

Minutes of a Meeting of the AWP NHS Trust Quality and Standards Committee

Held on 18.02.14

These Minutes are presented for **Approval**

Members Present

Moira McMurrin – FT Project Manager

Ruth Brunt – Non-Executive Director

Emma Adams – Head of Academy

Kris Dominy – Director of Operations

Hayley Richards – Medical Director

Tony Gallagher – Chair and Non-Executive Director

James Eldred – Consultant Psychiatrist and Clinical Director, Bristol LDU

Sammad Hashmi Swindon LDU Clinical Director

John Owen, Clinical Director, South Gloucestershire

Julie Hankin - Clinical Director, Wiltshire LDU

Elizabeth Bessant – Deputy Head of Nursing

Rebecca Aspinall – South Gloucestershire LDU Involvement Co-ordinator

Susan Thompson (Chair) – non-Executive Director

Anita Hutson – Head of Professions and Practice North Somerset LDU

Jenny MacDonald – Managing Director of South Gloucestershire LDU

Staff In attendance

Alexander Lauder-Bliss – Governance Support Officer (Minute Taker)

Members of the Public in attendance in the gallery

Mark Earl – Service User

Bryan Jones - Carer

Edna Snaith - Carer

Members of the Public representing other organisations

Sarah Hughes representing the TDA

Frank Palmer

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		Action
QS/Part1/1 – Presentation by Host Service Delivery Unit, South Gloucestershire		
	<ol style="list-style-type: none"> 1. JO presented the South Gloucestershire LDU Quality report identifying areas of focus and improvement to the committee. 2. He outlined the brief history of the unit and the main population hubs around the Bristol/south Gloucestershire border and the two areas of population in South Gloucestershire; Thornbury and Yate. 3. The area has a low morbidity, with a largely affluent population and low ethnicity but a number of travelling communities which have particular needs. 4. The M4 and M5 crossroads within the unit catchment provides access to large corporations within the private sector incl. Airbus, Royal Mail , U WE etc. 5. Inpatient services are shared with Bristol and managed in Bristol. Rehab services are managed by South Gloucestershire, in Hanham at Whittucks Road which are shared with Banes LDU. <p>Majority of QI indicators were showing green with a concern being the rate at which friends and family test is being completed within community services as it was displaying a low number of returns. There was a Trust wide initiative to improve community returns in which the LDU was participating. Issues regarding rehab unit at Whittucks road were being investigated as there were quality concerns which was partly exposed by their poor returns of some QI data, notably no data returns for Friends & Family.</p> <p>Carers and service users share their experience of services with the Committee</p> <ol style="list-style-type: none"> 6. Mark Earl, long term service user, gave an account on his experiences with AWP when he first accessed in patient services as a young adult and more recently. Care was particularly good in Oakwood, Southmead Hospital but his experience was not so good on PICU at Callington Road where he felt there was a lack of nursing care in Hazel ward, but this have proven to be an “exception to the rule”. He had found there was a lack of engagement from staff, boredom and insufficient access to therapies, which when available, was well received. General feeling was that AWP has provided a good service to him, stating that he would not have been well enough to present today if it wasn’t for the work of AWP. Therapy sessions with Shane Matthews was outstanding and helped with expressing difficult emotions leading to a change for the better. His experience was based on good local leadership and continuity of care from dedicated professionals. 7. ME felt that a focus on the right to confidentiality lead to carers being left uninformed as he had not been asked his views on sharing information. He felt the attitude to nursing needs to change but this is not isolated to AWP in particular, but a general feeling around the NHS. ME felt that too much time was spent by staff in their ward office on computers and not enough contact time with patients, reflected most in his experience at Callington Road. 8. Edna Snaith, a relative with experience of AWP as a Carer, gave an account of her experience with AWP while caring for her husband who was diagnosed with dementia. ES felt that the service provided by AWP was outstanding; particular 	

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<p>attention was drawn to the phone support, the 6 weeks carer course, and the 6 week life story course. The home visits were very helpful, providing physiotherapy at home, weekly exercise classes, and making suitable changes to their home to accommodate her husband's condition.</p> <p>9. ES felt that a lot of help was provided by the CPN but this is only provided to patients with complex presentations, Her experience in talking to other carers was that carers and dementia sufferers were being denied access to services and that earlier interventions would be beneficial .Bryan Jones, relative of a patient with experience in Early Intervention Services, provided his experience with AWP. BJ stated that AWP provided good home visits for family sessions in the evening. BJ now volunteers with AWP in a variety of roles to help improve services provided . He has already viewed Oakwood and intends to visit all other wards. His experience of a ward at Oxleas FT Trust suggested AWP had much to learn about culture and that he would be keen to support learning within AWP from high performing Trusts.</p> <p>10. BJ feels that improvements can be made around the culture across AWP but has acknowledged that AWP is striving towards this. He stated that it would be good for AWP to link up with other mental health trusts, and to have a more customer focus approach to services. In particular, AWP should start exploring the idea of raising mental health awareness to those in the private sector etc.</p> <p>11. Particular emphasis was placed on the environment on wards and the retraining room, and the need to soften the impact to avoid any long term effects to patients' first impressions. He called for more benches and tables, for staff to speak to visiting relatives and more stimulating activities for patients. Also, when looking at job descriptions BJ felt they needed refining with more emphasis on using bank staff than agency.</p> <p>12. RB invited the speakers to provide three key messages between them; ES urged the trust to provide the same care she got provided to all patients, ME felt the boredom at Hazel ward and attitude of staff had affected his condition negatively, and BJ wants assurance that messages and themes from the senior members are cascaded down appropriately to change the culture within the organisation.</p>	
QS/Part1/2 – Questions from the public and attendees	
<p>13. Questions were raised surrounding the issue for cascading the attitudes from senior staff down to the front line staff. Responses focused on using training to make the cultural change needed and the idea of taking teams out to specifically look at changing culture from the ground up.</p> <p>14. The Chair expressed a need for benchmarking on culture and learning from other organisations.</p> <p>15. The service users urged AWP staff to be aware of the problems that have been raised in the past due to ill-informed carers.</p> <p>16. Liz Bessant agreed to take the service user and carer feedback back to the wards</p> <p>17. Part 1 drew to a close at 2.15pm</p>	

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QS/Part2/1 South Gloucester Quality Report	
<p>18. Part 2 resumed at 2.30pm after a short break.</p> <p>19. TG expressed a need for a revision of the self-assessment indicators against the independent indicators to better capture an accurate review.</p> <p>20. JO raised that the issue was around record management glitches that need to be ironed out as the system has only been implemented for a short period of time and now shortcomings are beginning to show.</p> <p>21. JO updated the committee on the investigation at Whittucks Road. A steering group has been implemented alongside an action plan to deal with the cultural issue arising there.</p> <p>22. A number of staff members have received final warnings and been redeployed with another dismissed impacting staff morale.</p> <p>23. ACTION: The committee requested that JO provides a report focusing on lessons learnt when the investigation is complete</p> <p>24. Discussion was had around the effectiveness of the 15 Step Inspections approach to Quality as against CQC with Whittucks Road in particular showing up positively with CQC inspections and negatively for 15 Steps. This shows a need to shift to the 15 Step system for a more Service User based model of inspection.</p>	JO
QS/Part2/2 – Apologies	
<p>25. Apologies were received from Ann Tweedale, Adrian Bolster, Claire Williamson, and Alan Metherall.</p>	
QS/Part2/3 – Minutes/Summary of the Meeting of the 12th December 2013	
<p>26. Approved.</p>	
QS/Part2/4 – Matters arising from the Previous Meeting	
<p>27. The matters arising were revised as per the table.</p>	
QS/Part2/5 – Quality Dashboard Report	
<p>28. The Committee was cited on the quality dashboard with the following highlights:</p> <ul style="list-style-type: none"> • Friends and Family; up in M10 from M9 but remains under the target of 15%. • Table on page 6 showed that service users are most likely, or highly likely, to recommend the service to a family member or friend. • Score remains unchanged on CQC inspections further demonstrating a need to shift to 15 Steps. <p>29. The Committee emphasised a need to drive a cultural shift on ownership and assurance on how underperforming areas are being tackled.</p> <p>30. It was raised that the indicators are due to be reviewed as they have been implemented for 8/9 months so far.</p> <p>31. The IQ system will undergo an annual review looking at functionality and to what</p>	

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<p>extent it is driving improvements.</p> <p>32. Clarity was provided on the inclusion of Service Users and Carers in the mock inspections.</p> <p>33. It was discussed that a new approach needs to be taken on how we are asking the IQ questions to refresh the appeal to staff members.</p> <p>34. Records management and Friends and Family Test have been identified on risk plan and have action plans that are looked at monthly, while keeping the commissioners informed.</p> <p>35. Community is being escalated to amber.</p> <p>36. North Bristol Recovery Unit and Callington Road had an unannounced CQC assessment. No concerns were raised that needed actioning.</p> <p>37. It was raised that an action plan around learning from incidents needs to be made.</p> <p>38. There is also a need for care plans to be living documents, moving away from their current state.</p> <p>39. Swindon have identified a need for 10 nurse prescribers which they currently don't have aiming to have these posts filled by summer 2016 due to a need for training.</p> <p>40. SH is looking to have direct communication with a larger number of staff members in Swindon.</p> <p>41. SH visited a community centre that works with disturbed and difficult families, showing interest in providing LIFT in-house, but it needs exploration.</p> <p>42. North Somerset has been successful on CQUINs.</p> <p>43. Challenges around junior staff being on rota highlighting a challenge with recruitment.</p>	
QS/Part2/6 – Quality Impact Assessment Update - verbal	
<p>44. This was covered in the item above.</p>	
QS/Part2/7 – Place of Safety Report	
<p>45. A multi-agency 'high-level' protocol has been drafted and fully consulted upon with all relevant stakeholders, which has been led by the Commissioning Support Unit (CSU). This is now with AWP to ensure operational ownership and to lead on formal approval and implementation.</p> <p>46. The protocol is based on the West Midlands NHS and Police Force protocol (2010), as well as adhering to the Mental Health Act Code of Practice and the Royal College of Psychiatrists 'Standards on the use of Section 136' (2011).</p> <p>47. It was clarified that the suite was in place to provide a Place of Safety for Oxford and the police, and not for a long-term service trust-wide for AWP, however, this is to be explored.</p>	
QS/Part2/8 – Learning from experience report	
<p>48. A lot of information has been collected and the Committee feels AWP does learn</p>	

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<p>from experience.</p> <p>49. The Committee stated that it is important to endorse the areas that need further learning e.g. records management.</p> <p>50. It was noted that what it does not do yet is describe how AWP is learning trust-wide.</p> <p>51. Assurance is needed that lessons are being learnt and is coming across to other units such as the Whittucks Road challenge.</p> <p>52. ACTION: LH is looking to provide this monthly with Alan Metherall looking to review it.</p> <p>53. 8.1 CIOG Report</p> <p>54. A resolution has been reached on the CIOG Report.</p> <p>55. Monthly meetings agreed between localities with a separate system to draft their questions and have an assurance report.</p>	<p>LH</p>
<p>QS/Part2/9 – Quality Academy Update</p>	
<p>56. The Academy continues to develop and deliver on its areas of responsibility for Standard Setting and Assurance. Little progress has been made with regard to developing its service improvement functions due to a number of factors which have prevented and delayed recruitment of key staff. A significant proportion of the Academy budget is associated with a small number of post holders who have transferred to the Academy into posts that are not equally matched.</p> <p>57. Further development has been delayed due to the identification of a skills deficit for large scale service improvement.</p> <p>58. To go to Senior Management Team meeting.</p> <p>59. Concerns raised on the perception of the expectations for localities in regards to the Quality Academy with a need on executive discussion.</p>	
<p>QS/Part2/10 – Trust Wide Engagement Group Update</p>	
<p>60. In light of the chair of the Trust-wide Engagement Group leaving AWP a new chair is to be appointed.</p> <p>61. 10.1 AWP Carers Charter</p> <p>62. The final draft was provided to the Committee.</p> <p>63. The charter was given feedback from the Keep Safe Keep Sane charter and they said it was not representative of what carers actually wanted.</p> <p>64. The charter was approved to go to the carers forum.</p>	
<p>QS/Part2/11 – FT Journey Quality Update</p>	
<p>65. Visit from the TDA to three sites.</p> <p>66. Initial feedback was positive and still awaiting official written feedback concerning the visits.</p>	

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<p>67. Few concerns were raised by staff with the only learning point to improve communication.</p> <p>68. Certain Health and Safety risks were highlighted but these are being actioned.</p> <p>69. Next step is to share the written feedback.</p>	
<p>QS/Part2/12 – Policies</p> <p>70. 12.1 Smoke Free-Environment</p> <p>71. The smoke-free policy is coming to its three yearly update.</p> <p>72. E-Cigarettes have been included with new guidance provided.</p> <p>73. E-Cigarettes are currently not treated as normal cigarettes but NHS will not endorse the use of them.</p> <p>74. The report was approved with amendments.</p>	
<p>QS/Part2/13 – Any Other Business</p> <p>75. Clarification needed on how the Trust will be moving forwards on training after March.</p> <p>76. A question was raised on how to plan for accreditation; with this to be taken to SMT.</p>	
<p>QS/Part2/14 – Items for escalation</p> <p>77. No items were raised for escalation.</p>	

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