

**Minutes of the Quality and Healthcare Governance Committee
 held on 8 June 2012 at 1pm
 in the Conference Room, Jenner House, Chippenham**

These draft minutes are presented for agreement

Present

Quality & Healthcare Governance Committee Members

Members

Tony Gallagher Alison Paine Julie Thomas	Chair & NED member NED member Director for People
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In Attendance

Howard Lawes Helen Cottee Katherine Godfrey Jayne Hayes David Colyer Kevin Conner Kristin Dominy Roger Bullock Arden Tomison Rebecca Peterson	Deputy Director of Quality and Healthcare Governance Consultant Clinical Psychologist and Head of Psychology, SDAS Trust Lead Occupational Therapist (Chair of Professional Council) Clinical Director, Specialised & Secure SBU Service Director, Adult Mental Health (oh behalf of Andy Johnston) Interim Service Director, Adults of Working Age SBU (on behalf of Justine Faulkner) Service Director, Specialist Drugs and Alcohol Services SBU Clinical Director, Liaison and Later Life SBU Medical Director Minuting
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Apologies

Susan Thompson Bina Mistry Paul Miller Hazel Watson Emma Roberts Julie Hankin Andy Johnston Justine Faulkner	NED Member Chief Pharmacist Interim Chief Executive Director of Nursing, Compliance, Assurance and Standards Company Secretary Clinical Director, Redesign Clinical Director, Adult Acute Inpatient Services SBU Interim Clinical Director, Acute Adult Community Services
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2.	Minutes of the meeting of 10th May 2012	
	<ul style="list-style-type: none"> • To amend the name “Susan Thomas” to “Susan Thompson” on page 3, bullet point 5. • To change the name “Tony Gallagher” to “Susan Thompson” on page 3, bullet point 7. • To add an action by “HW” on page 5, the first bullet point. • To amend the action from “JF” to “JT” on page 5, 2nd bullet point. • To amend the word “very” to “every” on page 9, 5th bullet point. • To amend the word “through” to “thorough” on page 10, 8th bullet point. • To add an action by “HW” on page 11, 4th bullet point. <p>That with the above changes the minutes were agreed as an accurate record.</p> <p>Matters Arising Log:</p> <ul style="list-style-type: none"> • Report on 2012 Unexpected Deaths following Discharge <p>The Chair accepted this report and the Committee resolved that all matters be recorded as complete or carried forward in the Committee schedule of matters arising.</p>	<p>RP</p> <p>RP</p> <p>RP</p> <p>RP</p> <p>RP</p> <p>RP</p>
4.	SBU Improvement Plans – end of year reports and current policies:	
	Acute Adult Community Services SBU	

The Committee **received** and **considered** these papers presented by Kevin Conner, Interim Service Director, Adults of Working Age SBU (on behalf of Justine Faulkner)

This SBU Quality Improvement report provides an annual review of progress in relation to the quality of care provided by the SBU.

Kevin Conner highlighted the following:

- The main thrust of the Quality and Improvement Plan is based on the redesign service. The SBU have worked to ensure that the team structure and leadership of the team go forward.
- A case load assurance process has been conducted. This has involved team managers ensuring that all CPA requirements have been met and to identify any service users with greater risks during the transition have appropriate support.
- A key change has been the removal of the band 8 service manager structure, replaced with a quality improvement structure. This has enabled key clinicians to give more time to service quality improvement.
- Performance and Supervision – a supervision audit is about to be undertaken and the SBU will ensure that the entire appraisal process is completed by end July 2012.
- An education programme for Band 5,6, & 7 staff has been designed, with a short message to staff that training is a mandatory requirement.
- Dual Diagnosis is recognised as a key quality issue. As part of redesign, dual diagnosis specific roles have been put in place in each team.
- Over the coming year the SBU has plans to see improved real time survey results, a reduction in untoward incidents and a reduction in complaints.
- In terms of next year, the SBU is looking at service users, carers and staff surveys to improve satisfaction around the service. They will drive the number of untoward incidents and complaints.
- Alison Paine felt this was a very clear written statement of intent and liked the analysis of the problems and the clear explanation of redesign.
- Julie Thomas asked if the paragraph on page 12 on clinical care packages tied in with the recent discussions that took place in IMP about SBU ownership of the work in relation to clinical care packages and the care plan library. Kevin confirmed that the work is all tied in.
- Tony Gallagher endorsed that it was a well presented and coherent report. He highlighted page 7, Our Approach to Quality 2011-2012 that shows some of the quality themes and stated that he wanted to understand specifically what is being done to improve quality concerns. He asked about the poor adherence to CPA, which is a problem throughout the Trust, and asked how the SBU will improve CPA adherence. Kevin stated that he felt that CPA was moving in the right direction and continues to do so. He stated that improvement will be delivered through the case supervision process. This will be backed by a supervision audit.
- Tony Gallagher asked if the audit was against specific metrics. Kevin stated that within terms of CPA we would be expecting the team leaders to select random cases with practitioners. Tony was concerned that he had recently attended the Acute Care Forum and a comment was made by a member of staff that no supervision was taking place.

He asked how it will be assured that supervision is being delivered. Kevin explained that he would be reviewing supervision with his direct reports and that this process would cascade through the SBU.

- In relation to measuring and monitoring the efficiency of the improvement plans, Tony highlighted poor performance against targets and negative staff perceptions. He asked if the concerns about clinically inappropriate targets had been resolved. Kevin noted that Clinical and Service Directors have been part of the discussions with commissioners on these issues. Jayne Hayes reported that the Clinical Directors will be meeting with Hazel Watson to review all clinical targets.
- Tony Gallagher highlighted that the Trust has a real opportunity, with the encouragement of the SHA and commissioners, to address these issues. The Board will not want to hear, in six months time, that the targets are wrong.
- Alison Paine noted that a theme running through the reports concerned lack of clarity where and how data should be entered into RIO, and the impact on performance figures. Kevin acknowledged this issue, reported that it was being addressed and that he was confident it was starting to improve.
- Tony Gallagher highlighted the section on Community Care Forums on page 12. He asked about their membership and how they reported into governance structures. Kevin stated that staff, services users and carers were members. The forums report into the SBU quality meetings for clinical issues and into the SBU senior management team meetings for any operational issues.
- Tony Gallagher noted that Peter Greensmith was taking a lead role in the work to improve service users and carer engagement. The Service User and Carer Engagement Group would become a sub-group of this committee. Howard Lawes reported that the Steering Group had developed a comprehensive action plan and this included the development of a Service User Forum linking to local service users and carer forums.

RESOLVED:

That this report **was** noted.

Adult Acute Inpatient Services SBU Quality Improvement Report

The Committee **received** and **considered** this paper presented by David Colyer, Service Director, Adult Mental Health (on behalf of Andy Johnston)

This SBU Quality Improvement report provides an annual review of progress in relation to the quality of care provided by the SBU.

David Colyer highlighted the following:

- The report is in draft as it has not had a final review by the SBU quality meetings.
- In July 2012 the SBU held a launch event where around 100 clinicians and managers attended and out of this the comprehensive improvement plan for last year was developed.
- David highlighted some of the key areas they had been working on:
 - In relation to physical healthcare, physical health clinics for wellbeing and health promotion have been established on most of the wards.

- In relation to the implementation of the Dual Diagnosis Strategy, there are now dual diagnosis link workers within the wards and there has been a much more significant uptake by doctors of dual diagnosis training.
- Clinical Leadership – a band 6 development programme has been undertaken across the SBU network has been established and clinical expertise in relation to intervention such as CBT, physical health and other such interventions is being promoted.
- NICE guidelines CG136 concerning service users receiving daily one-to-one sessions for one hour is now embedded.
- The significant clinical risks around AWOLs are recognised. A review of all perimeter fences and safety measures has been undertaken.
- Silver Birch completed the acute inpatient mental health AIMS service accreditation and received an excellent rating which is the highest award possible.
- Lime Ward has completed the AIMS and the result is awaited.
- Carer champions are in place on each of the wards and one of their key roles is in ensuring that information is available to carers or family members in a timely manner and to help them understand what the service users experience is likely to be whilst they are an inpatient.
- The SBU has established a new post, Lead Nurse for Safety and Compliance. This enables better focus and sharing of the lessons learned from RCAs and untoward incidents, and the development over monitoring of a single action plan.
- The end of the report highlights a number of positive feedbacks from service users and there has been a significant improvement from December 2011 onwards with the reduction of the number of penalties around AWOLs.
- Tony Gallagher stated that it was positive to see the average length of stay in admission rates is reducing and welcomed the example of positive feedback from service users in the report. He stated that the report highlights that supervision is on a downward trend according to the way it is being measured on the scorecard and asked if this is because of the way it has been recorded. Julie Thomas stated that the Trust has a standard methodology for supervision but different approaches are emerging. This needs to be addressed to avoid difficult methodologies developing.
- Tony Gallagher was concerned that with regards to appraisals the report states the SBU started with 54% and went down to 46%. David stated that this was now being actively managed and all appraisals will be completed by the end of Quarter 1.
- Tony Gallagher was concerned that on page 53, it stated that the number of SUIs reported within timescales was zero. David agreed to check this and bring it back to the next meeting as a matters arising.
- Tony Gallagher highlighted that on page 55, it stated the review of risk registers was 33% and asked why we were reviewing so few when they are so important and found this of concern. David stated that this is being addressed.
- Alison Paine asked about the idea of written information being given to service users on admission and the perception that they do not always read it, and asked how many service users would be in a position to read a welcome pack on admission as they may be too ill. David confirmed that this is being looked at and that a welcoming

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facilitator role was being introduced and they will provide information at the right time.

- Alison Paine highlighted on page 35 the report showed deterioration in the scores in the inpatient survey relating to the patient experience with psychiatrists. David reported that Andy Johnston had been reviewing this issue. It was noted that this may be related to the fact that inpatient units now received service users with great acuity and that the length of stay are now much shorter.
- David Colyer reported that in terms of the next year the key areas the SBU are looking at are supporting the involvement of service users and improving way of working with service users and carers.
- The work on physical health care across all inpatient settings continues and physical health care clinics are being rolled out. There is an increasing incidence of people with issues around BMI and physical mobility and preventative work is important.
- A number of staff on the wards who for a range of reasons are not able to undertake the PMVA interventions which puts service users and staff at risk. With higher level of security we need to ensure that staff have the right skills to be able to manage.
- The SBU is working with Katherine Godfrey, Trust Lead Occupational Therapist around occupational therapy and Psychology around extending the working hours of our allied health professionals to cover evenings and weekend to improve access to therapeutic interventions.
- Tony Gallagher asked about embedding the lead nurse for safety and compliance and asked how this fits into NCAS structures and whether there is an overlap. Howard Lawes confirmed that there is no overlap, it enables the Trust to manage those processes within the SBU and assist with the assurance processes.

RESOLVED:

That this report **was** noted.

Liaison and Later Life SBU

The Committee **received** and **considered** this paper presented by Roger Bullock, Clinical Director, Liaison and Later Life SBU.

This SBU Quality Improvement report provides an annual review of progress in relation to the quality of care provided by the SBU.

Roger Bullock highlighted the following:

- There is continued progress within the SBU.
- In terms of quality there are good relationships with the commissioners and there are no major issues. The commissioners are very keen to progress integration especially with Older Peoples services and that there was a constant strategic tension having an older people's service, especially a dementia service in a Mental Health Trust.
- The commissioners support innovation and, for example, they have given good feedback on the Primary Care Liaison Service.
- There is good clinical engagement and staff feel there is an open and simple management structure. Communication is still an issue especially with the major changes occurring and the problems we have had throughout the year are with communication going awry.

- RIO does not always reflect what staff have done. RIO is not developing fast enough.
- Many of the staff feel that the SBU is being held back and not allowed to function properly and some staff are worried about AWP and it not managing its reputation.
- Appraisal rate are still low, and he felt it was difficult to know why across the board.
- Real Time Survey results are generally good. However, there has been a problem with public perception of why memory clinic waiting times are so long. The Trust is performing at about 150% of what it is commissioned to provide.
- The SBU has a very positive reporting culture including low level incidents right up to serious incidents which is a good sign of safety and staff involvement.
- In terms of measures, infection control, essence of care, physical health care, health and safety and NICE technology appraisals we have no major issues except the fire training and CPR which is being addressed.
- The Mental Health Capacity Act is managed well and the CQC have raised no major issues.
- The NICE guideline audits are moving in the right direction, some have an amber rating but most are green.
- There are still some issues with medicines management. The two main areas are attention to junior doctors and lack of pharmacy input.
- SUIs have all been investigated on time. STEIS reporting is good.
- External reviews have been positive. There has been a memory clinic review run by the SHA and a dementia services review as well, both were positive. All wards are undergoing AIMS accreditation.
- Financially targets have been achieved. CQUINs were met and penalties tapered to a minimum as the year progressed.
- Primary Care Liaison is being introduced in Swindon, which has had good GP and patient feedback. It has produced lessons that we have fed into RIO and PBR.
- A GP pilot in relation to memory clinics began in Wiltshire. This is being expanded in Bristol and South Gloucestershire. The pilot is going well and will conclude in July 2012.
- There is still room for improvement. There are a lot of skills in the SBU but some of them are not focused in the right direction.
- The main quality improvement initiatives for the coming year are outlined on page 33 of the report.
- Julie Thomas highlighted the issue around violence and asked what plans the SBU have to address it. Roger stated that the SBU is looking at the staff skill mix, age profiles and nature of the patients. There is a significant issue about violence and aggression in dementia not being acceptable but there is an innate tolerance of it. He said that resources in inpatient settings had reduced and needed to be addressed and that risk assessments needed to be improved. Julie said that this should be reflected in the staff survey action plans.
- Julie Thomas highlighted page 39 on sickness absence that shows it has slipped and is consistently a problem which is getting worse. Roger highlighted that he did have a lot of staff with long term serious health problems and stated that 14% of his workforce are over 57 years old.
- Alison Paine highlighted on page 17 that one of the main reasons for missed doses is patient refusal and the statement on page 18 that states there is an indication that the benefits of particular medication are not

	<p>being well explained to patients and asked if there was a connection between the two issues. She also asked about administration of medication, when someone lacks capacity and how do we deal with someone who thinks we are threatening them when we try to administer medication when someone lacks capacity. Roger stated that the Trust has clear policies and procedures relating to this issue.</p> <ul style="list-style-type: none"> Alison Paine highlighted low compliance on page 23 with copying discharge and transfer letters to carers. Given that the SBU dealt with older patients lacking capacity this was a concern. Roger said that it is not always appropriate or possible to send a letter to a carer. However, there was a lack of clarity about this particular target and he will look into it and report back. Tony Gallagher highlighted appraisals as an issue and that he would like to receive some feedback on this. He also stated that he would like to understand more about what the SBU is doing in relation to improving clinical engagement. <p>RESOLVED:</p> <p>That this report was noted.</p>	<p>RB</p> <p>RB</p>
	<p>Specialist Drug and Alcohol Services</p>	
	<p>The Committee received and considered this paper presented by Helen Cottee, Consultant Clinical Psychologist and Head of Psychology, SDAS</p> <p>Helen Cottee highlighted the following:</p> <ul style="list-style-type: none"> The SBU consists of community, inpatient and prison specialist drug and alcohol services and now also includes from November 2011 the Criminal Injustice Liaison Service which previously resided in the Specialist and Secure Services SBU. The first ten pages of the report relate particular targets that are set within the drug and alcohol services. They are nationally determined targets and mostly relate to community drug services. The scorecard shows that all the services overall are green on all the targets. In future there will be greater scrutiny on successful outcome of treatment, probably be linked to payment by results. What is considered as a successful outcome is people leaving our services drug addiction free. At the moment the services is achieving around one in eight people being discharged meeting that criteria and in Bristol they are meeting the criteria of one in five service users which the National Treatment Agency views as an excellent outcome. The SBU has been involved in a number of Trust wide audits and specifically within SDAS there were four NICE audits. The SBU wants to focus on improving the timeliness and quality of audits. The SBU held an innovations Dragons Den and three projects received funding: Portland Prison DVD; a consistency management pilot at Stokes Croft; a learning disabilities pilot. Another innovations competition on the theme of recovery is planned for this year. 	

- The report looks at the service users and care engagement work that has been done over the last year. The SDAS service user involvement worker is working on a number of projects. He is taking a lead in the newly established peer mentor volunteer scheme, and is looking at updating real time surveys to increase the number of service users participating.
- Good progress has been made this year in terms of working with carers. The SBU is working with Gina Smith, Consultant Nurse for Family Interventions, to look at how it can adopt the carer work that is going on within the Trust and make it more meaningful to the service.
- In collaboration with Rachel Clarke, Head of Innovations and Sustainable Business, the SBU is implementing Evidenced Based Design in order to involve better understanding of service users and families in service improvement.
- With regards to appraisals, although the scorecard has a red rating the figures in the report are the true reflection of the results from the MLE which shows that the SBU has achieved 81%. Overall the SBU are 88% compliance with statutory and mandatory training some areas have an amber rating. Work is underway to provide training that is specific to the SBU.
- In relation to working with the supporting carers, Alison Paine asked about SBU engagement with the whole family, particularly young carers. Kristin Dominy advised that SDAS was part of a wider treatment systems and that they were not the commissioned provider of specific family support services. The SBU advises people on making contact with relevant support and service providers. The parental risk screening process helps to identify children at risk and the SBU is working collaboratively with families and other organisations.
- Tony Gallagher asked about the role of the Governance Facilitator. Helen stated that this role helped close the governance loop, monitor and progress action plans across all services. Tony noted that SBUs were developing these roles and wanted to be sure that this was not happening in isolation and was linked to NCAS governance process. Howard Lawes advised that the current review of corporate functions included this issue.
- Tony Gallagher stated on page 5 that it was good that the year on year has shown improvement but stated that one agency has achieved 20% when the average elsewhere is 10% and asked if we had done a comparison. Kristin confirmed that the reason why Bristol has had a big increase is because they were significantly behind everybody else and a significant amount of work had gone into improving. Now that SDAS understand this better we will be taking that learning across the other services but we have to make sure that we are fit for purpose in terms of tendering requirements, for example Wiltshire are going out for tender now, an expression of interest came out this week so therefore now we need to redefine our model in preparation for these tenders.
- Tony Gallagher noted that only 35% of staff had undertaken required Mental Capacity Act Training. Kristen Dominy advised that the number of staff requiring training was overstated, that this was being revised and the figures would improve. Julie Thomas asked the SBU to involve Hazel Watson in this discussion in order that it could be included in the matrix review.
- Helen concluded by outlining the SBUs quality improvement objectives for 2012-2015.

	<p>RESOLVED:</p> <p>That the report was noted.</p>	
	<p>Specialised and Secure SBU</p>	
	<p>The Committee received and considered this report by Jayne Hayes, Clinical Director, Specialised & Secure SBU.</p> <p>This SBU Quality Improvement report provides an annual review of progress in relation to the quality of care provided by the SBU.</p> <p>Jayne Hayes highlighted the following:</p> <ul style="list-style-type: none"> • The quality improvement objectives for 2011-2012 were considered by a large group of SBU staff at an SBU Innovations day in June 2012. Staff from all disciplines, administration and management attended the event. The main objectives were agreed at the event and actions developed by various workgroups set up during the day. • The SBU profile has changed in the last year. It developed a veteran's service and has opened a 10 bedded eating disorder ward. • The report provides data on audits of quality undertaken on NICE guidance and information on complaints. All audits are referred to in the report and complaints and root cause analysis are subjected to individual reviews. • The report appendices show performance against targets and provide an evaluation of successes. • Elizabeth Casson House and Hazel Unit have achieved AIMS accreditation. • Performance in relation to VTE and physical health checks has been very good. • Derick Travers (ward manager, Hazel PICU) provided information on the impact going through the AIMS peer review process had on Hazel ward. The staff involved with preparing for the peer review process felt very motivated by this process and the ward received had some excellent feedback from the peer reviewers. Jayne read out some of the feedback from the Hazel AIMS report which included praise for the staff and facilities of Hazel ward. • The SBU will be holding a conference on quality improvements. • Real time surveys have provided valuable information to support service improvement. One example related to concern about noise at night in Fromeside. The simple solution of staff having keys in pouches helped to address this. The SBU Service User Involvement Worker has been very active in using creative ways to encourage engagement with real time surveys. • Alison Paine noted the same issues in relation to discharge letters to carers as was discussed in relation to the Liaison and Later Life report. Jayne will look into this. • Alison Paine asked about the two pages of figures on incidents and felt that it was not clear if these are good or bad results and felt that if someone other than a clinician was looking at these results they would not be able to understand them. She suggested that a commentary be 	<p>JH</p>

	<p>helpful. It was agreed that this should be addressed in future reports.</p> <ul style="list-style-type: none"> • Tony Gallagher highlighted the sentence on page 30 that talks about suicide prevention and the number patients with a care plan and tool kit and asked if this addressed the issues raised in the NPSA audit. Jayne confirmed that it does. • Julie Thomas asked about sickness absence and what targeted action is being taken around it. Jayne confirmed that everyone is following the policy and work has been done around the staff with long terms sickness. • Alison Paine had spoken to staff at the Board meeting in Fromeside. They had reported that staff shortages were a problem. She asked if this presented a safety issue. Jayne stated that this was not a particular concern as Fromeside had the flexibility and capacity to move staff around to provide cover. <p>RESOLVED:</p> <p>That the report was noted.</p>	
5.	<p>Board Strategy for Quality Improvement – Annual Report 2011/2012</p>	
	<p>The Committee received and considered this plan presented by Arden Tomison, Medical Director.</p> <p>The report provides an annual review of progress with the Board Strategy for Quality Improvement and the work streams that sit under it.</p> <ul style="list-style-type: none"> • It also provides a summary of a short review to assess the effectiveness of the strategy and assess if an update is required. • The report identifies the following actions: <ul style="list-style-type: none"> ○ Executive ownership of quality needs to be enhanced. ○ The governance framework to support quality needs to be reviewed. ○ A more unified approach to quality and quality information is required. ○ The work plan for 2012-2013 needs to be development. • In the light of the review of Directorate and the Corporate Functions and the expanded Professional Council role a more significant review of the Strategy is planned. • Julie Thomas pointed out that in 4.4 of the strategy information and Data Quality Management Strategy 2009-2011 is referenced, and that it was out of date. Arden stated that the strategy is being updated. • Tony Gallagher noted that this was work in progress. The strategy should not be updated pending a more significant review. <p>RESOLVED:</p> <p>That the report was noted.</p>	
6.	<p>Any Other Business</p>	
	<ul style="list-style-type: none"> • The Chair thanked the SBU directors for their reports and noted an 	

	improvement against prior years.	
7.	Date of the next meeting: <ul style="list-style-type: none"> Quality and Safety Committee meeting – 3rd July 2012 – 1pm-4pm – Conference Room, Jenner House, Chippenham 	

Dates of future meetings	Time	Venue	Committee papers to be received by Rebecca Peterson for distribution
4 th Sep 2012	1-4pm	Conference Room, Jenner House	24 th August 2012
6 th Nov 2012	1-4pm	Conference Room, Jenner House	19 th October 2012

