

Minutes of a Meeting of the Quality and Standards Committee

Held on 21 March 2017 at 1pm, Jenner House, Chippenham

These Minutes are presented for **Approval**

Members Present

Ruth Brunt (RB) Non-Executive Director and Chair of Committee	Charlotte Hitchings (CH) Trust Chair
Sarah Elliott (SE) Non-Executive Director	Sue McKenna (SM) - Director of Operations
Charlotte Moar (CM) Non-Executive Director	Andrew Dean (AD) Deputy CEO and Director of Nursing (joined the meeting at 1.30pm)

Staff In Attendance

Mark Outhwaite (MO) Non-Executive Director	Dr. Steve Arnott (SA) Director of Medical Education
Phil Cooper (PC) Associate Director for Governance, Improvement and Quality	Nicola Hazle (NH) Associate Director of Nursing
Matthew Page (MP) Deputy Director of Operations	Anita Hutson (AH) Associate Director of Academic Nursing
	Erika Tandy (ET) Corporate Governance

Part One: Presentation by Nursing and Quality Team

1. The Chair (RB) opened the meeting and welcomed Charlotte Hitchings (CH) and Mark Outhwaite (MO) as attendees to the meeting and Sarah Elliott (SE) who had recently been appointed as a Non-Executive Director (NED) and Vice-Chair of the Quality and Standards Committee. RB reported that for this month there would not be a Service User representative in attendance due to sickness.
2. Phil Cooper (PC) had circulated the job description for the service user/carer representative which had been developed by Sally Wood (SW) and Justine Keeble (JK) following the Q&S meeting in February. RB indicated that she would need to approve the job description before this was advertised. **ACTION: PC/RB**
3. RB welcomed Nicola Hazle (NH) and Anita Hutson (AH) who had been recently appointed as new members of the Nursing and Quality Team (NQD).
4. NH stated that since coming into post her key priorities had been carrying out work around community, physical health and smoking. AH supervised and supported the consultant nurses and offered guidance and support to students in placements.
5. CM sought clarification regarding the role of the Head of Nursing. NH explained that this would include visibility and providing guidance and support to nursing staff. SE queried where safeguarding sat within the nursing team and NH explained that the person responsible for this was Mark Dean.
6. NH presented feedback from AWP nurses and highlighted actions for addressing concerns. She explained that she had started emailing all new staff joining the community team to introduce herself, offer support and sign-post nurses to resources such as OurSpace.
7. There were dedicated nursing forums and refresher training sessions and attendance at these events would go toward Continuing Professional Development (CPD). Elisabeth

Quality and Standards Committee Minutes – 21 March 2017

Bessant, another member of the team, would be planning the annual nursing conference. AH reported that drop-in sessions had been set up to advise people on nurse re-validation.

8. SE commented that she felt that the development of a nursing strategy should include transformation, which was a priority for the workforce and asked NH and AH to describe their approach to this.

9. AH stated that a paper has been produced which had looked at the competencies of the workforce, and what baseline skills were expected. The aim was to get the nursing strategy in place by July 2017 which would also support the implementation of a physical healthcare strategy. The nursing team did have a very clear purpose and sense of direction for this, and the strategy would include a competency framework.

10. Members of the Committee queried if there had been any specific approaches to leadership development. AH explained that the academic aspects had been set out alongside the clinical ones, and roles had been reviewed. She went on to say that she felt it was about staff having the right mentoring, being more proactive and recognising the skills of other staff.

11. RB sought clarification on how the corporate team roles fitted with clinical leadership within the LDUs. AH stated that Quality Directors were more concerned with day to day service delivery and the corporate team were addressing wider professional issues, for example how best practice was shared, so that staff would not be acting in isolation. CM queried if a caseload tool was used for operational reports and AH confirmed this was the case.

12. Sue McKenna (SMc) commented that she had been doing a piece of work with senior leaders, looking at change, transformation and resilience.

13. RB asked AH and NH to give the committee a sense of their top quality priorities. AH highlighted the need to ensure consistency of standards across the trust. There were pockets of good practice but learning needed to be shared trust wide.

14. RB also queried how success would be measured, i.e. how members of the team would know that improvements were happening. AH explained that data would be available related to key indicators. Publications were viewed as positive methods of information sharing and attendance at nurse forums was high.

15. CM queried whether there was a central nursing risk register. NH/AH stated that they had been meeting with Paul Daniels with regard to this. The top risk appeared to be the instability of the workforce. Also the aim was to make optimum use of resources rather than involvement in multiple small projects with little or no benefit.

PART 2 MEETING

QS/16/129 Apologies

1. Apologies received from Rebecca Eastley and Neil Auty.

QS/16/130 Declaration of Interests

1. In accordance with AWP Standing Orders (s8.1), all members present were required to declare any conflicts of interest with items on this agenda.

2. None were declared.

Minutes Prepared for the Quality and Standards Committee Meeting of 19th July 2016

Sponsored by the Chair

Agenda Item:

Serial:

Page 2 of 8

QS/16/131 Minutes of the Previous Meeting

The minutes of 21 February were agreed subject to the following amendments:

Apologies/attendance: Rebecca Eastley was in attendance at the meeting.

QS/16/115: Clinical Executive Report (point 7)

The sentence '*CM remained concerned about the risks around CAMHS and reminded the committee that they had agreed that this service would continue to be a focus*' was amended to say that '*CM was concerned about the mixed messages being reported with regard to the risks surrounding CAMHS*'.

QS/16/115: Clinical Executive Report (point 22)

This sentence would be amended to reflect that it had been agreed that the Well-Led aspects in relation to the CQC would be taken to board as a horizontal reporting item.

QS/16/132 Update on actions and matters arising from the last meeting

QS/16/042 Service User and Engagement Strategy:

RB had spoken to Linda Hutchings (LH) who had reported that there had been a few teething problems due to it being a co-produced document. The first draft of the strategy would be presented by a service user at the Q&S meeting in April to invite comments before final sign off.

QS/16/060 Acute Care Pathway:

This would be discussed under agenda item 137 a)

Presentation from Secure Services:

The Committee agreed that it would be more appropriate for figures regarding an increase in violent and serious incidents to be included in the Clinical Executive Report. **ACTION: AD/PC**

QS/16/114 Section 136:

PC updated the committee that he had obtained the internal comparator information and this had been included in the Clinical Executive Report. However, it was proving very problematic to obtain external benchmarks as the systems were not in place to provide the data. PC would continue to work on this. **ACTION: PC**

QS/16/115 Clinical Executive Report:

a) AD informed the committee that the chart to show the improvement trend would be included in the April Clinical Executive Report. **ACTION: AD**

b) AD informed the Committee that he had removed the data on the rehabilitation ward. This action was therefore completed.

c) AD informed the Committee that in relation to Child and Adolescent Mental Health Services (CAMHS) he would continue to monitor this and noted that the Week in Focus report for CAMHS was on the agenda so would be discussed later in the meeting.

d) Risks related to the CQC: PC informed the committee that this had been included as part of the Clinical Executive Report.

QS/16/116 Integrated Performance Report (update):

PC informed the Committee that the fully integrated report would be completed by May/June.

Minutes Prepared for the Quality and Standards Committee Meeting of 19 th July 2016		
Sponsored by the Chair		
Agenda Item:	Serial:	Page 3 of 8

QS/16/121 Quality Improvement Priorities for 2017-18:

It had been agreed by RB outside of the meeting that this paper could be deferred until the April meeting. **ACTION: PC/MP**

QS/16/122 Suicide Prevention Strategy Work-Plan:

This would come to the committee in May.

QS/16/127 Walkabouts: The committee noted the updated walkabout protocol which had been amended by Hannah Bailey (HB) after she had met with Neil Auty (NA)

HB reported that Kirsty McMurrin would be taking ideas forward so that walkabouts took place, in a timely fashion and using a robust model. After discussion it was agreed that it would be easier to organise walkabouts by quarter, and RB requested that this was actioned as soon as possible. **ACTION: HB/KMc**

Workforce plan:

AD informed the committee that due to Jenny Turton leaving the trust, this would be produced by Toria Nelson in time for the April Q&S meeting. CM queried whether this would be signed off at the same time as the overall trust budget, at the next trust board meeting on 29 March, because every manager needed workforce numbers aligned to the budget. SMC reported that she had been discussing numbers with LDUs and some had agreed their budget and some had not. When finalising plans, these would include discussions on safer staffing.

RB stated that it was important to frame the discussion in relation to the quality framework. **ACTION: AD**

Horizontal reporting:

No items were raised for horizontal reporting at this meeting.

MEASUREMENT

QS/16/133 Clinical Executive Report

1. RB informed the committee that due to lack of assurance in some key areas, she would be meeting with the Clinical Executives to review and revise the report in line with agreed priorities. CH supported this. **ACTION: RB/AD/PC**

2. Concern was expressed that reporting to board committees was sometimes driven by information required by commissioners. It was felt that it was important to view data primarily in relation to trust objectives. Some members of the committee felt that commissioners themselves were not entirely clear as to what information was required.

3. AD felt that his team had been trying to include large amounts of information which had impacted on the quality of the report. He suggested that a separate report could be completed for both Q&S and commissioners but the committee was reluctant to generate more work for the Executive team. CM felt that the report should be more explicit and clearly identify associated risks.

4. She queried the sentence in the safer staffing section of the report which stated that *'rehab service safer staffing review completed and with the required adjustment has now shown all services within parameters of safer staffing which is a significant improvement'*. AD stated that he could not provide assurance with regard to this statement as the model had not been reviewed. So this would remain the case until the review had been completed.

5. In relation to Rapid Tranquilisation observations, SE queried what non-contact observation

entailed and AD explained that this meant monitoring signs such as pupil dilation.

6. CM noted from the report that the risks stated for CAMHS (such as lone working) were not the same as the CAMHS service risk register and this needed to be addressed.

7. AD stated that it had not yet been possible to produce the new HR report but this should be available for the April meeting. RB noted that the apprenticeship strategy had not been included as an appendix, so could not be approved.

8. In relation to Root Cause Analysis (RCA) CH queried what was being done to address late reporting AD explained that some action plans were satisfactory but not the matching reports, and vice versa, and this was causing the delay. RB suggested that clear guidance on the requirements for reports should be given from the outset so that this did not happen. AD explained that he would be undertaking a piece of work on report sign off which would identify whether reports were fit for purpose or not.

9. AD reassured the committee that 100% of CQUINs for 16/17 would be achieved. The Committee requested an update on the 2017/19 CQUINs, and how progress would be tracked against them, for the next meeting. **ACTION: AD**

10. PC explained that there was a full time programme which would establish Trust readiness for the CQC visit in June. High risk areas would be examined by PC. Preparation had included looking at other sources of information, quality improvement plans, and CQC reports from the last visit. The Committee requested that the individual leading this attends the April meeting to provide an update and that PC would clarify what the CQC visit would entail and circulate this as an email outside the meeting. **ACTION: PC**

11. In relation to the Well-Led domain, CH confirmed that this had been considered at the most recent board development day and there were actions that needed to be taken in relation to the Well-led domain, prior to the CQC visit.

QS/16/134 Integrated Performance Report

1. The Committee received the report which was for discussion and noting. SMC stated that unfortunately there had not been enough time to include the finance data or the quality indicators as anticipated.

2. There were still issues with DTOC and flow (e.g. out of area) but with significant improvement.

3. In relation to CAMHS risks, findings from the Week in Focus would be triangulated with the CAMHS team. She had met with CAMHS on 20 March and priorities had been set. The Committee requested an update to be provided at its next meeting. **ACTION: SMC**

4. CH asked for mitigating actions to be included in the LDU risk sections. **ACTION: SMC**

QS/16/134 a) Update on new performance framework

1. TR explained that the aim was to move towards a fully integrated performance report. On a wider level he stated that he wanted performance to sit across the trust and not just be operations focused.

2. RB queried if this would include quality indicators and TR confirmed this would be the case, and stated that the framework would also include expectations, e.g. the cycle of meetings. Members of the committee stated that the framework needed to tell the fully story, and not simply be reliant on using RAG ratings.

3. A discussion followed which queried what the correct information was on South

Gloucestershire DTOC as this was unclear. TR explained that the localities and CCGs were reported on differently, South Gloucestershire commissioned beds sat under Bristol management.

4. SE stated that she did not have a full sense of the approach to escalation, i.e. when a different level of action was triggered. RB suggested that assurance could be taken forward at a board seminar in the same way that risk had been.

QS/16/135 CAMHS Week in Focus

1. The Committee received the report which was for discussion and noting. HB highlighted the following items for the committee's attention:

2. There had been issues with Records Quality during period of transfer to the IAPTus System, variable lone working practices across the CAMHS services and variable use of Alarm Systems in the buildings used across the Teams. HB went on to say that Health and Safety practices in 2 sites requires further work. There had been IT issues due to remote access for CAMHS services which in turn were causing issues relating to MLE, recording of supervisions and access to Trust information. It was important to engage staff and build relationships with AWP.

3. Mandatory training compliance was low overall and the team reported that it was very adult focussed. Work between L&D and CAMHS would review mandatory training and ensure staff were aware of their training requirements. This would need to be driven by the clinical leads. Estates issues remain unresolved in the Riverside inpatient unit.

QS/16/136 HESW Contract meeting/NTS survey meeting update

1. The Committee noted the report and Dr Steve Arnott highlighted the following items for the committee's attention:

2. He reported that Health Education England (HEE) had highlighted areas of good performance. There had also been a large increase in foundation level doctors, and actions had been put in place to support trainees; this has been signed off by the finance department. SA and his team had been looking at where things had been going well and what the challenges were. He commented that, in some areas, there had been quite high turnover rates for consultant psychiatrists. However for core training, AWP was rated the best Trust nationally. This year there had been a 100% fill rate and findings from the report were generally positive.

3. SA went on to say that it would not be good practice to be complacent with regards to findings from the staff survey and RB echoed his opinion. SA stated that when he commenced employment with AWP there had been a lot of positivity from medical staff but to some extent this had not continued. Re-engagement with staff should be a key focus both for trainees and linked to recruitment.

4. Members of the committee thanked SA for a comprehensive update and MO and SA agreed to liaise outside the meeting with regard to NED attendance at meetings with trainees, organised by the medical education team. **ACTION: MO/SA**

QS/16/137 Internal Audit Reports

1. The Committee noted that there had been no reports received this month that required scrutiny from Q&S. This would be kept as a standing agenda item.

Minutes Prepared for the Quality and Standards Committee Meeting of 19 th July 2016		
Sponsored by the Chair		
Agenda Item:	Serial:	Page 6 of 8

QS/16/137 a) Acute Care Pathway

1. The Committee noted the report and SMC highlighted the following items for the committee's attention:
2. The work streams were Delayed Transfer of Care (DTC), older people and length of stay. Systems had been put in place and the bed flow had improved. There would be a stakeholder event taking place this month and the committee requested that feedback from this event be reported to the next Q&S meeting. **ACTION: SMC**

PROCESS AND STRUCTURE

QS/16/138 Data Quality Management Strategy

1. The Committee received the strategy which was for discussion and decision. Toby Rickard (TR) highlighted the following aspects for the committee's attention:
2. This strategy underpinned the performance strategy. AWP monitored the timelines for its data, which was good practice, as not all trusts do this. TR felt that data was approached with a focus on quality. CM queried which director oversaw the strategy and it was clarified that this was the Director of Finance as he was TRs line manager. The strategy was approved subject to this ownership being made explicit in the document. The strategy would then be passed to the Audit and Risk (A&R) Committee. **ACTION: TR**

QS/16/139 Response to the investigation into Bristol Suicides

1. The Committee received the report which was for discussion and decision. AD highlighted that the report had found that the number of suicides in Bristol was consistent with the expected numbers elsewhere. A number of recommendations were made for commissioners, and ten of those related specifically to AWP, so AD sought the approval of the Committee. AD also clarified that it was an external group that has carried out the investigation.
2. The Committee queried if risk assessment for the trust would be addressed and it was agreed that this should be made more explicit in the document. SE also felt that it was not clear as to some of the actions as they didn't map across, so AD would also check this. **ACTION: AD**

The Committee approved the AWP response.

QS/16/140 Update on Policies

1. The Committee was informed that no policies had been approved by Executives since the last Q&S meeting in February. RB requested that this item remains as a standing agenda item so updates could be monitored.

STRATEGY AND PLANNING

QS/16/141 Progress on Annual Objectives

1. RB asked for confirmation that the Objectives accurately reflected the key Quality and Workforce priorities for the Trust. AD felt that this was the case and reported that the Quality Account would also align to these.
2. It was agreed that measures needed to be explicit, together with expected trajectories for improvement.

QS/16/142 Clinical Audit Plan 2017-18

1. The Committee received the report which was for discussion. HB took the report as read

and stated that for the first time the plan was closely aligned to Trust priorities. The draft report had already been to the A&R Committee and Q&S agreed that they were happy to recommend this version to A&R for final sign off. **ACTION: A&R**

QS/16/143 Update on Sustainability and Transformation Plans (STPs)

1. The Committee was informed that there were no specific updates.

CAPABILITY AND CULTURE

QS/16/144 Staff Survey Results

1. The Committee noted that the staff survey results were not significantly different from last year and we were not improving in comparison with other Trusts. There were concerns about the variation across localities.
2. MO suggested that, in order to understand the drivers underpinning the results, a Root Cause Analysis approach should be used, and CM agreed with this. It was also felt that learning could be gained from other, highly performing mental health providers. PC reported that he had made a connection with University Hospitals Bristol FT, who had seen improvements in their staff survey results after a period of negativity.
3. MO wondered whether there were elements of autonomy and control involved, together with staff feeling ill- equipped to deal with current challenges.
4. AD reported that the next quality forum, due to take place on 27 March, would be identifying issues and actions from the survey. He would bring an update to the next meeting. **ACTION: AD**

QS/16/145 Any Other Business

1. It was queried whether there would be a meeting on May 16 2017 (as last May there had not been one), and it was clarified that the meeting would go ahead.
2. It was clarified that corporate clinical risks would be incorporated into the Clinical Executive Report.
3. PC confirmed that the 17/18 Q&S workplan would come to the April meeting for ratification.

ACTION: PC/HB

QS/16/145 a) Committee Evaluation

Comments on the meeting included the following:

There had been some constructive and targeted areas of question and scrutiny

There was still some improvement that needed to be seen with papers

The average score was 3.5

The date of the next meeting would be 18 April 2017 at 1pm, Sandalwood Court, Swindon