ were mentioned.
4. SW added that the learning from Friends & Family feedback enabled rapid action to be taken by front line teams.

QS/16/126 Update on Section 28 and Section 31

1. AD informed the Committee that the CQC had accepted the evidence on this and were happy with the proposed action plan. The legal department would then decide whether we had provided enough assurance in order for them to lift the notice.

QS/16/127 Board Walkabouts

1. NA presented a paper including thoughts on the purpose and process of walkabouts.

2. The Committee welcomed the proposals and agreed that walkabouts should be an hour or more as half an hour was not enough.
3. RB reminded the committee of the agreement at the last meeting that walkabouts would focus on quality and safety and at the same time use the visit as an opportunity to engage with and listen to front line staff. AD commented that it was important to keep the 15 Step approach as this always resulted in specific actions for improvement.
4. RB commented that allocating NEDs to visits without prior consultation was a potential problem and it would be more effective to circulate future dates and locations for NEDs to indicate their availability.
5. PC added that the findings, including 'You said, We did' would be put into a quarterly report for the Committee. **ACTION: PC**
6. NA would meet with PC and HB to discuss taking the walkabout plan forward with the aim of bringing a more detailed paper to the Committee in March. **ACTION PC/HB/NA**
7. It was agreed to continue with any imminent visits rather than delay the schedule further.
8. JK requested that service users and carers be invited to join the walkabouts.

QS/16/128 Any Other Business

1. JK commented that she felt that involving Service users in the Organisational Culture across the Trust helped bring an added perspective.
2. RB thanked JK for her input at the meeting.

Committee evaluation

The Committee scored the meeting an average of 3.2 (all scores 3-4)

Positive comments included good chairing, some good front sheets and discussion

The Committee felt that some front sheets needed to be clearer and there were again papers that shouldn't have come to the meeting.