

**Minutes of the Quality and Safety Committee
 held on 3rd July 2012 at 1pm
 in the Conference Room, Jenner House, Chippenham**

These draft minutes are presented for agreement

Present

Quality & Safety Committee Members

Members

Tony Gallagher Susan Thompson Paul Miller Hazel Watson Arden Tomison	Chair & NED member NED member Chief Executive Director of Nursing, Compliance, Assurance and Standards Medical Director
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In Attendance

Helen Cottee Katherine Godfrey Jayne Hayes Bina Mistry Lou Curtis	Consultant Clinical Psychologist and Head of Psychology, SDAS Trust Lead Occupational Therapist (Chair of Professional Council) Clinical Director, Specialised & Secure SBU Chief Pharmacist Lead Nurse for Safety and Compliance
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Rebecca Peterson	Minuting
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In attendance for part of the meeting

Paul Daniels Lisa Marrett Vicky Morrison Sarah Jones	Head of Health and Safety Quality and Assurance Manager Head of Profession, Art Psychotherapies Lead Nurse, NCAS
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Apologies

Emma Roberts Julie Hankin Andy Johnston Howard Lawes	Company Secretary Clinical Director, Redesign Clinical Director, Adult Acute Inpatient Services Deputy Director of Quality and Healthcare Governance
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2.	Minutes of the meeting of 8th June 2012 committee	
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RESOLVED

That the minutes were agreed as an accurate record.

3. Matters Arising Log

Agenda Item No 5 – CQC Reviews

- The Landsdown Unit was reviewed on the 1st of February 2012 by the CQC and was non-compliant in three areas. These areas were Outcome 4 – care and welfare of people who use our services, Outcome 7 safeguarding people who use services from abuse and Outcome 10 safety and suitability of premises.
- An action plan was put in place and was brought to the committee. The committee had previously raised concerns about the pace of the action plan and the potential impact on service users if it was not taken forward quickly. Jayne Hayes highlighted that some of the aspects of the action plan were about audits and therefore she will bring an update back to the committee. There have been five mock CQC visits to the unit by NCAS staff. These took place over the period March, April through to May 2012 with the last one being on the 6th of June 2012 when, with the exception of the physical environment Landsdowne would have been found to be compliant if it had been assessed by the CQC at that time.
- Work has been done on the skill mix in the unit to review activity planners, volunteers, furniture replacement and looking at moving the unit to another environment. Hazel Watson highlighted that she will be contacting the CQC to determine a date when they can come back and reassess the unit.
- Susan Thompson asked if we were compliant with the issue on the physical environment as that was one of the moderate concerns. Lisa Marrett confirmed that the action plan in response to the issue that the communal and clinical areas were not homely or stimulating sets out furniture replacement and small things the volunteers are doing, therefore we are compliant with the action plan. Susan Thompson stated that it needed to be clear in the minute that whilst we are compliant with the action plan, we are still not compliant with a moderate concern until the CQC report it as not being a concern.

Item No 10 – Nursing Strategy.

- Hazel Watson requested that this is carried forward to the next meeting for an update. A steering group has been set up with registered nurses from across the Trust and to take this forward to the next committee will enable the steering group to start the work.
- Tony Gallagher asked if this piece of work will consider the interfaces between the medical director, operations and nursing as he is keen to explore that kind of triangulation. Hazel Watson confirmed that it does have particular focus on nursing practice and in developing nursing practice. Arden Tomison confirmed that he will cross reference this with the medical strategy.
- Susan Thompson highlighted that there are some issues identified repeatedly such as medicines management and violence and aggression

and that there needs to be a joined up approach to the management issues so that we tackle repeating problems between the nursing and management directorates. She stated that she would like the committee to focus on these two areas of concern going forward.

Item No 2 – Minutes of the meeting of the 6th March 2012.

- Paul Miller queried why the medicines management report was going to EMT before it came back to the committee in September 2012.
- Hazel Watson highlighted that that point of the paper is to describe and understand what the issues are that need to come to the committee.
- Susan Thompson highlighted that the Mental Health Legislation Committee had looked at issues around rapid tranquilisation and high dose prescribing and asked for these issues to come back to that committee for review.
- Tony highlighted that the way he read the minute is that Bina Mistry has a concern around high dosage use of anti psychotics. It was unclear how our Chief Pharmacist appears unclear around our process surrounding governance and he was concerned as it showed a lack of process if it passed to EMT that a senior member of staff does not understand that process.
- Hazel Watson highlighted that Bina Mistry had been directed by the previous Chief Executive to write a paper for EMT which explained all the issues.
- Arden Tomison highlighted that the information came from our participation in the national audit. The audit showed that we were not at the best end of the spectrum and therefore raised some questions about our whole approach to prescribing. Arden Tomison confirmed that a piece of work is underway to understand our prescribing of anti psychotic medication and a paper will come back to the September committee.
- Tony Gallagher asked where the paper is being referred to before it comes back to the committee in September. Arden Tomison confirmed it will go to the Medicines Management Group which has representation from all the SBUs, with key participants in the whole process of prescribing and administration of medicines. Andy Sylvester highlighted that if there is an issue where the Trust needs to change practice quickly it will come to the ODM so if the Chief Pharmacist is not assured about a practice that is taking place within the organisation we will pick that up and take an action on it. He confirmed that Bina Mistry will be attending the ODM meeting to discuss a number of pharmacy issues.

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Item 4 Adult Acute Inpatient Services SBU Quality Improvement Report.

- Lou Curtis reported that Andy Johnston felt there has been some miscommunication between the SBU and the Risk and Compliance Department regarding the approval process of the SUI reports. Lou confirmed that she would be discussing this with Linda Hutchings to resolve the issue.
- Tony Gallagher highlighted that he was concerned that there was a data accuracy issue associated with appraisals every time we question them. Lou stated that the adult inpatient SBU has a new system to collate and record appraisals, this is administered by Margaret Hillyer. The SBU has implemented a monthly supervision register in order to monitor the uptake and delivery of clinical supervision. This is overseen by the nurse

	<p>consultants.</p> <ul style="list-style-type: none"> ▪ Hazel Watson highlighted that the report authors need to sort these issues out before they present the paper to the committee. ▪ Andy Johnston informed the committee that appraisals were up to 92.5% and supervision registers were being supplied on a monthly basis. 	
4.	<p>Quality and Safety Committee Terms of Reference</p>	
	<p>The Committee received and considered this report presented by Tony Gallagher, Chair.</p> <p>On 30th May 2012 the Trust Board agreed in principle draft Terms of Reference for Board Committees. As a consequence the Quality and Healthcare Governance Committee has been replaced by the Quality and Safety Committee. This is the first meeting of the new committee.</p> <ul style="list-style-type: none"> • Tony Gallagher highlighted the following roles of the new committee: <ul style="list-style-type: none"> ○ Safety has been added to the committee's terms of reference. ○ To complete more assurance at the committee to free up time at the Board to look at more strategic issues. ○ To agree policies that related to clinical services. Policies that are not relevant to the committee will go to other relevant committees. ○ To review the Quality Strategy and make recommendations to the Board. ○ To scrutinise the arrangements within the Trust to ensure compliance with the CQC Quality and Safety outcomes. ○ To look at risks that this committee identifies or that the audit committee brings to the committees attention. ○ To review the framework of clinical audit and ensure that it ties into the board assurance framework. ○ The committee will be accountable to the Board and will report it after each committee meeting with a paper that will raise any issues that the committee feels the Board should be sighted on. ○ Membership of the Board – The Chair highlighted that he would expect the attendance of all SBU Clinical Directors at the meeting and for this to be added to the Terms of Reference. • Paul Miller stated that in the roles and duties section the committee needs to ensure that there are systems and processes in place to cover incidents and serious incidents. He highlighted that the Board meetings receive serious incident reports to note but it does not receive the full reports on the incidents. Hazel Watson highlighted that the full incident reports get scrutinised at CIOG so would not need to come to this committee. She reassured the committee that she would bring to the committee anything exceptional that arose. Andy Sylvester suggested that the committee may want to look at the learning that is taking place out of these incidents • Tony Gallagher asked how many times CIOG had referred something to the Board as being a trend or an issue that the Board should be cited on. He also stated that when a review took place on the serious incident themes at the Board there were some issues in relation to themes in self harming that arose. Tony highlighted that if we have an internal 	HL

	<p>methodology that comes through the Board process he would be comfortable seeing reports by exception. He stated that he would like the reports to come to this committee so that the committee can highlight the trends to the Board.</p> <ul style="list-style-type: none"> • Susan Thompson stated that she felt that the committee did need to see exception reporting and trend information and that it needs to know how the lessons are being learnt and what is the work that this committee is doing around thematic reviews and suicide prevention. She stated she would like to see something around self harm data coming to the committee and to look at how we are addressing it. • Hazel Watson confirmed that these issues are in the work plan for the committee. Hazel agreed to consider with Arden bringing issues raised at CIOG back to this committee. • Tony Gallagher suggested that the committee looks at the issue of self harming on its annual agenda for review and task CIOG with escalating appropriate issues to this committee. • To add the Chair of the Professional Council to the membership. <p>RESOLVED</p> <p>That this report were noted.</p>	<p>HW</p> <p>HL</p> <p>HL</p>
<p>5.</p>	<p>Quality and Risk Profile Assurance Report</p>	
	<p>The Committee received and considered these papers presented by Lisa Marrett, Quality and Assurance Manager.</p> <p>The purpose of this report is to provide the Trust Board with an understanding of how the CQC view our performance in relation to the 16 Essential Standards of Quality and Safety relevant to the Trust.</p> <ul style="list-style-type: none"> • The QRP is a tool that gathers all that the CQC know about a provider in one place and enables the CQC to assess where risks lie which could prompt an inspection. • The report highlights the outcomes which includes involving and respecting people and consent to care and treatment. • A Quality and Risk Profile was published in June 2012 which covered the period February 2011 to May 2012 the May 2012. Lisa highlighted that a number of outcomes have moved from insufficient data to having enough data. There is a positive headline in section 3 where we previously had red ratings for safeguarding (Outcome 7). • Hazel Watson stated that we try and track any issues back or work with PALS and Complaints to see if anything has occurred so we have an understanding of what causes the ups and downs in risk status. • Lisa Marrett highlighted that the results from the inspections will inform the Quality and Risk Profile so we will see changing patterns over the next six months. • Susan Thompson highlighted that she felt the report was very helpful and showed an improving picture. She highlighted that the committee had been thinking of publishing these and asked where we are in terms of taking that forward. Hazel Watson confirmed that we had agreed that there is no reason why we should not be publishing these now. • Lisa Marrett confirmed that our public website already has the report of 	

	<p>the actual reviews on for people to read.</p> <p>RESOLVED</p> <p>That this report was noted.</p>	
6.	MENCAP Charter Assurance Report	
	<p>The Committee received and considered this report presented Sarah Jones, Lead Nurse, Nursing, Compliance, Assurance and Standards.</p> <p>This report summarises evidence to demonstrate compliance with the 9 standards of the MENCAP Getting it Right Charter. All inpatient wards across all SBU`s are compliant with all 9 standards.</p> <ul style="list-style-type: none"> • This report was carried out in the last financial year to roll out the MENCAP Getting it Right Charter in our inpatient services across the Trust. • The Charter has 9 pledges which if implemented will improve access to our inpatient services for service users with mental health problems and learning disabilities. • The Trust has implemented them on the inpatient wards across all SBUs and have used a variety of themes and change in practice demonstrate our compliance with the pledges. • Sarah highlighted some of the pledges that are now in place: <ul style="list-style-type: none"> ○ Hospital passports – This is a document which enables service users with learning disabilities to communicate their needs are around communication, physical health and mental health and their likes and dislikes. ○ One of the pledges was to make sure our staff understood the principles of mental capacity, so we reviewed the policy and made it more simple to use. An anonymous staff survey in Ourspace was undertaken and one of the questions that we asked was “how confident do we feel in applying the principles of the Mental Capacity Act with people with learning disabilities and mental health problems”. This was run in September 2011 and again in February 2012 and that demonstrated a shift from the number of respondents saying that they felt “confident”, “not at all” or “to some extent” and towards people saying they “are confident to a large extent” so there was a slight shift in peoples confidence. ○ Appointing learning disability liaison nurses in our hospitals. The Trust has developed a network of link practitioners on each ward for learning disabilities. All have received additional training for that role. Their role is to signpost people and be aware of what resources are out there for people with mental health problems and disability problems within our services and outside. We have also made links with local disability learning services. ○ There are ongoing practice development workshops. These are planned for twice a year for those link practitioners. ○ There are dedicated Our space pages for people with learning disabilities. We have reviewed the rates of usage of them and have found they are very well accessed. ○ One of the pledges is to ensure that every eligible person with a learning disability can have an annual health check. 98% of our service users admitted to our wards have a health check or were offered but refused. 	

	<ul style="list-style-type: none"> ○ Learning disability awareness training has been rolled out across the Trust. ○ An internal training brief has been disseminated to all staff. ○ A number of one day workshops were run and 81 staff attended. Those staff went back to their working areas and delivered a brief cascade of training to their staff. By the end of March 2012 we trained 584 staff across the Trust. ○ A lot of work has been done in working towards getting more interest and involvement in the service users groups through the Foundation Trust work. ○ Real time patient survey is currently being produced into an accessible format as well and will be rolled out across the Trust. ● Hazel Watson highlighted that it has been a very good piece of work. It is a good example of how a CQUIN is supposed to work to demonstrate improvement in the way that we provide our services. ● Tony Gallagher asked that now we do not have a full time member of staff in the post doing this piece of work, how are we going to continue this improvement. Sarah Jones confirmed that it is still in her work programme and she still maintains that lead on the work. ● Sarah Jones highlighted that there will be a new community service manager with a vast amount of learning disability experience coming to work within the Trust at the beginning of this month who will take on some of this work. ● Susan Thompson felt it was a good report and asked how big the project is and asked what percentage of the learning disability population has been covered. Sarah Jones stated it was difficult to tell how many service users we have in the Trust with learning disability because of the measures we use. She stated that we can use RIO to pull data that tells us how many service users have an RCD10 code for a learning disability. However, Sarah stated that she had found there were a lot of people that did not meet that formal criteria. We have been working with the RIO team to look at different ways of identifying the numbers of people we are working with. ● Susan Thompson asked how many people have benefited from this project. Hazel Watson stated there is small number of people in our adult services at the moment but the number is increasing and we are working with staff to recognise people with learning disabilities. <p>RESOLVED</p> <p>That this report was noted.</p>	
7	<p>Annual Controlled Drugs Report</p>	
	<p>The Committee received and considered these papers presented Arden Tomison, Medical Director.</p> <p>This report describes current processes in place for the management of controlled drugs, and the current status in terms of how well these are embedded in the Trust, as well as highlighting areas of concern.</p> <ul style="list-style-type: none"> ● It is an assurance report with some management actions in that raises issues and management questions. The report went to EMT recently. ● There is a need for the statutory role of an accountable officer to report to the Board. The report emphasises three areas of procedural approaches to controlled drugs and the statutory requirements. 	

- It highlights the incident monitoring that we do specifically in connection with controlled drugs as part of our wider medicines management. It also referred to the aspects of training to improve our controlled drugs management. This was also referenced at the themed review on medicines management which was held with between 40/50 members of staff yesterday.
- The report gives the committee information about how we manage controlled drugs within the Trust and the processes that are in place. There are policies and procedures in place and actions that the pharmacy team are expected to undertake every quarter. These are monitored on the pharmacy scorecard to ensure that these have happened.
- The report describes our reporting to the PCT Lin (Local Intelligence network) meetings. The Chief Pharmacist attends these meetings at the PCT on a regular basis for both Wiltshire and BNSSG and also provides quarterly reports of any concerns regarding controlled drugs within the Trust.
- There are actions in place to evidence how the management of controlled drugs is done in the organisation and at Board level. This was discussed at EMT and an action has been taken up by the Director of Nursing and the Head of Pharmacy.
- Training is in place on MLE and some additional training was put in last year. There is also hands on training in the clinic rooms and the wards to flag up if they have any issues. If they have, more hands on training is provided with the nursing staff so they understand what is required of them in terms of standards.
- Bina Mistry did not feel they were sighted on the controlled drugs issues of outpatients. More work is needed on processes to scrutinise the EPAC data and check what individual prescribers are doing.
- The report highlights some issues in terms of losses of controlled drugs. Arden stated that each loss is treated as a serious adverse incident and is investigated.
- Paul Miller brought the committee's attention to point 3, (the analysis and discussion section which summarises the results of the clinical audit), and stated that it was agreed at EMT that the actions identified by this paper were aimed at improving the compliance and achievement against those policies and procedures. He highlighted that there is a need to recognise that those actions have been agreed and that we would expect to see more than a green rating. Paul stated that when EMT received this report it was assured that there were systems in place to show that we have good audit processes. Bina Mistry highlighted that each ward has a file of controlled drug charts so we will be able to track any issues quickly and try and resolve them.
- Hazel Watson highlighted that the output from EMT is some joint work that needs to be done. She stated that the audit is in particular is around the administration of storage of controlled drugs which is essentially a nursing issue and assured the committee that there is a joined approach to sorting the problems.
- Susan Thompson was concerned that this issue had arisen given the professional accountability to every nurse and asked why we have this issue and asked what actions are being taken. This is being addressed.
- Tony Gallagher highlighted that the report states there were 47 incidents reported through the adverse incident reporting system relating to controlled drugs of which 5 are serious and suggested that these issues

<p>be referred to the Medical group for discussion.</p> <ul style="list-style-type: none"> • Tony Gallagher stated that the method of raising risks within the organisation is through the risk register and asked where this was on the risk register and what action is being taken. Arden Tomison highlighted that the wider issue of medicines management of controlled drugs has been referenced on the corporate risk register and we have shown a reducing risk overtime. • Tony Gallagher asked for Arden Tomison to bring this back to the next committee as a matters arising. As clinicians it is regarded as a serious issue with mitigations attached to it or it is considered a less serious issue. • Helen Cottee asked when the detailed action plan was coming to the committee. Hazel Watson confirmed that she had asked Liz Bessant to get in touch with Bina Mistry to discuss this and highlighted that there may be a different solution for each SBU. Bina Mistry stated that this piece of work would sit in each SBU governance group to ensure that their patch is rated green for everything and that appropriate action is taken. • Tony Gallagher stated that this should be reported back through the Professional Council and that he would like to see where it is on the risk register as a matters arising at the next committee. • Hazel Watson highlighted that the issue on administration of storage of controlled drugs will be dealt with through TNAG and then it will be reported through the Professional Council as it is a nursing issue. • Arden Tomison highlighted that we had received a report that we are improving against the CQC quality standards and that medicines management is improving. • Bina Mistry highlighted that the reason we scored a red rating on the SHA governance assessment was because we had not been sure of our processes, She stated that we do have a process in place but that the Board may not have been sighted on it. Part of the reason the report is at the committee today is to complete that loop. • Susan Thompson asked how this is being managed in terms of the SHA scoring. Hazel Watson highlighted that we had the SHA quality review which was part of the governance process for the Board which scored a red rating at that time. She stated that we have made some changes around processes and procedures and have much more to do around practice. This will be evidence at the next iteration of the quality review. • Arden Tomison highlighted that we are actively encouraging reporting medicine related incidents and that we have better processes linked to training programmes Trust wide. • Tony Gallagher stated he did not want us to stop reporting issues and is more concerned about the five serious issues as detailed in the report. His overall concern about this is that we need to be open and transparent about what goes into the report. He highlighted that the report summary describes the current processes and current status in terms of how they are implemented and the conclusion should reflect that maybe we have the processes but the adherence is not there. • It was agreed that this be reviewed and come back to the next committee meeting for consideration. <p>RESOLVED</p> <p>That this report was noted.</p>	<p>AT</p> <p>AT</p> <p>AT</p> <p>AT</p>
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8.	Health, Safety, Security and Fire Report	
	<p>The Committee received and considered these papers presented by Paul Daniels, Head of Health and Safety.</p> <p>This report details the progress made with the health and safety objectives set last year and confirms compliance with key standards through 2011/2012.</p> <ul style="list-style-type: none"> • Paul Daniels described the principle method of assurance as the Annual Self assessment data which questions safety performance over of 150 questions. • These are scored and compared to Trust wide data and previous submissions. Overall compliance was above target and those areas that had scored low were being addressed through the Health and Safety work programme for 2012-13. Generally there has been a year on year improvement. • The health and safety team has carried out inspections and audited a selection of criteria to check validity and largely the findings agree with the teams self assessment. Part of these visits have been to look at the risk assessments carried out to determine if they have been suitable and sufficient, lending support as necessary. • Fire has being a large work stream this year with improved risk management and training taking place. However the training level did not meet target and despite changes to the way training is delivered, the picture has not improved. This lead to a number of questions regarding fire training but also the drop in compliance. The SBU representatives were asked to look at this area as a priority. • Paul Daniels highlighted that there were some indicators from the staff survey which showed the Trust compares favourably on two indicators and poorly on four. • The committee asked what was happening with these concerns and Paul Daniels explained that this was not in the health and safety report but there was lots of work going on in the Wellbeing group which reports to Modernisation and Workforce. The latest data had been analysed and a workshop had been run with SBU leads to discuss hotspots and solutions. The workshop conclusions have been incorporated in the staff survey action plan. Jayne Hayes confirmed that this issue had already been discussed within the SBUs and they were working on specific focus group activity. Paul finished off by summarising the current work plan and key risks. He commented on work being progressed to engage SBU and site safety with corporate safety through the new hub groups. This lead into a debate about risk ownership and the focus of SBUs in this. The committee asked the SBUs to come back to the next meeting with their 3 headline health and safety risks. • The committee asked for more of a narrative in the report to the training statistics quoted in table 6 to indicate what the targets were and perhaps what the barriers to higher compliance might be. • Tony Gallagher highlighted the section that mentions the stress of our staff and that it was another work stream and asked Paul Daniels to expand on that. Paul highlighted that every two years we commission stress assessments that links with the staff survey. This survey measures the responses from 18 questions in the staff survey that correlate with the HSEs stress management questionnaire and assessment tool. The questions are scored 1 to 5 and the averages compared to benchmark figures from the HSE Stress Management 	<p>SBU CDs</p> <p>PD</p>

Standards. This is not part of the Health and Safety programme so has not been reported in this annual report. However this area is covered by the Wellbeing Group which reports to the Workforce Committee. There has been a lot of work regarding analysing the data and drawing out the trends and hotspots.

- Tony Gallagher asked how this gets fed back to the staff who have said in the staff survey that this is an issue and asked how are we telling the staff that these piece of work is happening. Paul Daniels stated that these were being taken back by the SBUs to look at their specific risk factors as well as through the Staff Survey plan.
- Jayne Hayes highlighted that following the stress workshop a number of different actions were identified within the SBU and confirmed that she had actioned those recommendations. She is also working with our joint union council so the staff involved will know the outcome of this within the next couple of weeks.
- Tony Gallagher asked about table 6 on page 19, and wanted to understand the first column that says headlines statutory health and safety and asked if it means that 100% of our staff should go through a course on managing conflict. Paul Daniels stated that these percentages are based on those with managing conflict in their training matrix. This figure therefore excludes those staff who do not require it and also those staff who are exempted from it. The theoretical level should therefore be 100% excepting that staff sickness and retention will drop this by some percentage points. The target is always to hit at least 80% given these factors.
- Tony Gallagher highlighted that the training figure had deteriorated and that we need some action.
- Susan Thompson highlighted that the report does not tell us what each SBU priority is to go forward each year and what priorities are going forward. She felt that as a central resource the Health and Safety Team is obviously managing, monitoring and ensuring Trust wide that these targets are being met and asked how much was coming from SBUs to say this is an area we are concerned about and asked to what extent are the SBUs coming to the Health and Safety Team. Paul Daniels highlighted that these were covered in the Health, Safety, Security and Fire Group work plan and should be in the risk registers for each SBU and Hub. The Safety Team works closely with the SBUs in identifying risks and issues and common concerns. He stated that many risks are highlighted by direct liaison with staff in the operational teams.
- Tony Gallagher asked if it was a resource issue that we can't release the people and if we are breaching a statutory regulation by not letting staff be released for cost reasons then this is unacceptable.
- Tony Gallagher wants to ensure that these issues are noted and is happy this is reflected in next years report as long as the issues go to the work force committee. If violence and aggression is a major issue and we are not training sufficiently to prevent it we need some action on it.
- Hazel Watson confirmed that the committee that deals with workforce issues is sighted on it.
- Susan Thompson asked if she would need to go back to the SBU improvement plans to see if there are any health and issues over the next twelve months. Justine Faulkner stated that each SBU would have to be asked to do a piece of work to reflect this. Susan felt it would be helpful to have an organisational status on it as issues would be different in each SBU. She would like to have some understanding on how SBUs are

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	<p>sighted on what is important to them for the next twelve months.</p> <ul style="list-style-type: none"> • Paul Miller stated that each individual SBU risk register should reflect the key issues that are serious to the SBU. • Susan Thompson asked as a matters arising for the next committee meeting for each SBU to highlight what are there two top priorities that they see over the next twelve months. Tony Gallagher agreed and highlighted that he would like them to reflect what is on their risk register in relation to health and safety. • <p>RESOLVED</p> <p>That these Reports were noted.</p>	<p>/RB</p> <p>SBUs</p>
<p>9.</p>	<p>Procedural Documents recommended for approval</p>	
	<p>(i)First Aid Provision – Policy and Assessment</p> <p>The Committee received and considered this policy presented by Paul Daniels, Head of Health and Safety.</p> <ul style="list-style-type: none"> ▪ This is a revised policy due for its 3 year review. This review has taken the opportunity to update the guidance around first aid provision to mobile workers and clarify the standard of training required ▪ The policy has been through the Health, Safety, Security and Fire Group, Safety Management and Paul Daniels has also liaised with Andy Sylvester regarding provision of mobile first aid kits. <p>RESOLVED:</p> <p>That the policy was approved.</p> <p>(ii) Management of Latex and Latex Allergy Policy</p> <p>The Committee received and considered this policy presented by Paul Daniels, Head of Health and Safety.</p> <ul style="list-style-type: none"> ▪ This is a revised policy due for its 3 year review. This review has taken the opportunity to remove the appendices and insert hyperlinks to them. These appendices have all been reviewed and revised. ▪ The policy has been through the Health, Safety, Security and Fire Group, Safety Management and Paul Daniels has also liaised with Liz Bessant on aspect of infection control (gloves) and physical healthcare when drawing up a number of these appendices. <p>RESOLVED</p> <p>That the policy was approved.</p> <p>(iii) Assessment of Environmental Ligatures in inpatient settings policy</p> <p>The Committee received and considered this policy presented by Paul Daniels, Head of Health and Safety</p>	

	<ul style="list-style-type: none"> ▪ This was a revised policy due for its 3 year review. However the policy has been reviewed considerably last year when the Manchester Audit tool was substituted in place of the old assessment tool so the Trust was in line with the SHAs request to use this tool for ligature assessment. The latest review has taken the opportunity to remove significant amounts of text in the introduction and remove the appendices and insert hyperlinks to them. ▪ The policy has been through the Health, Safety, Security and Fire Group, Safety Management and via the Anti-ligature Group for comment. <p>RESOLVED:</p> <p>That the policy was approved.</p> <p>(iv) National Confidential Enquiry Policy</p> <p>The Committee received and considered this policy presented by Hazel Watson, Director of Nursing, Assurance, Compliance and Standards.</p> <ul style="list-style-type: none"> • This policy has been subject to review by a number of groups and is required as a CNST standard. • To amend 5.6 to say Quality and Safety not “effectiveness”. <p>RESOLVED:</p> <p>That the Policy was approved</p>	CN
<p>10.</p>	<p>Clinical Audit Annual Report and Work Plan</p>	
	<p>The Committee received and considered this strategy presented by Hazel Watson, Director of Nursing, Compliance, Assurance and Standards.</p> <p>This report is to provide an update on progress with Clinical Audit during 2011-2012 and the plan for work for 2012-2013.</p> <ul style="list-style-type: none"> • This report describes the work that the Trust has undertaken and the way that the clinical audit department has supported it. There are some issues still with the way clinical audit is run with the working practices between clinical audit done centrally and clinical audit done in the SBUs. • Hazel Watson highlighted that our clinical audit facilitators work extremely hard to support the organisation in clinical audit and that she has been reflecting with Paul Miller, Arden Tomison and a number of other colleagues about how we do this in the future. • Paul Miller stated that he could see parallels between the construction of an clinical internal audit and a financial internal programme and felt that they were similar in terms of methodology. He asked what the risks are for the organisation and are we correct in our clinical audit approach to this or are we allowing enthusiasts to do things they are interested in. • Paul Miller also asked how many audits there were and stated that the report does not describe the results of the audits from 2011-2012 . He felt that it did not summarise what was found in the 56 audits. He also 	

stated that when you look at the proposed audit plan for 2012-2013 it does not highlight if they are based on risks and it also does not identify any timescales. He felt it showed a list of things that are going to be done and who will be leading on these, but it does not state when the work is going to be done. Paul felt that although there was a lot of the information in the report, it needed to be pulled together so clinical audit addresses the needs of the organisation.

- Hazel Watson highlighted that she had a conversation with the Chair of the audit committee as to where clinical audit sits in the context of the rest of the audits that the organisation undertakes.
- Roger Bullock stated that the SBU audit programmes are in three levels, the must do national ones, the organisational ones which set up risks to the organisation and that there are the SBU ones. He stated that at a lower level there are other audits that are undertaken by junior doctors. These come together in the quality improvement SBU reports.
- Paul Miller asked the committee if they were assured that the clinical audits in the report for 2012-2012 are the ones that the committee wants to see.
- Susan Thompson highlighted that that the report does not reference the quality accounts and what it is trying to achieve and what our priorities are. She stated that she expected to see that in this report and that it would be helpful to see a score in relation to how the Trust is doing in terms of those. She highlighted that every year the same risk continuously identified regarding capacity and stated that it was not acceptable to have the same risk identified.
- Susan Thompson stated that it was good to be focusing on NICE and other national priorities and asked if we were comfortable where the governance action log sits. Tony Gallagher stated that he felt it was something that we need to reflect on and put to the Professional Council. Arden Tomison agreed and highlighted the good news message is that this is evidence of wide and varied range of clinician engagement across all the areas.
- Tony Gallagher highlighted pages 30 and 31 regarding Essence of Care and asked how he could understand the table on page 31 as it was very unclear and secondly, wondered where the voice of the users is coming through in the Essence of Care. Hazel Watson stated that the Trust engages in Essence of Care very well and that we have an Essence of Care lead and an Essence of Care facilitator. The SBU staff engage in it well. She highlighted that it is not necessarily focused on the voice of the service user and carer, it is focused on clinical practice which is based on the feedback people give.
- Lou Curtis stated that in the last audit a lot of questions were asked of our service users to help us benchmark where we were. Each service is tasked with making its own team up of Essence of Care. She stated that no one team will look alike because different teams use different people so you will find service user input in it but you might not see it in the surface of a report.
- Hazel Watson confirmed she would speak to Christine Neil regarding the table and bring this back as a matters arising to the next committee meeting by Anthony Harrison.

HW

HW

RESOLVED:

That the report was **noted**.

11.	Annual Incidents Report	
	<p>The Committee received and considered this report by Linda Hutchings, Head of Risk and Compliance.</p> <p>This report at Appendix A provides a summary of incident activity between 1st April 2011 and 31st March 2012.</p> <ul style="list-style-type: none"> • This is a two part report looking at the annual incident data and the annual incident assurance report. The annual incident report contains a lot of detail and acts as our organisational memory to chart the changes that we have made. • A lot of the data that is included in the report was new at the time that the paper was produced so will be the first time that the clinical directors will have seen it. It poses a number of questions around the need to consider some of the data and what it is telling us. • The report shows that it has been a year of change. We have specifically changed the classification of what were red incidents this year and therefore the table shows that our red incident percentages have decreased. • Overall our incident numbers are broadly the same. • Our medication incident numbers have gone up slightly. • Nationally in terms of how we compare with other Mental Health organisations we have gone back a little bit which we expected. We knew the previous report showed inflated figures because of the back log that we had occurred. • The report for the first time contains some analysis of contributing factors. We will want to further define the categories over time now that we have started to use them. • A significant improvement is that we are now reporting all staff assaults to NHS Protect electronically in the same way that we report patient safety incidents to the NPSA. • It has been a successful year in terms of increasing the number of internal safety alerts which we have generated and distributed. • The report congratulates operational staff in the way in which we have embraced the substantial change to the classification of serious untoward incidents. • The team has not managed to implement web reporting this year and that remains a pressing priority to achieve. A Programme Board is taking this forward. • Susan Thompson felt it was a helpful report and asked about item 11, on incidents involving seclusion. It shows there has been a significant rise from last year and wondered if it was something that the committee needed to look at in a bit detail. Linda Hutchings stated that we were not surprised with the increase we have made in reporting seclusion. We now have a better understanding of when incidents of seclusion need to be reported. SBUs need to consider their local data. Susan Thompson highlighted that it does not say the timing of when a patient is taken into seclusion or the details of the length of time that they are held in seclusion and suggested that it be taken back to the Mental Health Legislation Committee for a further explanation of that figure. 	MHLC

	<ul style="list-style-type: none"> • Tony Gallagher observed that in Appendix A on the trend incident data it showed that it had gone from 700 near misses in 2005 to 4 near misses in 2011 and questioned whether we really only had four near misses. Linda Hutchings stated that staff struggle to understand the difference between an actual incident and a near miss incident. Guidance has been issued on this but further work is needed. • Tony Gallagher highlighted that there has been progress on the timings of our reporting. We have gone from 124 days to 66 days delay which he felt was progress. He asked if we are still applying the same level of resource so that he can be assured that the figure is going to come down again. Linda Hutchings stated that the work was being completed as fast as it could be and that the information is uploaded to the NPSA every other day. She stated that unfortunately the work is being limited by the pink forms so therefore we are always running about six weeks in arrears with data entry and are unable to speed it up until the web reporting system is up and running. She stated that there is a project underway but there have been two issues that have delayed it, one is the link with ESR so that staff can find themselves on the system when it goes live and this has just been resolved, the other issue is team names because there has been so much organisational change. Linda Hutchings confirmed that she is working with Ian Paine and Paul Waites to find a solution. • Tony Gallagher highlighted the NPSA data report that stated we report 1.3% against an average of 0.4% and asked if we should be concerned that it is three times above the national average. Linda Hutchings stated that we have reported differently to other people in the past, and are now reporting strictly to the national criteria. Tony Gallagher asked if we felt that we were being consistent in the way that we were reporting. Linda Hutchings stated that to take an alternative action it would mean not be adhering to the national criteria that has been published. • Paul Miller stated that in the section “reasons for incidents, “ it suggests that we are three times above the national average. He asked if this means that 42% of our incidents are associated with violence and harassment? He stated that he felt assured that the medication error numbers show we do not have three times the national average in medication errors. <p>RESOLVED:</p> <p>That the report was noted.</p>	LH
12.	Annual Report on Information Management and Data Quality	
	<p>The Committee received and considered this plan presented by Arden Tomison, Medical Director.</p> <p>The Trust’s existing Information Management and Data Quality Strategy has yielded positive outcomes against some key measures of data quality, however in light of recent events, it is recognised that more work is required to provide further and more comprehensive assurance. As a result of this the Information Management and Data Quality Strategy will be revised for 2012-2013 to support</p>	

	<p>the delivery of this.</p> <ul style="list-style-type: none"> ▪ This report has been drafted in the light of the Wiltshire investigation about data quality. The report has been redrafted and points to the reporting requirements. ▪ It highlights the reporting requirements in section 2. It raises a series of issues about assurance of data quality. ▪ The Clinical Systems Management group were involved in the writing of the report. ▪ Paul Miller stated that we need to think about data quality rather than just a handful of indicators. Arden stated that our benchmarking on this has demonstrated very good data quality outputs and it remains good. We need to question this given the issues that Wiltshire has raised for us. ▪ Paul Miller highlighted point 4, the conclusion which states that a handful of data is historically captured and that we need to move to a broader range of information and data which provides comprehensive Trust wide information in the Quality Strategy and not just a sub set of performance indicators. <p>RESOLVED:</p> <p>That the report was noted.</p>	
<p>13.</p>	<p>Art Psychotherapies Strategy Update</p> <p>The Committee received and considered this plan presented by Vicky Morrison, Head of Art Psychotherapies.</p> <p>The Art Psychotherapies are part of Psychological Therapies provision within AWP and a “wrap around” service with the Trust redesign. This paper describes the progress that has been achieved so far in implementing the strategy to date.</p> <ul style="list-style-type: none"> ▪ The paper links in with the discussions that have been held at Professional Council. It will revise the approach to clinical engagement which the Professional Council is considering. ▪ The paper shows how we have implemented the strategy so far. ▪ Progress has been made in some areas but in some there are ongoing difficulties regarding capacity and resources. ▪ One ongoing issue is having appropriate environments in which to work. This becomes more acute as there is more pressure on buildings. ▪ The Trust is in the process of doing a survey to look at where the work is and whether it is focused on the client groups which we have highlighted in the strategy. So far the information that has come back confirms that this is happening. The highest being working is people with schizophrenia and with trauma problems. ▪ We have done well in terms of partnership working and we are making moves to make stronger links with organisations outside of the Trust. This enables us to look at ways that we can enhance and increase what can be provided. ▪ Tony Gallagher highlighted that there appears that the substantive post has not been filled. Tony stated that if it is a service we value and it is cost efficient and useful to our service users then the evidence suggests that we are not funding it. ▪ Tony Gallagher highlighted that there is a quality and quantitative issue here and stated that if the report says that we have a vacancy it implies 	

	<p>that some resource is available but it has not been filled.</p> <ul style="list-style-type: none"> ▪ Jayne Hayes stated that her SBU had been thinking about equity of access within therapy staff generally which is focused at a service user level. ▪ Tony Gallagher confirmed that progress had been made with the limited resource available. There is onus on the business units to make a decision regarding resource to explain their decisions. <p>RESOLVED:</p> <p>That the report was noted.</p>	
14.	Any Other Business	
	<ul style="list-style-type: none"> • No other business was discussed. 	
14.	<p>Date of the next meeting:</p> <ul style="list-style-type: none"> • Quality and Safety Committee meeting – 6th November 2012 – 1pm-4pm – Conference Room, Jenner House, Chippenham 	

Dates of future meetings	Time	Venue	Committee papers to be received by Rebecca Peterson for distribution
6 th Nov 2012	1-4pm	Conference Room, Jenner House	19 th October 2012
8 th Jan 2013	1-4pm	Conference Room, Jenner House	28 th December 2012
5 th March 2013	1-4pm	Conference Room, Jenner House	22 nd February 2013
9 th May 2013	10am-1pm	Conference Room, Jenner House	30 th April 2013
2 nd July 2013	1pm-4pm	Conference Room, Jenner House	21 st June 2013
3 rd Sept 2013	1pm-4pm	Conference Room, Jenner House	23 rd August 2013
5 th Nov 2013	1pm-4pm	Conference Room, Jenner House	25 th October 2013

