

enabling and empowering people to reach their potential and live fulfilling lives

Minutes of the Quality and Safety Committee

Held on 4th December 2012 at 1pm in the Conference Room

These Minutes are presented for Information

Members Present

Tony Gallagher Iain Tulley Alison Paine Hazel Watson	Chair & NED member Chief Executive NED Director of Nursing, Compliance, Assurance & Standards
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In attendance

Howard Lawes Roger Bullock Helen Cottee Andy Johnston Jayne Hayes Katherine Godfrey Mandy Reed Sarah Harding (for part of the meeting) Emma Adams (for part of the meeting)	Deputy Director of Quality & Healthcare Governance Clinical Director, Liaison & Later Life SBU Interim Clinical Director and Head of Psychology SDAS SBU Clinical Director, Adult Acute Inpatient Services SBU Clinical Director, Specialised & Secure SBU Chair of Professional Council Consultant Nurse Practice Development Nurse Project Manager, Operations
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Item	Action
<p>1. Apologies</p> <p>Arden Tomison, Medical Director Emma Roberts, Company Secretary Susan Thompson, NED Justine Faulkner, Interim Clinical Director, Adults of Working Age</p>	

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<p>2. Minutes of the meeting of the 6 November committee</p> <ul style="list-style-type: none"> • Tony Gallagher asked for the wording in the last bullet point in Agenda Item No 3 – SBU Health and Safety Risks (Adults of Working Age) to be changed. Tony to advise Becky of correcting wording. • To amend the word “leaning” to “learning” in the last bullet point on page 5, Agenda Item 4 – CQC Lansdowne Unit Review <p>RESOLVED</p> <p>That with the above changes the minutes were agreed as an accurate record.</p>		<p>RP</p>
<p>3. Matters Arising:</p> <p>Assurance Report on the Implementation of MAPPA Procedures</p> <p>Hazel Watson reminded the Committee of the homicide report in relation to the service user who was on leave from Fromeside and stated that one of the actions from the report related to the MAPPA systems within the organisation. She highlighted that the Committee had asked for an assurance report on the implementation of the MAPPA procedures to come to the meeting today.</p> <ul style="list-style-type: none"> • The paper describes the Trust`s engagement with MAPPA processes in all six local authority areas. It highlights the systems and processes in place in the organisation and provides evidence in terms of the Trust`s compliance. • Page 4 highlights the 2011-2012 annual reports from the MAPPA strategic management boards which demonstrate good compliance. The Boards have carried out audit work with all of the agencies involved in the MAPPA processes and no issues have been raised. • A multi-agency audit took place which concentrated particularly on the MAPPA cases in the Somerset area and did not identify any specific concerns in relationship to the Trust`s practice. • Jayne Hayes noted that she is a member of the Avon area Strategic Management Board on behalf of the Trust. 		

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<p>deaths were different and that although there were some themes that run through them they were not related.</p> <ul style="list-style-type: none"> • Tony Gallagher stated that he attended the last Critical Incident Overview Group (CIOG) and both deaths were reviewed in some level of detail at an appropriate place and felt assured that a thorough process is in place. <p>Update on the Experience Based Design.</p> <p>Emma Adams highlighted to the Committee that this paper went to the Board on the 28th November 2012 that she had been asked to report back to the Quality and Safety Committee on the commitment of rolling out experienced based design and the recruitment of service user involvement workers across the Trust.</p> <ul style="list-style-type: none"> • Emma stated that she had met with Rachel Clark, Head of Innovations and Sustainable Business and Kristin Dominy, Service Director, Specialist Drugs and Alcohol Services SBU and they had agreed a plan for the whole of Operations. The plan is to be rolled out in a way that is sustainable and which would move the Trust forward to an objective to more fully involve service users in the design and delivery of services. • It was agreed that for the first part of the year work will take place with various groups of service users. She stated that she had been approached by the Eating Disorder Service and the Veterans Service to use the methodology within their services. Each SBU carries out a range of involvement activity and this will be assessed to see if it meets with EBD standards. This will result in an action plan and roll out. • Helen Cottee pointed out that the Experience Based Design also involves staff and external stakeholders not just service users and carers. • Alison Paine asked how PALS staff are involved within Experienced Based Design. Howard Lawes stated that PALS have not been involved in the process as it involves the staff who are delivering the services and it is not a PALS role. Alison stated that she thought PALS received a lot of information about service user experience. Howard confirmed that they do and they feed information into the SBUs and SBUs can then use it as part of the process. • Tony Gallagher stated that experience based design is something that the Trust is committed to in broader areas and that there is evidence that there is a 	

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process that is being followed.	
<p>4. CNST Policies</p> <p>Security Policy</p> <ul style="list-style-type: none"> • Andy Johnston highlighted that he was concerned that the Trust only has one local Security Management Specialist and he felt that this area was under resourced given the size and spread of the organisation. He stated that the policy could be clearer about capacity in relation to following up serious assaults on staff or service users, particularly prosecution of violence and aggression, where the victim was unwilling to press charges. This would include senior liaison with SMS LPU. • Tony Gallagher highlighted pages 10 and 11 and noted the policy clearly states it is the Board that has ultimate responsibility for fulfilling legal requirements relating to security and that it states that it is the Chief Executives responsibility give that assurance to the Board. • Alison Paine highlighted point 5.9 on pages 8 and 9, which states what action is taken to individuals who wilfully damage property or inflict harm on a member of staff and the final paragraph which states “that where theft or damage is related to property belonging to other persons i.e patients, visitors or contractors” that service users should not be classed in the same category as visitors or contractors but in the same category as staff (as it suggested that service users received a different standard of care). It was agreed that the wording would be changed. • Howard Lawes stated that there may be circumstances when a service user may not want the police involved and that the Trust would require their permission to contact the police. • Tony Gallagher stated that the Trust may have a different duty of care to staff than it does to service users and felt that it was important to be clear that the obligations we have for different constituencies. <p>RESOLVED</p>	PD

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<p>That with the above changes the policy was approved.</p> <p>Manual Handling Policy</p> <ul style="list-style-type: none"> Katherine Godfrey stated that the reason a manual handling policy is required is to promote service user`s dignity and respect and that staff need to know how to do manual handling to ensure the safety of service users in our care. She felt that the wording in the policy needed to be changed to reflect this. The committee agreed. <p>RESOLVED</p> <p>That with the above change the policy was approved.</p> <p>Policy for the Prevention and Management of Falls and Falls from a height.</p> <p>RESOLVED</p> <p>That the policy was approved.</p> <p>Resuscitation Policy</p> <p>RESOLVED</p> <p>That the policy was approved.</p> <p>Medicines Policy</p> <p>RESOLVED</p> <p>That the policy was approved.</p> <p>Policy for the use of medication to manage (violent) behaviour on Mental Health Units (Rapid Tranquilisation).</p>	<p>PD</p>

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<ul style="list-style-type: none"> • To correct the spelling of “complimentary” to “complementary” throughout the policy. • Andy Johnston highlighted point 7.16, page 11 around rapid tranquilisation and pregnancy and asked if there was any reference to a national rapid tranquilisation protocols. Bina Mistry stated that an in-house protocol is being developed by the Medicines Management Group. • Jayne Hayes asked that if the policy had been cross checked with the resuscitation policy as it stated on page 9 that a crash bag should be available within 3 minutes in a site where rapid tranquilisation may be used and that she did not feel this was achievable. Bina Mistry felt there was an issue that some sites do not have a crash bag and that this will be highlighted at the Trust Wide Management Group so that a decision can be made as to whether crash bags should be available on all sites and that all staff are trained use them properly. Hazel Watson stated that Bina Mistry and Liz Bessant had written to Arden Tomison and herself asking for a review on this as there is inconsistent practice currently in place. • It was agreed that the above recommendation be discussed at the Trust Wide Management Group tomorrow. <p>RESOLVED</p> <p>That the policy was approved subject to the decision made at the Trust Wide Management Group.</p> <p>Integrated Patient Experience Reporting and Learning Policy.</p> <p>RESOLVED</p> <p>That this policy was approved.</p> <p>Health and Social Care Records Policy</p> <p>RESOLVED.</p>	<p>HW</p>

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<p>That this policy was approved.</p> <p>Management of External Visits, Inspections and Accreditations Policy</p> <p>RESOLVED</p> <p>That this policy was approved.</p>	
<p>5. Policies</p>	
<p>Non-Medical Prescribing Policy</p> <ul style="list-style-type: none"> • Hazel Watson highlighted to the committee that the policy is significant in relation to the change of legislation on non-medical prescribing. • Alison Paine asked if non-medical prescribers have the authority to make an initial diagnosis. Mandy explained that yes there are two types of prescribers, an independent prescriber and a supplementary prescriber. Independent prescribers do make diagnosis. <p>RESOLVED</p> <p>That this policy was approved.</p> <p>Single Use Policy</p> <ul style="list-style-type: none"> • Hazel Watson highlighted to the Committee that the policy summarises the regulation and the product guidance which encourages practitioners within the organisation to be very clear when devices are single use and what checks that they need to make and do in terms of using single use devices a number of times. • Alison Paine said that the summary on page 2 that states “staff need to know about this policy because it explains why the Trust encourages use of single use and single patient use medical devices, wherever possible, and explains the differences between these items and how to store and use them safely” and stated that this statement does not explain the reasons why the Trust 	

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<p>encourages single use devices.</p> <ul style="list-style-type: none"> • Hazel Watson stated that although this may not be explicit in the statement it is highlighted in point 1.2 and 1.3. • Alison Paine highlighted that although the statement does say that infection control protocols have been developed to assure that the risks associated with cross infection are minimised, it does say that single use is encouraged and that however good the de-contamination processes it is not as safe as throwing the device away. She stated that she felt that in the context of the overall budget there must be a large additional cost in throwing away medical devices. It was suggested terminology around single use devices was made consistent. • Tony Gallagher highlighted point 10, page 10 “monitoring of audit” that states that the Trust will monitor compliance by reviewing incidents reported that involve single use or single patient use items and asked if this meant that every local arrangement or sample. He also asked that is it sufficient to one audit in one place. Hazel Watson stated that she was unsure and Howard Lawes suggested that the point be more clearly defined. Tony Gallagher stated that when the term audit is used it needs to be more clear and to say if it is being done generically or specifically. It was agreed to remove the reference to audit in point 10.3. <p>RESOLVED</p> <p>That with the above amendment the policy was approved.</p> <p>Tony Gallagher stated that the new policy format that is now being used for policies is very helpful as the main details of the policy are highlighted on the front page.</p> <p>Alison Paine stated that the policies were very varied in how succinct they are, in that some are easy to read and summarise and others are too long. She also felt that some of them had so many references within them that they would be confusing to staff. She asked if there was an overall editor who was responsible for maintaining the quality of the policies. Hazel Watson explained that a process is in place to ensure that all future policies and procedures are clear, simple and straightforward.</p> <p>Alison Paine stated that it would be helpful to define terms at the beginning of the policies rather than at the end.</p>	
<p>AOB:</p> <ul style="list-style-type: none"> • Andy Johnston noted that page 4 of the minutes of the Committee meeting held on the 6 November 2012 it stated that Andy Sylvester reported that additional money had been agreed to support the needs of the 136 suites. He was unaware of this. It was agreed that he follow this up with Andy Sylvester. 	<p>AJ</p>

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Item	Action
Date of the Next Meeting: 8 th January 2013 – 1pm-4pm – Conference Room.	

Key to Abbreviations Used	
Abbreviation	For
Chief Exec	Chief Executive
DoF	Executive Director of Finance & Commerce, and Deputy Chief Executive
Exec Dir People	Executive Director for People
Exec Dir M&S	Executive Medical Director and Director of Strategy and Business
Exec Dir NCAS	Executive Director of Nursing, Compliance, Assurance & Standards
Exec Dir Ops	Executive Director of Operations
Dir FTP	Foundation Trust Programme Director
CoSec	Company Secretary
ACoSec	Assistant to the Company Secretary
EMT	Executive Management Team
SBU	Strategic Business Unit
NED	Non-executive Director

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