

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

Held on 18th March 2014 at the Coast Resource Centre, North Somerset

These Minutes are presented for **Approval**

Members Present

Ruth Brunt – Non-Executive Director	Julie Hankin - Clinical Director, Wiltshire
Emma Adams – Head of Academy	Susan Thompson (Chair) – non-Executive Director
Kris Dominy – Director of Operations	Debbie Spaul – Head of Professions and Practice
Tony Gallagher – Non-Executive Director	Anita Hutson – Head of Professions and Practice North Somerset
Sammad Hashmi – Swindon Clinical Director	Julie Hankin – Clinical Director, Wilts
John Owen – Consultant, South Gloucester	Alan Metherall – Acting Director of Nursing (in Part)
Emma Roberts – Director of Corporate Affairs	Katherine Godfrey – Head of Occupational Services
Eva Dietrich – Clinical Director, North Somerset	
Dan Meron – Associate Medical Director	

Staff In attendance

Alison Devereux-Pearce – Governance Support Officer (Minute Taker)	Coron Wybrow – Governance Facilitator, North Somerset (part 1)
Susan Howell – Managing Director, North Somerset (for part 1)	Fiona Turnbull – Client Account Manager (part 1)
	Jon Williams – Modern Matron (part 1)
	Anita Hutson – HoPP, North Somerset (part 1)

Members of the Public representing other organisations

Lorraine Reeves – WSUNS
Carl Morgan – Service User
Thomas Jewett – Service User
Paul Davies – Vocational Services, Carlton Centre

Part 1 – Held in Public

QS/13/1 – Presentation by Host Service Delivery Unit, North Somerset

1. The Committee received a presentation by Eva Dietrich, Clinical Director and Anita Hutson, Head of Practice and Profession from the North Somerset Locality which informed the members of Delivery Unit developments, quality, staff engagement and feedback from service users who attend the local vocational Carlton centre.
2. Themes and values were discussed as follows:-
 - Enabled staff are essential to the benefit of the service and Trust with ideas and creative thoughts.
 - Staff need to be valued and respected to deliver quality care.
 - Staff engagement relies upon respect, support, development & training.
 - Indicators of measuring staff engagement can be taken from the staff survey, supervision and appraisal.
 - The staff survey, even though a low response level, commented on feeling better informed and engaged. Overall comments were on caseloads and pressures but staff expressed that they now felt able to deliver good care.
3. TDA feedback from a recent inspection assured the Trust that:-
 - Staff in the Locality seemed positively engaged and motivated. It was also apparent that the locality model was seen as a huge benefit to patients and staff
 - A transparent reporting culture of serious incidents was now recognised. Staff seemed to be far more comfortable reporting, so are now encouraged to report even minor incidents
 - Supervision happens regularly and is of high quality.
 - The management team were approachable and supportive and were seen to support innovation and allowed staff to implement changes.
4. An overall consistent sense of improvement was expressed as the Locality have now got a whole Senior Management Team in place. A new service user involvement worker needs to be recruited. Records management has improved and cross auditing has provided assurance to the management team.
5. The Carlton Vocational Centre representatives provided an overview how they promote recovery, independence and helping service user to connect to wider community often by using personal budgets. They offer additional job coaching as part of the 'Stepped Care' approach which can be used to demonstrate the different stages and levels of attainment.
6. The Committee heard from two groups which have formed as a result of 'stepped care'; these being 'The Carlton Ramblers' and 'The Weston Warriors' Football Team, which have collaboratively achieved independent walking club status and a recognised football league club respectively.
7. Tom Jewett, a Service User, spoke to the Committee about his introduction to active life which had a positive effect on his mental health through collaboration with his care co-ordinator who worked out a personal budget initially with gym

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attendance. He is now a qualified Tai Chi/ Qi Gong Instructor who volunteers at local Older People's Homes and to individuals. He expressed his thanks to the Carlton Centre for assisting him on his recovery process.

QS/13/2 – Questions from the public and attendees

- 1. The contribution of social services versus health was discussed and the number of people taking the service through positive steps?** *It's been identified that there's a 30-40% take up through this and secondary mental health care as there's a cohort within the local sector. This figure will increase with personal budgets and significantly through entry to work clubs.*
- 2. The identified results from Staff Survey/ Management team in North Somerset were questioned if integrated into the local recovery plan?** *This was affirmed as contained in the Workforce Strategy and Annual Plan along with the need to put the Service User at the centre of the recovery model but this is not effective if staff are burnt out/ disenfranchised. The Service User journey requires more than just looking at just CPA forms; the need for staff to think more clearly and focus the user towards recovery college and different workshops takes time to get engaged as an ongoing piece of work.*
- 3. How is staff morale making decisions difficult for the CIPS Plan for next year?** *The need for openness and honesty was affirmed and all see this as a joint problem/ solution. The Teams have started cross covering shifts for wards which requires commitment from staff but has positive benefits by widening 'team mentality' to making the 'whole of North Somerset work', not just their team as the medical model is more focussed on self-development. The Management Team also hold an open door session once per week as a pilot for communication which reinforces the flexibility and change message.*
- 4. Were the Walking or Football schemes straight forward to approach and take up?** *This was expressed as very easy and also acceptance of 'occasional blips' for services users moving through their recovery was recognised. An electronic version of the Walking Club hand-out can be sent to the Team Leaders for promotion.*
5. The Chair took the opportunity to thank all involved in the presentation.

Part Two – Business to be held in Private

QS/13/3 North Somerset Quality Report

1. The Committee received an update from Eva Dietrich, Clinical Director in regards to quality exceptions.
2. **IQ/ Performance:** After the CQC visits, wards are improving and working with an action plan. Acknowledged additional pressure on the ward is high turnover. The team are making good progress with effective ward management. This is acknowledged as an ongoing issue that is being constantly evaluated by the Management Team.
3. **Section 75** – The North Somerset agreement is close to signing.
4. **Chief Inspector (CQC) Visit** – The locality are developing a good understanding

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around service pressures and concerns and are developing plans address these and there's an awareness of issues around recovery team caseloads and inpatient beds, with some local issues relating to delayed transfers of care and inter-dependencies with other areas.

5. The Chair highlighted that all localities need to be aware of local quality issues and themes and ensure remedial actions are taken in response.
6. The Acting Director of Nursing reiterated to the Committee that normal processes/methods should be used to rectify safety issues; for example, addressing issues through the anti-ligature report. This assurance report will come to the Quality & Standards Committee in April with actions addressing any deficits (for the inspection), the likelihood of never events, previous action progress and then will be escalated using the approved normal routes.
7. The Chair observed to the Committee that the feedback report has not yet been received from the TDA following its observation of Committee. The TDA observer unofficially commented that the meeting discussions triangulated variability for benchmarking, attitude and culture and also demonstrated good local leadership. Overall, she had indicated that the Trust could expect a positive outcome from the observation session.

QS/13/4 – Apologies

1. Apologies were received from Liz Bessant, James Eldred, Hayley Richards, Sammad Hashmi, Newlands Anning, Mark Dean, Tim Williams and Bina Mistry.
2. It was noted by Emma Roberts that Kris Dominy would be formally deputising for Hayley Richards, Medical Director, for this meeting only and could vote on her behalf (if required) to maintain quoracy of the Committee.

QS/13/3 – Minutes/Summary of the Meeting of the 18th February 2014

1. It was noted that Locality Updates are to be approved from now on by the Locality Clinical Director for accuracy and clarity.
2. P5 - Place of Safety reworded paragraph to be sent by Julie Hankin to reflect provision in Wiltshire
3. P6 – Quality Academy - The Chair to send reworded paragraph to reflect her comments of its remit.
4. With the above amendments, the Committee **resolved** to **APPROVE** the minutes.

QS/13/4 – Matters arising from the Previous Meeting

1. The Committee considered the Schedule of Matters Arising and resolved to note progress and remove those items marked as complete.

QS/13/5 – Medicines Optimisation Update & ToR

1. The Committee **noted** that this item is to be **DEFERRED** to the meeting in April 2014 due to Bina Mistry's absence.

QS/13/6 – Quality Dashboard Report

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1. The Committee received the monthly Quality Dashboard Report from the Director of Operations which sets out performance against the three indicators delegated to the Committee by the Trust Board to provide assurance as a subset of the seven 'Early Warning' quality indicators reported via the IQ system. The report was discussed and the following items were noted:
2. **Friends and Family Test:** low response rates for community teams were noted. BANES were noted as demonstrating good practice by sharing feedback with teams – this was considered to be helpful in raising response rates.
3. **CQC Self-Assessments:** Overall, the compliance scores are static around 93% for this month, sustaining a similar level to the previous three months
4. **Records Management:** It was acknowledged that scores, even though improving, have levelled off from the improving trajectory previously reported.

The Chair observed that certain indicators are at an impasse and the Committee needs to understand how this is being addressed locally and, more importantly, in which way these will be reflected in Quality Improvement Plans for Localities and in the Quality Account/ future policies on a Trustwide basis. **AT to discuss inclusion in Quality Account with KD**

AT/KD

Ruth Brunt acknowledged this point and observed that localities had described tangible actions but this was not reflected in scores. For example, Friends & Family score is static for Community so we need to understand what is required to ensure higher response rates. She added that Localities are using comments to look at improvements but is not seeing this borne out in overarching metrics. She surmised that good work is being undertaken but is not making a clear difference and questioned if the correct items are being measured.

EA informed the committee, in response, that the IQ system will be reviewed in April/early May. This review will consider each indicator and assess performance against the indicator, the appropriateness of the measure and the timeliness of measurement. The review will begin with a user survey and then a stakeholder workshop with locality representatives. The review will provide recommendations for Board on the future development of the system, including suggesting a technical work plan to support any further changes or additions.

AM discussed with the committee that the Nursing & Quality Directorate will be developing an assurance tool around Outcome 16 (assessing monitoring the quality of provision). This tool will be used alongside mock inspections.

6.1 Exception Reports from Localities:

Julie Hankin/ Wilts – CQC inspection of North Wiltshire Recovery team highlighted issues around staffing and team leadership. The locality is carrying out re-profiling work of community teams in order to address some of these issues and will be consulting with their Band 7s and 8s. This work will be in place prior to the large-scale inspection. Wiltshire is low on two IQ indicators: these are being monitored every month via locally developed spreadsheets which map out and trends shown in time.

The Locality has formally received community report from CQC and submitting response by 29th March 2014. A summary of this is to go to board (part 2) this

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month as per Emma Roberts.

Jon Owen – South Glos Locality is disappointed with drop in IQ scores. JO stated that he needed to discuss this further in the locality and will report back to committee accordingly.

The committee **resolved** to **NOTE** the report and **agreed** the following **actions**:-

- **AT to discuss inclusion of IQ improvements within Quality Account with KD.**
- **Outcome of IQ review to come back to Committee.**

QS/13/7 – Quality Impact Assessment Update

1. KD presented this item on behalf of the Medical Director. The process is ongoing as part of business planning for this year. All CIPs are being reviewed by Ops SMT and this will include screening tools and full quality impact assessments. QIAs arising from CIPS will be considered at the April Committee following review by AM & HR.
2. The Committee **resolved** to **NOTE** this report.

QS/13/8 – PLACE Report

1. Adrian Bolster, Head of Estates and Facilities, presented this item to the Committee. PLACE is a self-assessment process which has replaced PEAT, therefore there are no comparative reports available as new assessments and results are experimental. AB explained that the Trust had volunteered to trial this approach in order to help develop questions specific to mental health. One of the key difficulties has been availability of assessors as Healthwatch has not yet been fully established in all areas.
2. AB discussed the content of the report with the committee and highlighted that AWP scored well against most national indicators. AB reminded localities that monthly PLACE meetings need to take place with modern matrons. The Chair thanked AB for the report.
3. The Committee **resolved** to **NOTE** this report.

QS/13/9 – Clinical Systems Strategy

1. EA presented the strategy to the Committee for approval, following previous consideration at SMT and Professional council. EA explained that the strategy has been developed following extensive user feedback and was designed to provide a framework for the future management of the Trust's 40+ clinical systems. It was explained that the strategy outlined core principles for the development and management of systems and that this would form the framework for the procurement of the replacement Electronic Patient Record. Key principles included developing systems which were easy to use, appeared as one system at the user interface and were interoperable. ST stated that the strategy was aspirational but expressed concerns as to whether these aspirations could be delivered. EA responded to the effect that improved technology was allowing for greater inter-operability and that the strategy reflected the potential of that

technology. The core principles will form the requirements specification for RiO replacement and this will help ensure that the strategy is delivered. EA emphasised that the most important aspect of the strategy was that the development of systems was clinically led, rather than system led. ST noted user involvement in page 13 and asked that this be made clear in the opening core principles.

In relation to RiO replacement, EA assured the committee that the EPR project board would be seeking to minimise disruption to users from a new system and that potential benefits could be had from seeking greater system configurability.

2. The committee **resolved** to **approve** the strategy.

QS/13/10 – Mental Health Act Assurance Report

1. DM presented this report to Committee providing annual assurance on Trust's responsibilities under the Mental health Act. DM highlighted that paperwork for S.17 has dropped from 80% to 52%, however there has also been a reduction in complaints. Governance around MHA has changed significantly and there are now plans in place to improve assurance. AM stated that a procedure is in place to ensure that any recommendations arising from inspections are followed into action and closed down as appropriately.
2. DM highlighted to committee that there had been an increased in detention rates and in tribunal work. He also highlighted a significant drop in AWOLs as reporting thresholds have now changed. RB asked if this information was collected routinely and compared with other Trusts. JH replied that this was being tracked but had now ceased. RB felt that the Trust should reinstate this measurement in order to measure safety. DM stated that AWOLs are collated in incident reporting but not in this report. ST asked how the group was feeding its results back to localities to highlighted gaps or improvements required. DM to consider this within management group.
3. DM gave the committee an outline of a Mental health Act dashboard that the management group is developing. The purpose of the dashboard will be to collate key metrics around the detention of patients and other aspects relating to quality assurance and improvement around MHA practice. The committee gave DM feedback on the proposed indicators, including suggesting measuring ethnicity and access to S136 provision. DM stated that dashboard should be in place by the summer. EA asked that this information be used to inform the bed base review that KD was carrying out.
4. The Committee **resolved** to **NOTE** the report.

QS/13/11 – Mental Capacity Act Assurance Report

1. DM presented the report on Mental Capacity Act Assurance to the Committee. The report highlights training rates and complaints relating to DOLs (Deprivation of Liberty safeguards). DM explained that DOLs related almost exclusively to older adults. A discussion was held over the difficulty of benchmarking use of DOLs within Trust. ST stated that management group needs to develop greater understand of Trust DOLs application.

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- The Committee **resolved** to **NOTE the** report and the dashboard and **AGREED**
 - that the MHA report is to include ethnicity and size of population for LDUs to enable comparison across localities. To be monitored through CIOG and this committee.**

DM/AM

QS/13/12 – Quality Improvement Plan

- AT presented the updated Integrated Quality & Safety Improvement plan. The report provided a 3rd quarter update. Concerns were expressed that the plan needed to keep pace with quality improvement actions and priorities across the Trust and that it needed to be reflected in the improvement priorities of the localities. TG stated that the plan had been a useful vehicle for summarising the external and internal priorities of the Trust during this year and that further planning is now required to ensure that local and Trust priorities converge through the business planning process. RB requested that all local quality improvement plans be brought to the next committee in order to understand the collective quality improvement priorities for the Trust.
- TG stated that he considered the Q&S Committee should be signing off the quality improvement priorities within the operating plan before it is submitted, as other committees had signed off their areas of responsibilities. ER stated that extraordinary meetings may be required to ensure that the Trust meets timescales to submit the operating plan. ST agreed that each locality should present their quality improvement priorities at the next meeting. Quality Impact Assessments relating to Cost Improvement plans will also be considered at this meeting.
- The Committee **resolved** to **NOTE** the report and **agreed** the following **Actions**:
 - All LDUs to present Quality Improvement plans to next committee meeting.**
 - AM/HR to present Quality Impact Assessments for CIPs at next meeting.**

QS/13/13 – National Community Mental Health and Inpatient Survey Results & Improvement Plans

- EA presented the report to committee. EA explained that Trust results were similar to last year showing no marked improvement, with the exception of improved performance in relation to carers involvement but poorer performance around crisis care. ST asked that localities consider survey results should report back to the committee in three months on their actions and responses to the surveys. TG stated that these should be included in their presentation of their local quality plans.
- RB stated that unless action was taken we would achieve mediocre results again next year. She suggested that a small number of measures were highlighted for targeted improvement. TG noted the work with carers and how that had resulted in an improved survey result. EA noted the poor result relating to psychiatrists in inpatient care and, although there were concerns over the size of the sample, the Trust Medical Advisory Group had undertook to consider this issue. HR to report back to the committee in three months' time on this issue.

All
LDUs

HR

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3. The Committee **resolved** to **NOTE** the report and **agreed** the following **ACTION**:
- **LDUs to report back on progress against survey actions in three months' time.**

QS/13/14 – Management Group Reports

1. The Committee **received** and **NOTED** the Trustwide Engagement Group minutes from the meeting on 6.11.2013.

QS/13/15 – Falls Update (verbal)

1. The Committee **noted** that this item is to be **DEFERRED** to the meeting in April 2014 due to Liz Bessant's absence.

QS/13/16 – Committee Evaluation

1. ER presented the evaluation report of the Committee. She noted a poor return to the questionnaire but had nevertheless summarised the feedback within the paper. She explained that all committees have carried out the same process and will continue to refine as part preparation for KPMG's assessment of Board governance practice.
2. The Committee **resolved** to **NOTE** the report.

QS/13/17 – CQC External Review (verbal update)

1. KD provided a verbal update on the preparation being undertaken prior to the Chief Inspector's CQC visit. She stated that a project team had been put together consisting of five work streams – logistics, data preparation, TDA actions, Clinical Directors group and communications.
2. The Committee **resolved** to **NOTE** the preparation update.

QS/13/18 – Any Other Business

1. **Escalation from ESEC committee to Q&S** – RB highlighted that ESEC had received a presentation regarding the safer staffing project. RB highlighted that staffing establishment is also a quality issue and should be considered by this committee. ST suggested that a discussion be held outside of the meeting to identify the appropriate reporting mechanisms for this project. AM/HR to discuss with ST and RB.

Action: To be discussed at separate meeting between ST/RB/HR and AM

**ST/RB/
HR/AM**

QS/13/19 – Agree any items to escalate to Board or horizontal reporting to other Committees

1. No items were identified by the Committee.

QS/13/20 – Next Meeting - Jenner House 15th April 2014