

Minutes of a Meeting of the AWP NHS Trust - Quality & Standards Committee

Held on Tuesday 22nd October 2013, The Conference Room, South Plaza, Bristol 1-5pm

These Minutes are presented for **Approval**

Members Present:

Susan Thompson - Chair Tony Gallagher – Non Exec Director Eva Dietrich - Clinical Director, North Som. Katherine Godfrey - Trust Lead Occ. Therapist Kristin Dominy – Director of Operations John Owen - Clinical Director, South Glos. Linda Hutchings – Head of Patient Safety Systems, Nursing & Quality Hazel Watson – Director of Nursing Claire Williamson - HoPP, BANES (in part) Sammad Hashmi - Clinical Director, Swindon Tim Williams - Clinical Director, SDAS	Carol Bowes – Clinical Director, S&S Ann Tweedale – Int. Head of Quality Information & Systems Emma Adams – Head of Academy James Eldred – Clinical Director, Bristol Bill Bruce-Jones - Clinical Director, BANES (in part) Ruth Brunt – Non Exec Director Liz Bessant – Head of Nursing NCAS Norman Atkinson – HoPP, Wiltshire (in part) Hayley Richards – Medical Director Mark Bunker – HoPP, Bristol (in part)
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Staff In attendance

Alison Devereux-Pearce – Governance Support Officer (note taker) Duncan Kennedy – Temporary Staffing Manager (in part)	Cristobel Reed – Senior Practitioner, Bristol (in part 1) Claire Leonard – Head of Profession for Physiotherapy, Swindon
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Members of the Public in attendance in the gallery

Francesco Palma	
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Members of the Public representing other organisations

Jill Panes – Friends Support Group (Yate) (in part 1) Melanie Watson – KPMG Consultants Pat Rose – Nilaari (in part 1) Simon Newitt – Service Director (in part 1)

Part One - Presentation by Bristol Service Delivery Unit

James Eldred, Clinical Director, welcomed all to the Bristol Locality Headquarters at South Plaza.
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A summary of the points discussed in the presentation are as follows:

- The main challenges at present are tenders, in particular IQ and accountability of quality to other services in the city and the scope beyond measurability, users perspective and also competition by alternative providers. The Locality inherited relationship problems of patient care and partnerships in the City. This started a process of re-examining our provision of secondary Mental Health care and AWP's place in this.
- AWP and the Bristol Team are keen to impress our commissioning colleagues but it's important to understand the context of our Service Unit. There are 3 recovery teams (North, Central and South). Within redesign the skill mix was built against 1800 service users but Bristol City Council took out their Social Workers from these teams so reduced care co-coordinator capacity by 20%. The equivalent number of staff skill mixed against this is 1550 but they have 2000 on their caseloads at present. The impact of this on the North Team means they have 1/3 bigger caseload than deemed appropriate. This situation also has a subsequent 'Knock on' effect too on much of the care co-ordinator and lack of opportunity for giving interventions (CBT, DBT etc). This in turn impacts upon sickness and agency usage due to need to fill long term sickness and team turnover, especially in Central Team and maintaining sustainable leadership going forward. Financial management also a challenge.
- In the past, Commissioner relationships have been 'tense' but it's improving using rebuilding such as 'named faces', phone numbers and accountability in the service.

IQ/ Performance Presentation - Mark Bunker

- Improvement has been made throughout the locality and it's 35 clinical teams using the clinical reporting mechanism. The main pathways are Acute, Recovery, Later Life and Psychological Services with interface between all. Meetings used by the locality to review this is the IQ and CQC compliance focused performance and quality meetings.
- CQC compliance in IQ: shows a gradual upwards improvement trajectory from 80% to currently 84%. Submissions are highlighting the issues to be addressed.
- Bristol – training is struggling to meet performance. CQC training levels are 88% for Inpatients requirements. Safeguarding, CPA and Diversity still proving to be a challenge,
- Records management – has a constant upwards trajectory and is now at 79%. Challenges are things such as: timescales on caseloads, admittances within 48hrs, signed care plans. The evidence element is impacted by high turnover for inpatients with high intensity. New caseloads show greater compliance with IQ/ quality data and there is evidence that staff are more fully engaged in the new IQ approach.

- Friends and Family: The response rate is presently at 15.1%. Community levels need to be improved, Mark Bunker has been speaking to other HoPPs about analysing data etc. The qualitative element isn't as detailed as in previous surveys (as per hand out). Teams and wards are now giving more feedback and narrative with only 4% unlikely to recommend which is more positive for Bristol.
- Supervision: This presents an impact on quality of service; a challenge emerged when data cleansing exercise has shown 920 staff are identified in the system but in actuality there are 734 staff, therefore 609 receive supervision (85%). This significant differentiation of staff will impact negatively upon our compliance but the new system will address this issue.
- Bristol-wide management reports into to SMT who escalate onto the Board as necessary.

Presentation from Simon Newitt, Director, 'Off the Record'

- 'Off the Record' is one of 9 partner organisations who provide youth services and are well respected with a specific remit in Bristol. They have an excellent grasp of what Bristol requires for racial equality and cultural training. The organisation has previously created bespoke courses.
- Actions are drawn from a learning format/case studies and with partners in the city using a culture relating to good quality care and good practice. This is underpinned by a mental health legal framework. These principles are targeted to primary care by using this model adapted to mental health/recovery with 20% of original material adapted to a 4 day course. This also helps enhance relationships with service users & partners within the voluntary sector; this is how AWP delivers this work across the city. Reports evidence the on-going piece of work as a partnership of culture across the city & AWP with meaningful actions.
- Managers and the leadership team in the city are part of leading services forward in Bristol; Pat Rose of 'Nilaari' along with Cristobel Reed, Senior Practitioner, who's an Inner city Mental Health worker role having core relationships within the city. It's acknowledged that there's work still needing to be done to build on a previously difficult relationship with AWP. Since a consultation people have been very vocal in sessions and it feels more like AWP are taking issues seriously and wanting to change. Communication is needed for constructive integration for clients and service users' needs to be met which is positive.
- The culture of organisation is changing and there's recognition that it needs to change. Cristobel Reed explained that as an AWP worker she comes in and meets with the service 1 day a week and brings an inner city focus and meets up with agencies for liaison and training delivery (Bristol Black Carers et al) with the aim of

reducing stigma of mental health. Cristobel is also giving training to the police, linking in with the 136 work and the 'winter pressures' agenda. Interpreters are now available and are still doing assessments from Brookland Hall using basic templates for minorities and also other documents in other languages. Friends and family test in other languages was discussed which is currently a work in progress.

- Simon Newitt advised the committee that Rose, Cristobel and himself represent elements of good quality working with AWP. The quality of relationships and access has improved. It is difficult to translate measureable standards to understand if a service is in touch and culturally intelligent about its users and work has been completed using a dashboard of indicators from the Delivering Racial Equality framework. There's better feedback from service users too within the tender processes having users in all forums/ decisions and a user and carer board that will be tasked with defining whole system indicators.

Questions:

Tony Gallagher: data quality is there a variation in the localities? Is there sharing best practice across teams? James Eldred advised that the central resources are to assist in this resolution and will encourage all to use this support element. The establishment project is starting and in its testing phase. Emma Adams added that the Quality Academy is to share this responsibility in the future. The IQ processes are generating activities such as chasing for care plans and signed consents. Teams and wards can see their data and identify what improvements are required to meeting the CQC qualitative elements, which is very positive.

Ruth Brunt: identifying a forward trajectory on meeting compliance has been discussed at board, what is Bristol's expectations of this? what are team expectations for next year? Where will you be in 3 months/ 6 months and 1 year? Mark Bunker advised that this trajectory is not yet determined. Teams are looking at analysis currently, getting training right (93% for CQC). Records management is currently mid 80%, and needs to be 90% in the future. James Eldred added that Bristol needs to provide transparent data and a narratives to engage commissioners positively.

Bristol needs to demonstrate a trajectory in the future. The Bristol tender has proposed a network of 9 providers in the city with AWP being the lead partner. AWP, being the system leader, will be the accountable provider to the CCG and provider of the assurances on the quality of services. Partnership working is leading a new way of working and thinking in the city.

Frank Palma: representation / diversity of section 4 (self-referred) and those from prison who needs an appropriate classification/ diagnosis. How is the service a gate keeper, and will they be using a systemic approach such as REC? Hazel Watson answered that AWP looks at the statistics and we have very few inappropriate diagnoses in

the service which are under represented ethnic/ minority groups.

Part Two – business to be held in private

QS/13/01 Apologies		
1. Apologies were received and accepted from Julie Hankin, Paul Miller, Bina Mistry, Newlands Anning.		
QS/13/02 Minutes/ summary of the meeting on 3.9.2013		
<p>P1: Hayley Richards and Claire Williamson were present</p> <p>P1: Chair asked for Service Users to open the part of the public meeting – the Committee need to recognise them and they need to give consent to give their names for the minutes.</p> <p>P1: Open session: 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 discuss the issue of better transition between EI and Adult Services.</p> <p>P3: Quality Dashboard, Paragraph 3 amended to read ‘that there <i>‘can be increased confidence’</i></p> <p>P4: Academy Progress Report – Emma Adams to report back in 6 months; The Shared Learning element to be a separate agenda item for January 2014 Q&S to also be presented by Emma Adams. Will be added to work plan.</p> <p>With these amendments the minutes were agreed as an accurate record.</p>		<p align="center">ST/NA</p> <p align="center">EA</p>
QS/13/03 Matters Arising from the previous meeting		
<p>The committee reviewed and updated the matters arising log.</p> <p>Hayley Richards updated the committee on the progress with the quality impact assessment process for the cost improvement schemes. There is a weekly senior management meeting to oversee the CIP programme and the expectation for QIAs to be produced is being confirmed. The new programme management office is working with Nursing and Quality to ensure that QIAs are integrated into the project management processes. Updates will be provided to the Committee at the next meeting.</p> <p>The chair asked about the impact assessment of the recent initiatives that have been introduced, such as a pause on training and how these had been assessed.</p> <p>HR assured the committee that this had taken place as part of the planning process.</p>		<p align="center">HR/HW</p>

<p>quality agenda overview can be discussed in Part 1 of the public agenda but more detailed sensitive discussions will take place in private in Part 2 for exception reporting. Service user feedback/ speaking within the organisation will focus on the first public part and the extended 2nd part discussing challenges.</p> <p>The element of this committee agenda is to provide quality assurance to the board and assure ourselves that we're addressing significant items that impact upon service users and that services are delivering consistently high quality health care and maintaining these standards.</p> <p>Exception Report Summary:</p> <p>Tim Williams – SDAS: The committee was advised that quality assurance and improvement work is going well. Friend & family standard is being sought by sitting down with service users and putting in details in via an iPad. That the levels of compliance with CQC and Records management are good.</p> <p>Bill Bruce-Jones – BANES: The committee was advised that Friends & Family response rates are a 8.9% with the acknowledged need to increase this. Team leaders need to rally staff and make requirements clear and change the culture in that they have to 'own' this. Feedback comments (200 positives and 8 negatives) in BANES is rewarding but response rates need increasing. Other metrics have an upward trajectory, particularly in the EI team & Sycamore Ward. Reasonably confident in increasing attendance at training and the unit has done well for Level 3 Safeguarding. Statutory & mandatory training makes a difference to assessment scores which will be addressed next. Crisis and contingency plans need focussing on along with drug and alcohol element being updated with historical information. Training is being provided on good quality Crisis Plans being available. Formulation is improving along with actions in place for Hillview Lodge and the management thereof.</p> <p>James Eldred – Bristol: the committee was advised that the locality are focusing on training. A large Friends & Family response rate has come back (15%) but features on dashboard as low. Feedback from Friends & Family is going back to teams but they are experiencing difficulties in managing complaints and RCAs within a large population. Hayley Richards confirmed the need to have clinically led service and all to engage with including being part of job planning. High sickness rates represent a risk. Two teams are identified with having long term significant sickness; this is very difficult to manage which impacts upon continuity, quality, finance and the workload of rest of team.</p> <p>Sammad Hashmi - Swindon: The committee was advised that Friends & Family response levels are improving. Records management experiences no difficulties at</p>		

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<p>present. Staffing issues in that teams still not recording supervision adequately to evidence activity. As Clinical director he is providing intensive guidance sessions with the intensive team every 2 weeks which also classes as ‘supervision’. Concerns over long and short term sickness; is within target, but long term needs management. The Clinical Director is working with HR over individual cases to ensure process and outcome. Staffing levels at the Victoria Centre have been identified as an issue of concern by the recent CQC visit; this has a lower level impact and the team are in the process of recruiting as eligible people are available. Katherine Godfrey asked about the Therapy staff/ balance on ward which was raised in the CQC report? Do they offer occupational therapy/ physiotherapy/ art therapy? It was explained that Swindon are having a meeting at the end of November to discuss the skill mix for Therapies.</p> <p>John Owen - South Glos: The committee was advised that the management are very pleased with CQC compliance/ records management. Friends & Family levels are acceptable but needs to increase along with an improved process. Appraisal levels will be improved with an action plan being utilised. Sickness levels are improved however the recovery service is over-capacity and will now be splitting into 2 teams whilst adding an additional Manager and Senior Practitioner. Whittucks Road Unit (rehabilitation inpatient) is safe but not dynamic in its approach so an OT has been approved to go into this and also BANES team to work using an action plan upholding quality of care planning and recovery aspirations. A review of the unit by Ros Stower, Interim Service Manager, has taken place and the management team are sharing this with staff involved.</p> <p>Carol Bowes – Specialist & Secure: The committee were advised that Friends & Family response levels are deteriorating within secure units. An apparent theme is the appropriateness of the question for long term patients and recording the outcome. This is currently being worked on and can feed back to committee in future. No teams are providing any issues of note. Bank usage has reduced and bespoke training around basic care and principles has been implemented. Teams are struggling with issues that IQ doesn’t quantify but committee were assured that IQ scores aren’t deteriorating. Service is CQC compliant for Inpatients at Bradley Brook which has a strong training element with positive comments from the recent CQC visit. Ruth Brunt advised the committee that she was very impressed in yesterday’s steering group with service users giving feedback advising it is clear that actions were being taken and from a service users aspect very positive.</p> <p>Eva Dietrich - North Somerset: The committee was advised that there’s an element of more feedback and greater learning being fed back to teams. Community care forums are also taking place.</p>		

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<p>Kristin Dominy – Wiltshire: The committee was advised that issues have been identified with Ashdown Ward, the biggest concern being with recruitment and the use of agency on the ward impacting upon the quality care for service users. The management team are urgently reviewing staffing establishment and increasing psychological input. The recovery team in Salisbury required support and Liz Bessant is working on how to provide this.</p> <p>The Chair thanked all for their reports.</p>		
<p>QS/13/05 Safety Alerts Annual Report</p>		
	<p>The committee received the Safety Alerts Annual report. It gave assurance that systems remain sound but in future will want to test out the strength of cascade processes. Ourspace pages have also been updated and there are cascades to local delivery units via a nominated individual who will cascade on and close the governance 'loop'.</p>	
<p>QS/13/06 Quality Improvement Visits</p>		
	<p>The committee received the Quality Improvements Visits report. Linda Hutchings asked the committee for suggestions of how to improve these and ensure Exec/ non-exec participation. Processes for recommendations ensure issues are addressed and closed. There is nothing of significance is to be reported back but it is recognised that these visits continue to be valued for feedback by the Executives. The Chair asked the views of the Clinical Directors present who advised that Quality Improvement Visits are an opportunity to gain assurance and learning and has a positive impact on the Delivery Unit who feedback that they appreciate the visit, the interest and that direct contact is being made. Additionally, it helps the staff of the Delivery Unit to think about things in an alternative perspectives by visits questions making them think in different ways. Hazel Watson advised the committee that she did a visit to Ashdown Ward last year when the risks hadn't been sighted. The management action plan immediately formulated had a stronger impact.</p>	
<p>QS/13/07 Annual Complaints Report/ PALS</p>		
	<p>Immediate comments from Linda Hutchings was that the new web system to give praise or raise concerns is underway with objectives set. Ruth Brunt affirmed as encouraging that the central locality team can feed back if appropriate also that the mechanism to receive complaints will be reviewed. Complaints have gone up but issues gone down. There is a concern that more hadn't been made of by way of informal complaints which raises the issue of not capturing data. Linda Hutchings assured the committee that the report focuses on formal complaints but informal ones go onto to the recording/reporting system in the same way but acknowledges</p>	

<p>the issue raised.</p> <p>Ruth Brunt asked overall, how many complaints aren't upheld? Linda Hutchings advised that the majority are upheld and just a small number of those that aren't can be referred onto the Health Service Ombudsman. The Trust is looking at policy in light of the Francis Report to be more analytical/ critical of complaints. Learning should be same from a complaint if upheld, partially upheld or not. Individual PALS officers in future will be assigned to alternative patches and may possibly assigned to locality. Breakdown of complaints is fed down to clinical staff by reports each month on Ourspace and live data on incidents. Individual HOPPs can also be supplied with this by locality.</p>		
<p>QS/13/08 Service Users and Carers Steering Group Report (minutes only)</p>		
<p>Service users carer group – noted minutes. It is expected that a verbal report from group will be provided by a nominated person in the future.</p>		
<p>QS/13/09 Management Groups & DU Compliance Exception Reports</p>		
<p>The committee received the following reports:</p> <p>9.1 CIOG: Feedback is provided from the STEIS system to the group. A new approach to RCA's being Clinical Director led is to be introduced. Linda Hutchings & Caroline Saunders met with Avon and Wiltshire Coroners to discuss new ways of working and agreed the same system with both. The group is well supported and very effective with the focus on learning rather than the incidents. The group also identifies what's good practice as well as learning from errors.</p> <p>9.2 Assurance Report – Infection Control, Physical Healthcare and Medical Devices Group. Liz Bessant presented her report which assured the committee of good progress and no performance issues or risks in relation to the remit of the group. An example of the work described visits to wards to carry out mock cardiac arrests as and audit. 50% of wards were visited with a mannequin to check real life cardiac arrest techniques and audit resuscitation equipment. Liz Bessant will feed forward recommendations and revisit in 3 months to follow up some issues of poor practice identified.</p> <p>The Chair thanked the author for a helpful report and enquired if physical health checks were being made along with treating mental health? Assurance was given that the Trust are addressing checks for users in its care.</p> <p>9.3 Mental Health Act & Safeguarding Group. This exception report provides an update to the committee in relation to the development of the group. The work of the group is now streamlined in to two groups in order to focus on the specific requirements of the two agendas.</p>		

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<p>The 2 groups meet on alternate months, Mental Health Act then Safeguarding; co- chairs are the Associate Medical Chair and Deputy Nursing Director. The Chair commented positively on the progress. MH associate representation hasn't always been present.</p> <p>9.4 Clinical Governance and Prescribing Practice (Bournemouth SDAS) The committee reviewed a formal letter to CEO and this committee. Events mentioned have been investigated (which pre date our acquisition of the service). Hayley Richards gave assurance to the committee that the individual under most scrutiny is not performing clinical work for AWP.</p>		
<p>QS/13/10 Falls & Pressure Sores Audit</p>		
<p>Actions are on target and will be monitored through the Physical Health, Infection Control and Medical Devices Group. The policy is being updated as per NICE guidelines with a pathway for 50yrs+ moving into the 'Older People' realm. Adult wards and physiotherapists will need to raise awareness and training at handover times. Electronic reporting to return as a formal process as part of incident reporting. The team are monitoring all falls. Pressure Ulcers Guidance has been updated along with ward risk assessments and physical health check policy. Audits will be undertaken on a quarterly basis – by the group, not staff.</p> <p>Annual audit also has been done for Falls by the Physiotherapists Group. The Group are also benchmarking with Oxford & Bucks and Rotherham.</p> <p>Ruth Brunt advised that the action plan is acceptable but wanted more assurance over the outcome measure; it has 'improved' but by how much? Is this good enough and what are the expectations for the teams and is this by a certain date? Liz Bessant acknowledged that these comments will be taken into account. The aim is the reduction of significant injuries even though there's been a steady number of falls that need review, osteoporosis/ high risk/ challenging behaviour is also taken into account. Clare Leonard, Head of Physiotherapists, is confident that they are managing these and keeping the levels down. In addition, the rising number of frailty of population/ older people patients has been taken into account when drawing up profile / care plans awareness.</p> <p>Updates will be provided with the results of the Trust falls audit.</p>		
<p>QS/13/11 Learning from Experience</p> <p>The chair requested that this report be deferred until the next agenda on 19th November 2013</p>		
<p>QS/13/12 CQC Review of the Victoria Centre</p> <p>External report for a Review of the Victoria Centre was noted by the Committee.</p>		
<p>QS/13/13 Policies</p> <p>13.1 Roster policy: The committee was appraised that the Trust doesn't currently have a</p>		

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	<p>recognised roster policy but with the eradication of using agency staff and the need to ensure safe & effective care it's essential to ensure that staffing on 24 hour services in future will be operational. GNG and JUC have provided consultation on the report and relates to all staff AWP. This forms part of the quality aspects of a well rostered service. The Committee resolved to approve this policy.</p> <p>13.2 Retention of MHA associates: This policy demonstrates the aligned new procedure bringing order to previous ad hoc arrangements; The Committee resolved to approve this procedure.</p> <p>13.3 Incident Policy: This policy revises guidance with coroners as already mentioned in the CIOG report. The committee was advised that that the appendices run as the old system on Ourspace/ non sequentially. The Committee resolved to approve this policy.</p>	
	<p>QS/13/14 AOB</p>	
	<ol style="list-style-type: none"> 1. The committee affirmed their expectation to interrogate QIAs but at this stage are unsure if escalation is necessary but agreed this is an issue to discuss in future. 2. Tony Gallagher reiterated the need for the Board to be sighted on IQ. 3. There was appreciation from the NEDs that there is more intelligent debate with the localities now, which Tony Gallagher supported as good feedback of a constructive nature that encourages a narrative debate and ownership of problems by the committee. 4. The chair advised that the next agenda/ meeting would see an emphasis on locality quality and a change with the 1st part service user focus first then locality delivery. 	
	<p>QS/13/15 Agree any items to escalate to board</p>	
	<p>No items to escalate</p>	
	<p>QS/13/16 Next Meeting:</p>	
	<p>19th November 2013, 1300-1600 Beech Room, Sandalwood Court, Highworth Road, Swindon SN3 4WF</p>	