

**Minutes of the Quality and Standards Committee meeting**

Held on 3 September 2013 1-4pm Training Room, Greenlane Hospital Devizes SN10 5DS

These Minutes are presented for **Approval**

Members Present	
Susan Thompson	Chair
Emma Adams	Head of Academy
Newlands Anning	Interim Head of Professional Practice, Swindon
Norman Atkinson	Head of Professional Practice, Wiltshire
Carole Bowes	Specialist & Secure Services
Ruth Brunt	Non-Executive Director
Tony Gallagher	Non-Executive Director
Katherine Godfrey	Trust Lead Occupational Therapist
Julie Hankin	Clinical Director, Wiltshire
Clare Leonard	Head of Profession, Physiotherapy
Hayley Richards	Medical Director
Claire Williamson	Head of Profession, BANES
Staff In attendance	
Simon Hall	Team Manager, Early Intervention, Wiltshire
Teresa Bridges	Administrator
Members of the Public in attendance in the gallery	
	A total of five members of the public attended the open session but did not wish to be named.
Members of the Public representing other organisations	
None	
Public Open Session - Presentation by Locality Host - Wiltshire	
<p>Simon Hall and three service users from the Early Intervention service gave a presentation around social media and new ways of communicating with service users aged 18-25 and their carers/families, giving a snapshot of how the Team interact with families.</p> <p>Two big Engagement Days have been held over the past 12 months demonstrating how staff/service users/carers endeavour to move the service forward with better ways of working. These events highlighted the various activities that happen in the Wiltshire locality such as; vocational workshops. The dual diagnosis worker spoke about his role.</p> <p>Meetings are held soon after events to focus on implementing new interventions and long-term</p>	

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goals. Multi media is the way forward by tapping into the skills of service users/carers/family members who are willing to be part of the new way of working. Several videos have been filmed, helping promote the EI services with young service users, with a view to developing mobile applications to make the films easily accessible. This will also apply to sharing care plans and other types of hard copy information which can be easily lost.

Two young people gave their testimonies. One young man is working in a high-level restaurant setting and has flourished in the environment alongside the EI support network that is in place for him, even gaining a trophy award for his hard work. Another young person is working in a high street retail clothing store holding down a part time job, as well as attending college and taking two sport skills courses. He has gained more confidence in the workplace from attending EI meetings and is feeling very positive because of the support received from the service. It was observed by the chair that the service users are providing peer support through their initiatives rather than being supported. The chair & Norman Atkinson, HoPP, to discuss and take forward the issue of facilitation/ leading along with better transition between EI and Adult Services.

The team are spearheading new ways of working with service users/carers families and the results are extremely positive. Access to the videos is available via YouTube/MHPsychosis.

Julie Hankin then spoke about the services provided by the Wiltshire locality, praising the administrative support for all the extra work they do for the clinical teams. The monitoring of quality is managed via a central support who provides data and trends from IQ and other qualitative information. The quality governance arrangements are well embedded.

No issues or risks to quality were highlighted to the committee.

Main Meeting	Action
<p><b>QS/13/01 Apologies</b></p> <p><b>Apologies were received and accepted from:</b></p> <ul style="list-style-type: none"> <li>Liz Bessant – Head of Nursing NCAS</li> <li>Bill Bruce-Jones – Clinical Director, B&amp;NES</li> <li>Eva Dietrich, Clinical Director, North Somerset</li> <li>Kristen Dominy, Director of Operations</li> <li>James Eldred, Clinical Director, Bristol</li> <li>Sammad Hashmi, Clinical Director, Swindon</li> <li>John Owen, Clinical Director, South Gloucestershire</li> <li>Hazel Watson, Director of Nursing</li> <li>Tim Williams, Clinical Director, SDAS</li> </ul>	
<p><b>QS/13/02 – Minutes Of The Previous Meeting held 3 September 2013</b></p> <p>Minutes were approved with minor amendments.</p> <p>It was noted that as the August 2013 meeting was not quorate the Chair confirmed the approval of the policies by an additional NED TG outside of the meeting therefore the August policies were noted as approved:</p> <ul style="list-style-type: none"> <li>• Rapid Tranquillisation Policy</li> </ul>	

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taken and what are the planned timescales.

Improvement work in SDUs is understood to be at different stages of development with some areas arranging peer reviews across teams.

Centrally the IQ system is continually being refined and developed and the leads for CQC and records management are supporting teams and wards to help identify areas for improvement and support improvements.

**QS/13/05 – Management Group and Service Delivery Unit Compliance exception reports**

SDUs were reminded that this is the point in the meeting to highlight any concerns around risks to the quality and safety of their services; either poor performing areas in IQ or other areas not included in IQ.

**Specialised and Secure Services** CB provided an update: Actions to improve the reported data on Supervision and Appraisal are in train to ensure reporting is understood and completed to time. A lot of work has been carried out to make sure the right teams are reporting correctly through IQ. Three teams are still in consideration as appropriate for inclusion: ADHD, Bristol Autistic Spectrum Service and Wiltshire Autistic Spectrum Service.

In **Wiltshire** the two areas being focussed on and prioritised clinically are Supervision and Safeguarding. The lower CQC score in Safeguarding is due to under target coverage for training at level 3, we have a commitment to have all staff trained by the end of September. For supervision the HoPP has been visiting teams and reviewing supervision records and practice. Our data is still an issue in terms of what is listed on ESR but work is ongoing to identify and iron out these problems.

**BANES** are focussing on supervision and appraisal. They have the same issues as Wiltshire on safeguarding and training should be completed by the end of September.

**Swindon** is also focussing on the above issues as well as assurance about the CQC outcomes. They are working with the Trust lead nurse to set up a CQC mock inspection programme across the locality for community and in patient teams where the team managers and senior practitioner will be trained to go into teams to do mock inspections as an assurance mechanism; and will then be reporting back to governance.

**QS/13/06 – Academy Progress Report**

EA summarised the progress made towards establishing the Quality Academy and an outline of the key functions and things they had to come to terms with. 'We are half formed; the existing functions which are the clinical information system, quality information systems and governance, the staff have all transferred over and are working together as a team.' The operations consultation is awaiting completion before being able to recruit to the Care Pathway Lead posts.

ST said that she would like to understand more clearly how the services involvement worker or engagement group will work with the Academy to improve the standards in the Trust.

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<p>ET explained that the Nursing Directorate consultation in the spring was about devolving some of the engagement involvement activity from the central team to the localities. The central team retained 2 staff, one manages volunteers and the other is involved with health watch and public responsibilities for engagement. The Engagement strategy sets out how most of the work will go on at local level. The Academy has responsibility to support the Trust wide groups for Health watch, service users and carers and also to develop a network with the involvement workers to share how they work across the board. An accreditation system around engagement and involvement, is being developed. It is important that engagement and involvement are part of the Academy work, as a key element of intelligence of how well we are doing. The newly appointed involvement coordinators have been training on peer mentoring, interviews, and being part of PLACE assessments and audit programmes.</p> <p>The aim is to be able to give people a set of tools and support so they can improve their involvement and engagement locally. Each locality will be starting from a different point.</p> <p>The Committee agreed that as the Quality Academy development is still work in progress they would like an update to come back in 6 months. The Shared Learning element is to come back to Q&amp;S committee for the January Agenda.</p>	
<p><b>QS/13/07 – Trust Engagement Group Meeting – verbal update only</b></p>	
<p>No one was present to provide an update.</p>	
<p><b>QS/13/08 – Annual Report for Complaints PALs and Praise</b></p>	
<p>The report was deferred until October due to the unavoidable absence of presenter.</p>	
<p><b>QS/13/09 – Social Work Strategy</b></p>	
<p>PW presented the Strategy, it was fully supported by the committee and approved.</p>	
<p><b>QS/13/10 – Social Care Implications from Homicide Injuries</b></p>	
<p>PW – All recommendations in the report have either been addressed or actions are on-going.</p> <p>There is a big piece of work in relation to staff training for staff employed by AWP as AMHP's, it is a complex piece of work and has been started. JH/PW to meet to discuss this and other issues.</p> <p>Action point 13 on assessments not being delayed contingent on a bed being available. This has been taken through various forums including AMHP leads but not completely unpicked. JH advised that it should be taken back to a Management Group.</p> <p>ST asked what is the plan for future reporting of the actions around this report? It was agreed that an update would come back in March 2014.</p>	<p>JH/PW</p> <p>JH</p> <p>PW</p>
<p><b>QS/13/11 – Quality Accounts Improvement Priorities Progress Update</b></p>	
<p>AT summarised the key actions that the Trust is taking in relation to the Quality</p>	

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Account’s published quality improvement priorities. They are split into the 3 domains of quality, Patient Experience, Clinical Effectiveness and Safety.

Patient Experience: work is on track with the implementation of the friends and family test and the carers Triangle of Care.

Clinical Effectiveness improvements are on track except with CPA Practice Development, where more assurances will be required to confirm that caseload supervision is active and engaged in reviewing the quality of the CPA.

Delayed transfers of care – aligns to the improvement priority also articulated in the Trusts annual operating plan. As a Trust wide picture we are at 5.6% however two areas are not meeting expected target. This is been actively managed locally but will remain as Amber.

The Mencap Charter workstream is on track with delivering compliance with the 8 standards and a project leader has been employed to deliver this with community teams.

Safety actions are on track

These areas are to be reported to the Board quarterly via this committee with the summary table going on to the Board, included in the Quality & Performance Report.

**QS/13/12 – Internal Audit Report on Pressure Ulcers and Patient Falls**

Claire Leonard presented the report and summarised the key actions. The update on the tissue viability actions will be presented at the next meeting as part of the report from the Physical Health Care management group.

The key progress with actions:

Two days of Awareness training has been arranged for October, 2 nurses from each ward will attend and it has been opened up to nursing liaison teams; the uptake has been good.

The Falls Awareness Guide has been re-written which is going to the Physical Healthcare group for approval.

SLA’s have been written and are awaiting approval and the contracts department to take this forward, this should hopefully go in the next 3 months as there is a lack of tissue viability support from the acute services

Falls – The pathways have been re written as we can no longer use the numerical tool for assessment; this is out for testing with the physio’s and will be going to the Modern Matrons in due course. Most of the work been done has been in Older People Services as this is where most of the falls occur; the focus is now moving into Adult Services.

An action plan is going to Physical Healthcare meeting tomorrow for advice on how to take this forward. This may also go into the Academy as it is a Trust wide multi-professional issue. Over the last 9 years across the Trust the falls figures have remained steady. Modern Matrons are keeping a review each month on the fall figures.

All wards should have a chart, to monitor medication for high, medium and low falls

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<p>risk.</p> <p>Guidance is to be put in the policy that when the Care Plan is reviewed as a result of falls, if there is no change this should still be noted,</p> <p>By the next meeting in October and it is hoped that the Falls Policy will be updated and the new pathways aligned. The RIO form will be discussed as it does not meet the current needs and so it is to be recommended that it is not used at the moment.</p> <p>ST stated that as a committee they are satisfied that significant action has been taken and a re audit will be done in December. A report will be completed following the audit which will hopefully show that there are improvements.</p> <p>TG gave an observation that came out of the Audit Committee, that the Trust is receiving a number of audits and that we are not doing what we say we are going to do. This does not give assurance. The audit has high priority recommendations. Despite what has been said our internal auditors keep telling us we are not doing what we said we are going to do. There is a broader lesson here for us to take on board.</p> <p>RB would like a written action plan, which includes actions for the localities rather than a verbal report, with timescales and responsible people on. Part of the action plan is to complete the update of the Falls policy and what is the date for that and who will be responsible.</p> <p>It was agreed updates to these actions would be provided via the management group reports to the committee.</p>	LB
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<b>QS/13/13 External Reports: CQC Follow Up Review of Community Services, May 2013</b>	
<p>AT presented the report. In June 2012 the CQC review of community services (recovery and intensive teams) they found us to have to have issues regarded as a moderate impact on service users against 4 standards. The revisit in May 2013 found us compliant with outcome 1 and 16 but they believe there are minor issues remaining around outcome 4 in relation to care and welfare and outcome 13 staffing. These are issues which will have a minor impact on service users care and we need to put actions together to present to them to address the issues.</p> <p>The main headlines around standard 4, care &amp; welfare, is around care planning (care plans not containing sufficient information); intensive teams reporting problems finding suitable beds and having to send patients out of area thus negatively impacting on the quality of experience of patients and relatives and also impacting on discharge planning. The second standard needing improvements is outcome 13 Staffing, where staff are saying that their caseloads are extremely high and they are not managing to keep up the contact that they would want with the service users; this was reflected in the service users feedback also that they were not being seen as regularly as they need or expected to be. Also there were issues raised where Senior Practitioners and Managers had high caseloads, so not necessarily being able to fulfil their management and supervision responsibilities. There were reported high levels of sickness and vacancies impacting on other staff work loads therefore causing de-motivation and stress adding to sickness issues. Another issue was where Band 4 Support Workers, who would normally cover a caseload of non-complex individuals, reported that they were seeing people with more complex needs than they would normally be caring for</p>	

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<p>within their specific level of competence.</p> <p>There are other issues which we will be identifying on the action plan. From here we are developing an action plan to be with the CQC by next Monday. A draft of the plan is going to the SMT for agreement.</p> <p>The actions will be included in to the integrated quality &amp; safety plan which will next be seen at the end of Q2.</p> <p>ST would like the Executive via HR, as a result of the meeting tomorrow, to give assurance prior to the submission of the plan to the CQC that they believe that the plan will address the issues and eliminate the CQC concerns.</p>	<b>HR</b>
<b>QS/13/14 - AOB</b>	
<p>It was agreed at the meeting that the 45 minute slot for locality presentations, would remain as is. Localities were asked to consider how they might make more use of the time before the meeting such as planning more events before the presentation.</p> <p>To review where future meetings are to be held and ST asked whether it was too late to move the Bristol meeting from Fromeside because of accessibility issues of the building as a secure unit?</p>	<b>AT</b>
<b>QS/13/15 Date of Next Meeting</b>	
<p>22<sup>nd</sup> October 1pm-4pm Locality: Bristol. Clinical Director: James Eldred, to lead.</p> <p>Planned venue to be reviewed, Conference Room, Fromeside, Blackberry Centre, Manor Road, Fishponds, Bristol BS16 2EW</p>	

