

Minutes of a Meeting of the AWP Quality & Standards Committee

Held on 12th December 2013, 1300-1630 in the Willow Room, Bath NHS House, Combe Park, (RUH Site) Bath.

These Minutes are presented for **Approval**

Members Present

Susan Thompson (Chair) Non-Executive Director	Emma Adams - Head of Quality Academy
Hazel Watson – Director of Nursing	Ann Tweedale – Head of Quality Information & Systems
Hayley Richards – Medical Director	Kris Dominy – Director of Operations
Ruth Brunt – Non-Executive Director	Katherine Godfrey – Trust Lead Occupational Therapist (Chair of Professional Council)
Alan Metherall – Deputy Director of Nursing	John Owen – Clinical Director, South Glos
Eva Dietrich – Clinical Director, North Somerset (from 1.43pm)	Bill Bruce-Jones - Clinical Director, BANES

Staff In attendance

Jaci Bennett – Ward Manager, BANES	Gill Ross – Client Account Manager
Emma Roberts – Company Secretary (from 2pm)	Leigh Rawlings - Involvement Co-ordinator
Liz Richards – Managing Director BANES	Claire Williamson – HoPP, BANES
Norman Atkinson – HoPP, Wilts (from 2.15pm)	Paul Daniels – Head of Health & Safety
Alison Devereux-Pearce – Governance Support Officer (minute taker)	

Members of the Public in attendance

None.

Members of the Public representing other organisations

Bev Nottingham – Carer Lead, 'Keep Safe, Keep Sane'
Eddie Bowkett – Carer Lead & Representative to Acute Care Forum

Action

Part 1 – Presentation by BANES Service Delivery Unit (Bill Bruce-Jones, Claire Williamson & Sycamore Ward Manager)

The Clinical Director, Bill Bruce-Jones welcomed all to the session. BANES is one of

the smaller localities within the Trust with an average national morbidity. However, urban, rural and semi-rural areas present different complex issues compounded with high levels of substance misuse and unemployment. The Locality offers a full range of services, these being Inpatient wards, Primary Care Liaison, Care Home Liaison, Intensive, Recovery, Older adults, Early Intervention and has recently taken on LIFT Psychology.

IQ Data Feedback:

Friends and Family levels for the Community are very good. Additionally, positive and negative feedback are welcomed and used to make improvements. The Locality has a good relationship with their Commissioner and she is assured, in turn, over items and potential issues at Performance Meetings.

CQC compliance – Outcome 2 (Consent to care and treatment) ‘Concentrated’ effort for improvement required. Integrated service have responsibility to also review caseload.

Records management – This is gradually improving, the team still have work to do and maintain progress.

Supervision – recording issues have been identified but Clinical Director is confident that the new system will prove positive.

Appraisal – It was noted that there is a fortnight delay after completion and updating for data to reach IQ

Sickness/ absence – HR are supporting teams/ team managers updating electronic forms and managing sickness issues.

Sycamore Ward - An unannounced CQC visit commenced recently to the 23 bedded adult acute ward. This visit was helpful as it was felt to reinforce issues identified already. The last 18 months has been difficult on the ward with significant leadership and nursing problems impacting upon high sickness, vacancies, high levels of bank and agency usage which have been big issues for management to take on but the Ward is now improving. Locums on ward have been replaced by Associate Specialists ‘stepping up’ and this has worked very well. Thanks were expressed to Hazel Watson for her support with new staffing arrangements.

Funding for improvements to inpatient facilities has been agreed. The CQC confirmed that verbal feedback from Service Users has affirmed that staff are kind careful and considerate. Environment improvements have been identified by Jaci Bennett, Ward Manager and the Estates Manager. Service users have reported being very happy with food service and dietary requirement elements. 3 new staff members are starting

Minutes Prepared for the Quality & Standards Committee 12.12.2013		
Sponsored by the Chair		
		Page 2 of 9

in January 2014.

Lee Rawlings, Involvement Co-ordinator, described her work with carers and the 'Keep Safe, Keep Sane' group. She is also involved with the preliminary Carers Charter. She has provided interview training days within BANES and South Gloucester and now has 24 people trained who can sit on interview panels. 'New Hope', a Service User and Carers group with St. Mungo's & BANES support, has received a significant uptake of group members. The Chair stated that it was positive to hear about working with other service user co-ordinators across other areas.

Eddie Bowkett spoke to the Committee about his role as a carer for 11 years to his wife who was diagnosed with schizophrenia whilst at the same time doing a professional job and looking after small children. He has no training for his role as a Carer and was dealing with the above in addition to medication issues. Eddie emphasised the importance of communication being the key issue. To speak and be able to listen. He met 'Bev' and got into the group and was then asked to join the Acute Care Forum where he'd found an outlet to discuss issues and get answers back.

He added that the Trust has been improving over last 2 years and recognises that the CPN is so good for his wife, daughter and self. She has listened and then come back with answers. His wife has been stable for 12 months and it has been a great blessing because of people listening more and working on what's been expressed. He urged all of the Committee again to listen to people, however trivial and not ignore what is expressed. Issues brought up can't always be put into practice but a rationale can be given, which is also important to Carers and Service Users.

Bev Nottingham has been a Carer for several years and also commented on some lack of communication between services and carers. She set up KSKS Support group in BANES and is also a representative for 'New Hope' which is now becoming popular. She attended the 'Visions and Values' discussion in which the emphasis on improving communication and getting Service User representation has increased in the Trust. An improvement in BANES and transparency has been noticed. KD, BB-J and CW came to the Carers Support group and was held to be a very constructive meeting; they listened and took back issues to the Trust. Involvement with the Trust has increased, along with Bev being involved in the Carers Charter.

'Keep Safe Keep Sane' Charter was previously written by Carers but it was discovered that AWP was also writing a Carers' Charter but it was unclear over inclusion of views of Carers and SU's. Concerns were expressed by Bev at a meeting with Tony Gallagher, Trust Chair, who agreed to them chairing a workshop to demonstrate partnership working in November 2013. Bev was disappointed with the

arrangements for the meeting not being well communicated which meant that there were more staff present at the meeting than carers. Bev chaired the meeting but felt undermined. A draft now has been prepared and a further meeting now postponed. Bev advised the committee that there needs to be an improvement in the collaboration work with carers.

In response to this update HW and Emma Adams agreed it was not a good experience and reiterated the need to get it back on track with collaborative working. Bev will be writing to Tony Gallagher and will have a conversation with HW and EA next week who will also give feedback to the committee over the outcome.

EA

The Chair thanked all for their informative presentations.

QS/13/01 - Apologies

Apologies were received from Tony Gallagher, Ian Ellison-Wright & Liz Bessant

QS/13/02 – Previous Minutes of the previous meeting on 19.11.2013

P2: Localities Updates; The chair asked if in future localities can review this part of the minutes prior to presenting for approval at the committee. ADP to action accordingly. Comments about assurance given re: IQ increase should be **changed to improvement**.

ADP

P4: Clarification given over Quality Information Report, 2nd paragraph – content of IQ can be cross referenced/ importance of report committee looks forward to trajectory and projections.

P9: Final Paragraph – Clinical Audit Strategy: The Chair sought clarification of the role of the Academy; AT to ensure rewording in strategy.

Minutes, with these corrections, were approved.

QS/13/03 – Matters Arising of the previous meeting on 19.11.2013

The Matters Arising Log was reviewed by the committee and updated accordingly.

- **MHA & Safeguarding Dashboard Proposed Indicators** - The Chair has discussed the proposed dashboard with Dan Meron, the joint Chair of the management group. It is agreed that the MH Act indicators will be reported and monitored by the management group and reported on as part of the routine annual reporting to the committee and by exception as necessary. Dan Meron will ensure reporting includes areas including S17 leave and S136. DM has already escalated issue of Out of Hours Teams putting patients into beds when people are on overnight leave. As an unintended consequence of

DM

Minutes Prepared for the Quality & Standards Committee 12.12.2013		
Sponsored by the Chair		
		Page 4 of 9

this, Doctors are reluctant to grant leave and SU reluctant to take up leave as a possibility of their bed being used. ACTION – AM and EA to refer to the bed management work stream for mitigation actions to be put into place. An arrangement is place in Wiltshire already but a Trustwide response is required. The Deputy Director of Nursing stated the immediate need for these arrangements to be meaningful for localities and also to regularly review.

EA/AM

- **Quality Impact Assessments** – The Medical Director briefed the Committee that the process for the provision of QIAs for CIPs is being managed through the Programme Management Office. Ruth Brunt clarified that in the coming year the Committee needs to see evidence for these QIAs and that the committee should receive a review of the 2012/13 QIAs in April; this will be added to the workplan. HW has addressed the current need for outstanding QIAs for the second batch of CIPs. HW shared her concerns and it is expected that the outstanding QIAs are to be produced imminently. Action: HW to produce paper in the interim to review before next meeting with small sub group who will look at details and bring back to committee. ADP to organise meeting between HW/ AM/ HR/ RB/ KB & Chair.

AT

HW/ADP

- **Quality Dashboard Report** – This is now being brought to this Committee by the Director of Operations. The report has adopted the new format as per the Board report and includes a quarterly forecast position. It was agreed that this meets the committees requirements.
- **Medicines management** the improvement actions and controlled drugs audits are included in the bi-monthly huddle where Clinical Directors provide assurance for local actions. BANES now has a new Pharmacist who is in discussions with Jaci Bennett and Claire Williamson. HW advised that the Nursing Advisory Group met this morning where the issues had been discussed. NA confirmed that Wiltshire issues are being discussed in their Quality & Standards meeting. Liz Bessant has also visited Imber ward regarding concerns over controlled drugs. All areas need to demonstrate this can be managed safely. Progress will be reported as part of the Medicines Management Group Quarterly report.
- **Bristol issues** - KD advised the committee that detailed monthly DTOC reviews are held with local commissioners. The situation raised at the November meeting is not unique to Laurel Ward and a different solution to individuals impossible to place is being formulated. In addition the issue in relation to staff morale and the tender exercise was agreed to be referred sideways to the ESEC Board Committee.

ST

QS/13/04 – Quality Dashboard Report

The Director of Operations presented the Dashboard Report covering the key aspects of performance against the three IQ domains CQC, records management and Friends & Family.

CQC compliance is discussed at the fortnightly huddle which provides a greater level of awareness of locality issues and improvement actions. Reports from Secure Services ‘Mock’ CQC Peer Reviews confirms that Records Management has improved for relapse and contingency planning (Months 6 and 7).

Bristol - Feedback to F&F after step-down from locked units has provided challenges but no negative issues from x8 received. Outcomes 1 and 7 are improving.

Specialist and Secure – F&F level has improved but challenges identified gaining feedback by the delivery unit but an action plan is in place. An improvement in supervision levels has been demonstrated.

Wiltshire – F&F implementation was initially, Oct-Nov has provided double the response rate. The Management Team are confident of improvement over the next month. Issues have been identified over leave beds (as discussed previously). South Recovery have a process in place along with KD meeting with the team to outline step down work for teams with ‘blockages’. The Clinical Toolkit is being presented at Wiltshire today in the Quality & Safety meeting. KD gave assurance to the committee that each locality is working with Sickness & Absence plans under the new policy.

Swindon – (Report from Paula May, delivered by KD) The locality recently received an unannounced visit at Windswept Unit which was only 3 days after they had moved. The area has had x3 inspections over compliance and the Mental Health Act aspect was scrutinised this time. The verbal response received hasn’t identified anything not already known.

North Somerset - Workshops for all teams have commenced with specific feedback from each manager regarding supervision resulting in improvement. Meetings have been held for support for Juniper Ward. Concerns have been expressed over management and leadership in the team on the Rehab Ward.

South Gloucester – It was reported that improvements are required for supervision, safeguarding training and improving formulation in the Recovery Team. LIFT service in the locality is raising concerns over how the service was and is currently functioning including vacancies with x2 key people in secondments. RB asked if this provides a quality risk for patients? The Clinical Director agreed there was a potential risk and that the commissioners have already questioned this situation but assured the committee that there is an imminent meeting regarding governance will be

addressed ASAP.

The Director of Operations added that she has been notified and is working through a process to address and challenge any risks. JO will report the progress made at next meeting through the Director of Operations.

JO/KD

QS/13/05 – Quality Accounts Midyear Progress Update

AT provided a update to the committee on the progress with the quality improvement priorities published in the 2011/12 Quality Account. It is part of the Trust’s annual statutory requirement to identify at least three quality improvement priorities for the coming year; one from each from Darzi domain of quality: patient experience, effectiveness and safety.

RB enquired if actions are in place to deliver CQUINs confidently? The committee needs assurance that appropriate work is being done on the right actions. HW believe there is confidence in this as we know why there are some forecasts at amber and what actions are needed to ensure delivery.

RB questioned what will be happening differently? We have had all year to deliver but what’s going to happen in the next 3 months? NA advised that Wiltshire are aware of the issues around consent in relation to the CPA CQUIN and are taking improvement actions. The Operations Director confirmed this is not an ideal situation but it’s being managed and Teams now have insight to make change. IQ data has allowed Teams to be more focussed, not at 100% but they are well informed and understand there is a way to go but results aren’t random. RB added that she required only assurance but gave thanks for the rationale.

QS/13/06 – Equalities & Diversity Update

The Director of Nursing presented the report to the Committee on behalf of Rachel Clark, Programme Director for Development.

The delivery of the E&Q agenda has required extensive executive input to recommence work. There’s been examples of excellent work in Bristol but this needs to be repeated Trustwide. The Lead, CEO Iain Tulley, will bring this to the Board in January 2014 outlining requirements for the programme and Peaches Golding (NED) is assisting with innovative advice. A seminar in January 2014 will focus on aspirations and the work Marvin Rees has been driving forward. EA suggested it would be helpful to include the Trustwide Engagement group to be mindful of all types of diversity; Service Users and Carers links have been made already by Rachel Clark via the seminar. All need to understand the timescale and ownership for localities but also for Service Users and Carers to work with as an organisation – via this committee and Chair of the Trustwide Engagement Group to deliver care and

Minutes Prepared for the Quality & Standards Committee 12.12.2013		
Sponsored by the Chair		
		Page 7 of 9

challenge thinking.

QS/13/07 – Trustwide Engagement Group Update

The Committee received a positive update over how the 1st meeting that NED Alison Paine has chaired. The Report was received and the Chair expressed the value of Service User involvement in future. This will be discussed at the next Trustwide Engagement Group Meeting in February 2014 and best way to address as an Action - EA and ADP to note agenda item for Trustwide Engagement group.

EA/ADP

QS/13/08 – Clinical Intelligence Reports

The Medical Director provided reports previously presented to the Senior Management Team meeting. The report will provide information for workforce planning based on clinical data.

This data collected will form the proposed team level 'next steps' report by HR. The Trust can feed in reference costs or any metric required for consideration. Table also shows how we may use metrics to identify areas of stress in organisation, this is not an individual report but can feed it into bed management and quality aspects. EA added that team level data and management data can form the dashboard. The Quality Academy can look into indicators / areas for quality contacts metrics/ RiO diary to assist in a difference conversation needed for quality but we need to have an understanding of efficiency and quality data together.

Inpatients Services – the paper is provided for information and it not to be provided on a regular basis. HW reiterated that clinical reports are available on Ourspace and Teams are directed towards this suite of information.

The information will be reviewed in the future by the Quality Academy and the care pathway leads.

QS/13/09 - Policies

Lone Working Policy – Presented by Paul Daniels, Head of Health & Safety

This paper was presented to the committee with no significant changes to be made but required a 3 yearly review. This was discussed at the Health, Safety & Security Group to raise awareness in Operational Teams. The Author has also done work around guidance on pages of Ourspace and will offer of support/ advise if required.

Each team has local procedures relevant to needs of their teams which links into existing training/ supervision. A Policy statement change was suggested by the committee with a subsection required outlining responsibilities (5.5)

The Committee agreed that once ***these changes were made*** the policy was approved.

QS/13/10 – Any Other Business

- RB observed that Part 1 of the meeting is getting longer. This is a valuable element but if there's a quality issue in the locality (i.e. Sycamore Ward & CQC) with questions are needing raising over confidential issues this may not be appropriate in a public forum. It was suggested to have an agenda item in the part 2 meeting to revisit aspects of the presentation or to discuss any other issues. The Chair expressed importance of an open session but accepted the point of sensitive issues and upheld the public locality presentation first in Part 1 but questions could then be asked directly afterwards in Part 2 with the Director of Operations section moved forward. Action - ADP & AT to make this agenda change.
- The chair recognised it was the last Q&S committee meeting for Hazel Watson as Director of Nursing before she takes up her new position and wanted to formally thank her for her considerable and invaluable input to the organisation.

ADP/AT

QS/13/11 – Items to Escalate to Board & Horizontal Reporting

- Horizontal Reporting was identified in the need for supporting teams in tenders/ redundancy. The ESEC committee is recommended to consider the impact of staff in the competitive landscape and any support the Trust could provide for affected staff groups.

QS/13/12 – Next Meeting

Next meeting – 14th January 2014 at Coast Resource Centre, Weston Super Mare.