

Minutes of the Quality and Safety Committee
held on 6 November 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

Chair & NED member
NED member
Acting Chief Executive

In Attendance

Howard Lawes
Helen Cottee
Hazel Watson
Jayne Hayes
Katherine Godfrey
Andy Sylvester
Bina Mistry
Justine Faulkner
Denise Claydon
Roger Bullock
Rebecca Peterson

Deputy Director of Quality and Healthcare Governance
Interim Clinical Director and Head of Psychology SDAS
Director of Nursing, Compliance, Assurance and Standards
Clinical Director, Specialised and Secure SBU
Chair of Professional Council
Director of Operations
Chief Pharmacist
Interim Clinical Director, Adults of Working Age
Service Director – Liaison & Later Life SBU
Clinical Director – Liaison & Later Life SBU
Minute taker

In attendance for part of the meeting

Alison Paine
Paul Daniels
Linda Hutchings
Adrian Bolster
Ann Tweedale
Chris Ellis
Tony Westcott

NED
Head of Health and Safety
Head of Risk and Compliance
Head of Facilities and Estates
Corporate Planning and Delivery Manager
Consultant Nurse
Learning and Development Manager

Apologies

Arden Tomison
Julie Hankin
Tony McNiff
Andy Johnston

Medical Director
Clinical Director, Redesign
NED member
Clinical Director - Adult Acute Inpatient Services

Emma Roberts Julie Thomas	Company Secretary Director for People
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2.	Minutes of the meeting of 4 September 2012 committee	
	<ul style="list-style-type: none"> • To correct the spelling of “Landsdowne” to “Lansdowne” • To correct the spelling of “Lee O`Brian” to “ Lee O` Bryan” • Hazel highlighted that the 2nd sentence at the bottom of page 8, agenda item 9 – Fit for the Future states that the it was agreed at the last Board development day to let the timescale for the Clinical Engagement Strategy slip from September 2012 to November 2012 . She stated that the framework of the strategy was presented to the September Board and the full strategy go to the Board in November and asked for this to amended. • To correct the spelling of “Kevin Conner” to “Kevin Connor”. • To change the wording “equal” to “open” in the last sentence of bullet point 3, agenda item no 10 – Service User and Carer Engagement Plan report. <p>RESOLVED</p> <p>That with the above changes the minutes were agreed as an accurate record.</p>	<p>RP RP</p> <p>RP</p> <p>RP RP</p>
3	Matters Arising and Action Log including Update on Clinical Directors Safety Risks.	
	<p>Howard Lawes reminded the committee that at the last meeting each of the Clinical Directors presented their health and safety risks and he was presenting an update on these to the committee.</p> <p>Adults of Working Age:</p> <ul style="list-style-type: none"> • Tony Gallagher asked what the driver was for moving to extended hours when it may potentially exacerbate an already problematic situation. Justine Faulkner stated the SBU has modelled its capacity on service users within the system and their care clusters. The staffing, when at capacity will enable the SBU to extend these hours. The SBU has been successful in filling vacancies but Swindon still remains a hot spot. • Susan Thompson highlighted that she had recently attended a meeting in Bristol where service users expressed concern about staffing on night duty at Callington Road and that if they called during the night they were told to go to A&E, call the police or wait for 4 hours for a response and asked how this was being addressed. • Justine Faulkner stated that 7 new staff have now been employed which will mean there are significantly more staff available. • Tony Gallagher stated that he attended an Acute Care Forum meeting in Swindon last week and whilst it was reflected at the meeting that there was progress in Swindon there were still comments about the issue of having to wait 4 hours to be seen. Justine Faulkner stated that she had been in conversation with GP`s in Wiltshire about this issue because it 	

is commissioned to provide a service within 4 hours but she noted that she would be happy if staff were advising callers they would be responded to within 4 hours rather than by 4 hours.

- Tony Gallagher asked if this was due to a training issue. Justine Faulkner stated that it was a training and cultural issue and not a resourcing issue.
- Tony Gallagher stated that the Board was concerned that it may be a financial issue delaying recruitment. Justine Faulkner stated that the SBU is able to recruit but that it takes time to recruit a specialist group of workers.
- Andy Sylvester commented on the feedback from the service user representatives about the 4 hour wait and stated that this issue has been picked up by Phil Cooper who works within the SBU.
- Alison Paine stated that the Trust has a requirement to respond to a crisis call and asked how this can be achieved if there is not a 24hr system in place. Justine Faulkner stated that in Swindon and Wiltshire teams have an on-call system that responds to out of hour's emergencies.
- Tony Gallagher stated to the committee that data indicated that the staffing levels are improving and that the planned move to extended hours is appropriate.

Liaison and Later Life SBU

- Denise Claydon highlighted that the SBU is still struggling in filling posts and this may be due to the level of complex needs on L3 wards and potential staff may feel that there are other more attractive areas to work in. She stated that she is working closely with the Bank to resolve this issue.
- The environmental risks associated with Charter House continue. The aim is to close it as an inpatient unit but the consultation on this may now be delayed due to council elections in May 2013. Denise stated that the staff are now working in only one area of Charter House. Only 12 out of 26 beds have been used for over a year. She stated that Wiltshire PCT are aware of this and recognise this is a pragmatic and safe way of managing the service.
- Tony Gallagher asked if this was a suitable clinical environment for services users and if it is not, is there other suitable accommodation available. He asked what the Trust would do if the CQC visited Charter House and said it was unsuitable and needed to close.
- Denise Claydon stated that she was confident that Charter House meets the CQC requirements and the standard of the unit is being maintained.
- Hazel Watson stated that Charter House has been on the SBUs risk register for some time and the SBU actively managing it but there might be a point where a decision may have to be made to close the unit and provide the service elsewhere.
- Andy Sylvester stated he is waiting for an environmental engineering report on Charter House which will determine its suitability. Plans are in place to relocate patients to Fountain Way, Bath and Swindon if Charter House is closed.

SDAS SBU

- Helen Cottee highlighted that the delivery of services in non-Trust environments as the SBU wins tenders such as prisons, will be

<p>happening more in the future. She stated that she felt that there were issues arising out of this around safety and risk. The issues are around training, providing safe services in other environments and issues about using or not using RIO and reporting into more than one system.</p> <ul style="list-style-type: none"> • Tony Gallagher stated that the SBU has been supported in its expansion agenda and strategy and he needed to be assured that it is able to work across a larger geography. Hazel Watson stated that the AWP standards are relevant across all services which causes some double data entry problems. She stated that this is being discussed in the Clinical Systems Management Group. • Tony Gallagher stated that he would like a paper to come to the committee on the clinical implications of this issue. A paper will come back to the January 2013 committee. • Alison Paine highlighted that connectivity is a major issue and the proliferation of clinical systems is a concern. She asked about the tendering for the new work and suggested that one mitigation is not to tender or to build in the additional data costs to tenders. Tony Gallagher said that this should be referred back to the Finance and Planning Committee. 	<p>HC</p>
<p>Specialised and Secure SBU</p> <ul style="list-style-type: none"> • Lansdowne CQC Review is a separate agenda item and will discussed then. • Bank fill rates particularly in Fromeside - Jayne Hayes reported that the issue of staff for Fromeside has now been removed from the risk register as mitigating actions have been successful. • Two unexpected deaths in PICU – Jayne Hayes stated that this has led to the implementation of a rapid improvement plan for the female PICU at Callington Road and the improvement plan is going forward. The SBU has tied in this quality action plan to a SBU senior management team that meets weekly - progress is reported there as well as at SBU governance meetings. • Tony Gallagher asked if the deaths were ward or site specific. Jayne Hayes stated that they related specifically to Elizabeth Casson House. • Susan Thompson asked if the rapid improvement plan would be coming to the Quality and Safety committee. Susan stated that she felt that having two deaths in a female PICU was an issue of concern and felt that the Quality and Safety committee should understand broadly what the key issues are and actions are. It was agreed that a report comes back to the next committee. 	<p>HW</p>
<p>Adult Acute Inpatient Services SBU</p> <ul style="list-style-type: none"> • Andy Sylvester stated that there is a plan of action in place in relation to the extra care areas. Some of the activities have been completed and he stated that would advise the committee when the rest of the work would be completed. • In relation to the issue of Prevention and Management of V&A training, Hazel Watson indicated that this is an issue across the Trust and there is a piece of work currently being undertaken. Hazel confirmed that a paper on this update on this would come back to the next committee meeting. • Andy Sylvester highlighted that additional money has been agreed to support the needs of 136 suites. 	<p>JH</p> <p>AJ</p>

	<ul style="list-style-type: none"> • Tony Gallagher stated that it was recently discussed that someone would take a coordinating role around 136 across the Trust and asked if this had happened. Andy Sylvester confirmed that Andy Johnston has taken the lead on this reporting to Hazel Watson. • Susan Thompson highlighted that the Mental Health Legislation committee has been delegated to deal with this issue. • Tony Gallagher stated that this was an issue at the Acute Care Forum meeting he recently attended and it was also an issue that was raised when he participated in a Patient Safety visit at Applewood ward. • Susan Thompson stated that we need to learn from this issue and asked what was happening around 136 in the CAMHS area. Andy Sylvester highlighted that a joint clinical group had been initiated to ensure appropriate and agreed clinical arrangements for the 133 suite in Wiltshire being used by Oxford Health. • Susan Thompson highlighted that service users have experienced poor service due to staff being diverted to 136 suites and that is not acceptable. <p>Tony Gallagher thanked the Clinical Directors for their feedback and was more assured than at the last meeting and that he would now reflect this back to the Board.</p>	
4.	<p>CQC Lansdowne Unit Review:</p> <ul style="list-style-type: none"> • Warning Notices • Response to Warning Notices • Review of Compliance Report • Clinical, Business, Financial and Quality Assurance Report • Action Plan 	
	<p>The Committee received and considered these reports presented by Hazel Watson, Director of Nursing, Compliance, Assurance and Standards</p> <p>This report provides the committee with the two CQC warning notices issued on the 1 October 2012, the Trust's response to the warning notices, the CQC final report on its compliance review of the Lansdowne Unit, a report on the clinical, business, financial and quality assurance implications of the CQC compliance review and the compliance review action plan.</p> <ul style="list-style-type: none"> • Jayne Hayes reported that the paper includes input from the clinical team, and referred to the decision to close the unit temporarily. There is currently one service user still in the unit who will be moving to another location shortly. • The specific concerns raised by the CQC were about the environment. The issues about the environment were divided into two areas. One concerned maintenance and damage which is an issue that is resolvable. The second was about the nature of the physical space available and the ability to meet the needs of that service user group. • Jayne Hayes highlighted that considerable work has gone into improving the environment over the years. She felt that the Lansdowne Unit was isolated from the rest of the learning disability pathway, for example there is no PICU service for leaning disability clients. There are limited senior 	

	<p>clinically qualified staff in learning disabilities beyond Lansdowne and the Trust does not really have a professional network.</p> <ul style="list-style-type: none"> • The paper updates the actions on the operational plan and the impact on service users of the temporary closure. It highlights the mitigation of risks, the implications for the SBU and Trust and the assurance processes and suggestions for the future of the service. • Alison Paine asked that whatever the commissioning intentions are for this service, it might not be appropriate to have the service back in place because of the issues raised, i.e. its isolation. Jayne Hayes stated that this issue has been raised and will form part of a paper that is going to the November Board. • Susan Thompson felt that it was a very helpful report and stated that in terms of the future and safeguarding, the CQC had identified that some of the problems arose from one service user. She stated that she was surprised that as a non executive director she was not aware that the SBU had been nursing an individual on a 3-1 basis for so long. Susan stated that she would have expected this to have been raised at the Mental Health Legislation committee or at Quality and Safety. She asked if the service had a system in place to escalate this sort of issue. • Jayne Hayes stated that the individual was being cared for in the enhanced bedroom area of the unit, he as able to come in and out of that area. She stated that the individual’s management plan included him always being cared for by 3 people regardless of the setting. • Hazel Watson stated that she has asked for a question to be put into the QUEST tool that will allow for “extraordinary” circumstances. • Tony Gallagher stated that there was an action in the Board meeting for the Operations Directorate to look at risk escalation. He felt that there needs to be a process where the Director of Operations flags a concern when it goes beyond what is considered normal. • Susan Thompson highlighted the statement about the service being isolated from the learning disability pathway and the staff being isolated from appropriate professional support and asked if the Trust should be providing this service at all. Hazel Watson stated that this question is being asked and will be discussed in the paper that goes to the November Board. • Tony Gallagher stated that there is series of issues that have been identified in the report and he wanted assurance on the issues in relation to the rest of the Trust`s services. He also stated that we need to have a mechanism in place where executives are sighted on these issues and giving assurance to the Board and that those issues are cascaded through the organisation. Tony asked if the committee could see a piece of work on this from the Executive Team. Hazel Watson confirmed that a paper updating the whole Quality Assurance Framework will go to the Board in January 2013. <p>RESOLVED</p> <p>That the reports were noted.</p>	<p>AS</p> <p>HW</p>
5.	CQC Outcome 17 – Complaints Assurance Report	
	The Committee received and considered this report presented Jo Davies, Head of PALS and Complaints.	

This report provides the summary of how the Trust is meeting its requirements for Outcome 17 – Complaints.

- This report demonstrates that across the Trust there is system in place to deal with complaints and comments which includes providing people who use the service with information about the system.
- Staff support people who use the services or others acting on their behalf to make complaints or comments and ensures that lessons are learnt and that these are shared.
- The standard assures that people who use the service are listened to and that their complaint is dealt with effectively.
- The Trust is able to produce a summary of complaints at a time and in a format set out by the Care Quality Commission and sent with the time frame set.
- Susan Thompson asked how well the system was working and how effective was the local complaints management. Jo Davis stated that it was variable and some teams worked very well and others less so. This was often dependant on team managers. She stated that PALS and complaints now worked more closely as an integrated service and aim to resolve issues at local levels as this is often quicker and a better solution for the service user or carer.
- Tony Gallagher asked that in terms of service users and carers has there been any feedback received on the service. Jo Davis stated that the PALS and Complaints Service was recorded as something the Trust does well at recent 'Lets Get Engaged Events'. Howard Lawes stated that feedback was positive and he had also received positive reports about the service from LINKS.
- Tony Gallagher stated that he had been to a number of Acute Care forums and it was raised that some people did not feel that their issues got back to the organisation. Roger Bullock stated that he had had good feedback on complaints and PALS from his SBUs.
- Tony Gallagher stated that he would like to encourage the PALS team to think laterally about these issues and asked Jo Davis to look at the themes and issues.
- Paul Miller stated that some of the complaints are about the complaints process itself and suggested that Jo looks at how many complaints are raised around the process itself. He stated that he had received a call from a service user that had gone through the PALS team but the service user had asked to speak to the Chief Executive.
- Tony Gallagher stated that he had sat on a number of complaints panels where senior staff have got involved rather than the complaint going through the correct process, i.e. through PALS and that we need to be careful of this happening.
- Susan Thompson stated that some service users and carers were worried about making a complaint because of the impact it may have on their care and asked if there was a way this is dealt with so that it does not affect someone's clinical care and for people to feel able to exercise their complaint without this worry and it impacting on their own care. Jo Davis stated that people are always advised that it is a confidential service and that teams are not approached unless consent is given. She stated the department conducts exit surveys, which shows that generally people are assured that their care is not affected. However, the survey does not have a very good response rate.
- Susan Thompson asked if there was a targeted approach for teams in

	<p>managing complaints better. Jo Davis stated that her team continues to forge relationships with team managers and it is looking at doing some targeted work with teams.</p> <p>RESOLVED</p> <p>That this report was noted.</p>	
6.	<p>CQC Outcome 5 - Nutrition</p>	
	<p>The Committee received and considered the report presented by Adrian Bolster, Head of Estates and Facilities.</p> <p>This report provides a summary of how the Trust is meeting its requirements for Outcome 5 – Meeting Nutritional Needs.</p> <ul style="list-style-type: none"> • Adrian Bolster highlighted that the report is an annual review which concentrates on meeting nutritional needs and reducing the need of poor nutrition and hydration by making sure that food and drink is nutritionally balanced. • There have been several compliance visits by the CQC and no concerns were raised about this Outcome. • A recent PEAT inspection showed lower scores on food provision than usual as a result of not being able to answer two clinical questions appropriately which related to nutritional assessments with the service users RIO notes. A solution to this issue has now been developed. • There are monthly PEAT meetings chaired by Modern Matrons in line with the Matron`s Charter. The agendas for these meetings have set items, including Outcome 5 and help focus on issues and solutions. • Work is continuing around the Trust`s Essence of Care process which has been successful. • Service Users are involved in the PEAT processes through the local PEAT meetings including LINKS. • Susan Thompson highlighted that it was a very useful paper. <p>RESOLVED</p> <p>That this report was noted.</p>	
7	<p>CQC Outcome 8 – Cleanliness and Infection Control</p>	
	<p>The Committee received and considered the report presented by Hazel Watson, Director of Nursing, Compliance, Assurance and Standards.</p> <p>This report provides a summary of how the Trust is meeting its requirements for Outcome 8 – Cleanliness and Infection Control.</p> <ul style="list-style-type: none"> • Hazel Watson highlighted that we have full compliance with this Outcome and that staff are very diligent and are able to demonstrate the work that is being done in this area. <p>RESOLVED</p> <p>That this report was noted.</p>	

8.	<p>CQC Outcome 10 – Safety and Suitability of Premises</p>	
	<p>The Committee received and considered the report presented Adrian Bolster, Head of Facilities and Estates.</p> <p>This report provides a summary of how the Trust is meeting its requirements for Outcome 10 – Safety and Suitability of Premises.</p> <ul style="list-style-type: none"> • This is an annual review in relation to the processes and procedures in place for effective and timely arrangements for managing buildings where care is provided by the Trust. • A number of frameworks are addressed in the report around health and safety at work, asbestos registration, security and maintenance and legionella testing. • The report highlights the issues with the Lansdowne Unit and the continued work with clinical services in the Unit to resolve the issues highlighted by the CQC inspection. • It also highlights the risk around Charterhouse and an environmental report is awaited. Once the report has been received it will go to the Operations Directorate and to the Trustwide Management Group. • Susan Thompson felt that it was a useful report and asked why we had to wait for the report on Charterhouse as the Trust is aware of the issues such as having to close off two parts of the site. She stated that other issues had been brought to the Board’s attention such as the fencing issue at Callington Road and the easy access escape route from the roof and asked why these are not reflected in the report. • Paul Miller stated that at the last quarterly review a discussion took place about the clinical suitability of areas, i.e. fencing and stated that the PEAT process should pick this up. He felt that there needed to be a more dynamic approach to the PEAT processes to ensure that environments are right for the current client group at the time. He noted that the rag rating was green and asked at what point does it tip over to a yellow rag rating. He asked to be kept informed of the completion of these processes. • Tony Gallagher highlighted that he was concerned about clinical involvement in this and that the committee has raised a number of estate concerns. He stated that he was not sure that he was assured. • Adrian Bolster stated that a safe environment is being provided, however, there are things that can be addressed better. • Susan Thompson stated that if there are other areas of concern these need to be reflected in the report. • Tony Gallagher highlighted that he would like to see a two phase report come back to the committee which reflects the range of concerns, if we meet the required criteria and if our premises are safe and suitable. <p>RESOLVED</p> <p>That this report was noted.</p>	<p>AB</p>
9.	<p>Homicide Action Plans Report</p>	
	<p>The Committee received and considered this report presented by Linda Hutchings, Head of Risk and Compliance.</p> <p>This report provides an update on the work that the Trust has been undertaking with its Lead Commissioner in relation to homicides as well as providing a general update.</p>	

	<ul style="list-style-type: none"> • The Trust Board receives a monthly report on progress in relation to the Homicide Action Plans. • Two enquiries are currently underway, BB and SCC and it is expected that the reports will be produced for the Strategic Health Authority by the end of December 2012. • There are three reports awaiting publication; JA, JB and LC. The Trust has yet to be given sight of the latter. Action plans for JA and JB have been reformatted by Clinical Directors into a more user friendly style agreed by the Lead Commissioner. • The latest internal homicide investigation (MC) has been completed and the report has been considered by Critical Incident Overview Group (CIOG) and shared with the Strategic Health Authority and Lead Commissioner. • The Trust held a Violence, Anxiety and Coping Seminar in September 2012 which was successful and was very positively evaluated. • Hazel Watson stated that, in relation to homicide action plans, some intensive work has been put into agreeing what plans can be closed, what remains to be done and what emerging work there is. She stated that the Strategic Health Authority is clear about how we are managing the work. • Susan Thompson asked how this work is reported back through the Quality and Safety Committee. Hazel Watson stated that it goes through CIOG but regular reports are brought to the Quality and Safety committee. • In relation to the MC homicide, Jayne Hayes reported that the immediate MAPPA issue relating to the team had been addressed, however, she did note that she had looked at the practice of 5 NDT teams at Fromeside and they were using slightly different processes and she has asked for them to systematise the process. • Tony Gallagher asked if there was a timescale for completing the MAPPA forms. Jayne Hayes stated that the standards for doing this at Fromeside are presently being designed. • Susan Thompson asked if the Trust was satisfied that there is a system in place for forensic services and asked if it was working across the Trust. Jayne Hayes stated that each team has a system in place. Susan Thompson was concerned that at the Mental Health Legislation Committee it received a paper to state that all the boxes are ticked yet this had slipped through the net. She asked for an assurance report on the MAPPA process across the Trust to come to the next meeting. <p>RESOLVED:</p> <p>That the report was noted.</p>	HW
10.	Fit for Future – review of action status and assurance of progress	
	<p>The Committee received and considered this report presented by Howard Lawes, Deputy Director of Quality and Healthcare Governance.</p> <p>The Fit for Future Plan has been developed by the Executive Team to respond to the recommendations of the Strategic Health Authority independent review.</p>	

	<ul style="list-style-type: none"> • The Fit for Future plan is divided into short term and long term actions. The report is a cut of the medium term actions that require scrutiny from the Quality and Safety committee. • Some of the actions are pending and some are underway. • This will become part of the work plan and we will track the implementation of it. • The Trust Quality and Safety Committee Service User and Carer Engagement Steering Group has received and considered the Plan and will continue to keep it under review from a service user and carer perspective. • Tony Gallagher highlighted the section on Evidenced Based Design and stated that although he seen a presentation at the Board on it he is yet to see it rolled out and was concerned that this had not happened. Hazel Watson stated that it was agreed at the Board that it will receive a paper at the December meeting. • Susan Thompson noted the requirement of a NED at CIOG and highlighted that she had not been sent a list of the dates for future CIOG meetings. Linda Hutchings explained that the dates had been send to the NED`s PA but she will send them directly to Susan. • Tony Gallagher highlighted the objective and action for point 25 “to embed and strengthen the Trust Professional Council” and stated that he would like to see some evidence that the Board is sighted on this. Hazel Watson confirmed that the clinical engagement strategy is going to the Board in December and she will bring an update to the January 2013 committee meeting. • Tony Gallagher highlighted item 35 around CPA performance indicators and stated that the Board need to be sighted on these metrics. <p>RESOLVED:</p> <p>That the report was noted.</p>	<p>AS</p> <p>LH</p> <p>HW</p>
11.	<p>Service User and Carer Engagement Plan Report</p>	
	<p>The Committee received and considered this report by Howard Lawes, Deputy Director of Quality and Safety.</p> <p>This report provides an update on the work of the Steering Group, development of the community and engagement strategy and the implementation of the Steering Group`s involvement improvement action plan.</p> <ul style="list-style-type: none"> • The report updates the Committee on the work that the group has done through the Lets Get Engaged Events, the Moving Forward event and in the development of the new Engagement and Involvement Strategy. • The involvement action plan has been developed to complete the time limited work based on the findings of the NSUN review. There are 32 actions in the plan and all of the actions are on track to be delivered within the timescales set. 	

	<ul style="list-style-type: none"> • Tony Gallagher suggested that when the Engagement and Involvement Strategy comes to the Quality and Safety Committee he would like service users and carers to be present. This was agreed. • Susan Thompsom said that it was a very good piece of work and it was good to see the progress that has been made. <p>RESOLVED:</p> <p>That the report was noted.</p>	HL
12	<p>Policies for approval:</p> <p>(i) Health and Safety Policy</p> <p>The Committee received and considered this policy presented by Paul Daniels, Head of Health and Safety.</p> <p>The policy outlines the goals of the organisation, arrangements for managing safety and the responsibilities of all individuals in the Trust.</p> <ul style="list-style-type: none"> • It is a revised policy and has been reviewed annually. There have been no significant changes since the last review. • There have been several minor reference amendments and administrative changes made. • The current organisational chart in the appendices reflects current structures and there will be a review in the near future as the organisational changes take place and a review of the safety structures will be required at that time. <p>RESOLVED</p> <p>That this policy was approved.</p> <p>(ii) Policy for the Standards of Dress on Trust Business</p> <p>The Committee received and considered this policy presented by Paul Daniels, Head of Health and Safety.</p> <p>This policy ties together the various strands of Dress related standards into one policy incorporating some guidance from various sources such as Food and Hygiene, Infection Control, HR guidance and Health and Safety guidelines.</p> <ul style="list-style-type: none"> • There have been no significant changes have been made since the last review. • Several minor reference amendments have been made to ensure it is linked in with current infection control procedures and policies. • Susan Thompson asked if any disciplinary action had been taken over any employees in the year the policy had been enforced. Paul Daniels stated that he was not aware of any such actions. Comments had been received back that the guidance proved helpful for staff and managers alike in understanding expectations where previously there had been none. 	

RESOLVED

That this policy was **approved**.

(iii) Policy for the Recognition, Prevention and Management of Violence and Aggression and (iv) Tertiary Physical Interventions Policy (also known as the PMVA Techniques Policy)

The Committee **received** and **considered** this policy presented by Paul Daniels, Head of Health and Safety.

These two policies were discussed jointly as essentially the issues are the same.

- They are being presented to the Committee to request an extension of one year to enable a complete review.
- Hazel Watson stated that there is a piece of work ongoing regarding PMVA training that is crucial for these policies. It is anticipated that it will be completed within 4-6 months so it is likely that the policy will need to be reviewed within a year.

RESOLVED

That these policies were **approved** with a review in a year.

(v) Claims Handling Policy

The Committee **received** and **considered** this report by Linda Hutchings, Head of Risk and Compliance.

- This is a CNST policy and has been amended so that it conforms with the latest policy requirements. The content has not changed.
- Tony Gallagher asked if the Claims Handling Policy is hyperlinked. Linda Hutchings confirmed that it is.

RESOLVED

That the policy was **approved**.

(vi) Being Open Policy

The Committee **received** and **considered** this policy presented by Linda Hutchings, Head of Risk and Compliance.

- This is a CNST policy. The standard has not changed significantly and it has been refreshed. The policy has kept the important changes made to victims of homicides.
- The sections in yellow are hyperlinked.
- The procedures have been taken out and are available.
- The content has not changed.
- Tony Gallagher asked if the audits highlighted on page 7 are being

	<p>actioned. Linda Hutchings confirmed that file audits are being done.</p> <p>RESOLVED:</p> <p>That the policy was approved.</p> <p>(vii) Enabling Policy for Ward Pharmacists and Medicine Management Technicians</p> <p>The Committee received and considered this policy presented by Bina Mistry, Chief Pharmacist.</p> <ul style="list-style-type: none"> • This is a new policy and allows registered pharmacists and medicines management technicians working on wards or within community teams to make certain amendments to patients in patient prescription charts and community prescription charts to enable the safe and timely dispensing and administration of medicines to service users within AWP. • Susan Thompson asked if it was the same as the Named Practitioner Prescribing Policy. Bina Mistry stated that it was not the same and that it is an enabling policy for CNST standards and it also sets a minimum standard for what the clinical pharmacists will do at ward level. • Paul Miller stated that he was happy with the policy. He asked for some of the wording in the summary on the front sheet to be changed around in reference to referring to the prescriber. <p>That this policy was approved with the above change.</p>	BM
13	PEAT 2012 Report and Action Plan	
	<p>The Committee received and considered this report by Adrian Bolster, Head of facilities and Estates.</p> <p>This report outlines the PEAT process for 2012/2013 and how it is carried out within the Trust. It shows that the process was carried out within the timescales given and the scores were logged on the website before the closing date.</p> <ul style="list-style-type: none"> • The report highlights the results for 2012 as well as a comparison over a five year period. It shows that within that year AWP had 9 upward scores, 10 downward scores and 20 scores remained the same. • Of the 9 upward scores, 6 were improving Environment scores and 3 for Privacy and Dignity. • Of the 10 downward scores, 9 were in relation to food and one was for privacy and dignity. • A number of common themes emerged such as there continues to be a lack of art throughout the Trust and most wards have large wall spaces that are empty. There are no revenue budgets for furniture/curtain replacement and there was a difficulty, in all SBUs, answering two clinical questions in relation to nutritional assessments and malnutrition scores. • Section 8 of the report highlights areas of good practice that were observed during the assessments and the outcome was very positive. • Appendix 1 provides a list of all the sites visited. Appendix 2 provides a 	

	<p>year on year comparison. Appendix 3 sets out a table of how we compare nationally and Appendix 4 is a copy of the formal results letter from the Information Centre.</p> <ul style="list-style-type: none"> • Seven out of 14 visits had LINK members present, the visits went well and very positive feedback was received. • A pilot was conducted in October 2012 for the new PEAT process and LINKS members were involved in this with some carer representatives on site. An excellent score was received. <p>RESOLVED:</p> <p>That the report was noted.</p>	
14	Quality Account Progress Report	
	<p>The Committee received and considered this report by Ann Tweedale, Corporate Planning Delivery Manager.</p> <p>This report provides a progress report against the published improvement priorities set for 2012/2013.</p> <ul style="list-style-type: none"> • This report is an update of the Quality Account approved in June 2012. The report details the priorities of each domain. • Susan Thompson stated that the report shows some progress but that it is limited. She asked that when the Quality Account is next published what would the positives look like. • Ann Tweedale stated that the work around the Patient Experience should provide a good narrative but is not sure that we will complete the CQUIN. It shows a lot of good work but the position around the CPA national survey has not really shifted. • Tony Gallagher stated that it needs to reflect where we are and that last year the Quality Account did not reflect a balance. <p>RESOLVED:</p> <p>That the report was noted.</p>	
15	Suicide Prevention Strategy and Action Plan Report	
	<p>The Committee received and considered this report by Chris Ellis, Consultant Nurse.</p> <p>This report relates to national priorities concerning suicide prevention and patient safety. It is annual report and highlights the following:</p> <ul style="list-style-type: none"> • The rate of unexpected deaths remains stable. • A robust and detailed review process following unexpected deaths continues to contribute vital intelligence to our organisational learning regarding suicide prevention. • The Trust's unexpected death review procedures continued to be informed by learning from unexpected deaths. • A revised three year suicide prevention strategy is currently in development and will be published in April 2013. 	

	<ul style="list-style-type: none"> • Training in suicide prevention and risk assessment for staff is now being delivered in line with national requirements, ongoing work is still needed to ensure that all relevant staff access such training. • The Trust is a proactive partner in both research and service development regarding suicide prevention. • Susan Thompson stated that she felt that it was a very helpful report and that she would like to see the figures for the number of deaths during the period in which the adult community redesign was implemented. • Bina Mistry highlighted point 2.3 and noted that it showed only 10% of staff requiring training and attending specific seminars in risk and suicide. Tony Westcott pointed out that the report stated that when other relevant training was included the figure was actually 69%. • Tony Gallagher stated the he welcomed the annual conference was well managed, well received and a successful day. <p>RESOLVED:</p> <p>That the report was noted.</p>	CE
16	Medicines Management Report	
	<p>The Committee received and considered this report by Bina Mistry, Chief Pharmacist.</p> <p>This report describes the current medicines management issues in the Trust and the action that has been taken to address these issues.</p> <ul style="list-style-type: none"> • In terms of medicines management, the pharmacy at Callington Road has gone live. The service is a dedicated pharmacy service run by AWP staff and its impact will be significant in improving medicine management in Bristol, South Gloucester and North Somerset. • Further work needs to be undertaken to address the supply service in Bath, Wiltshire and Swindon areas and this is being addressed over the next twelve months. • The project for e-prescribing is underway with a Trust wide rollout In January 2013. This will improve governance issues around the use of fp10 prescriptions pads and will provide better information on prescribing for individual patients. • E-prescribing is available Trust wide in all out-patient settings. • Training on medicine management remains a concern and there is still a significant number of staff who have not been trained and work is being undertaken to address this. • Patient satisfaction remains an issue with service users as some felt they were not receiving the appropriate information that they need when their medication is changed. A pilot project will commence in December 2012 to try and address this issue and find a more robust way of delivering information about medicines. • Susan Thompson stated that it was a good report and asked what the problems in Wiltshire are. Roger Bullock highlighted that another Band 7 pharmacist is required in that area. • Bina Mistry highlighted that the Trust has identified any gaps and can now action these. Susan Thompson stated that she would like to be informed when the gaps have been closed. 	BM

	RESOLVED: That the report was noted .	
17	Any Other Business	
	<ul style="list-style-type: none"> • Tony Gallagher reminded the committee that if people are not able to attend he would expect to see allocated deputies at the meeting. He stated that there will be two adverts for additional NEDs in the next couple of weeks which will address NED attendance at both the Board and at this committee. • Tony Gallagher highlighted issues that came up at the Board as follows. <ul style="list-style-type: none"> ○ This committee is here to give Board assurance and not to raise questions of the Board. ○ The committee needs to align its key metrics from Board level to this committee. ○ The Board needs to be more sighted on Evidence Based Design. ○ The FT journey – There is an FTDA meeting in December and one of the key issues that will be raised is how the Trust is embedding quality and how our quality risks are mitigated. • Tony Gallagher stated that he would like to ensure that the Trust Wide Management Group is sighted on where we are in relation to our Adult Community services. A report of the CQC action plan is going to the Trust Wide Management Group tomorrow. 	
14.	Date of the next meeting: <ul style="list-style-type: none"> • Quality and Safety Committee meeting – 4th December 2012 – Conference Room, Jenner House, Chippenham 	

Dates of future meetings	Time	Venue	Committee papers to be received by Rebecca Peterson for distribution
8 th Jan 2013	1-4pm	Conference Room, Jenner House	28 th December 2012
5 th Feb 2013	1-4pm	Conference Room, Jenner House	25 th January 2013
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

